

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

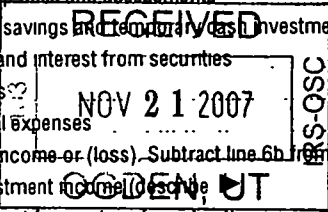
The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section including: A For the 2006 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization (SWISS BENEVOLENT SOCIETY OF NEW YORK); D Employer identification number (13-1624199); E Telephone number (212-246-0655); F Accounting method (Accrual); G Website (SWISSBENEVOLENTNY.COM); J Organization type (501(c)(3)); K Check here; L Gross receipts (11,322,419).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows detailing Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-tables for contributions (1a-1d), rental income (6a-6c), and special events (9a-9c).

SCANNED DEC 26 2007



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 290100 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	290,100.	290,100.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	113,654.	80,002.	32,778.	874.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	102,523.	72,162.	29,575.	786.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	10,297.	7,103.	3,114.	80.
29 Payroll taxes	16,441.	11,572.	4,743.	126.
30 Professional fundraising fees				
31 Accounting fees	13,076.	7,192.	5,884.	
32 Legal fees				
33 Supplies	9,964.	5,268.	2,783.	1,913.
34 Telephone	2,651.	920.	1,731.	
35 Postage and shipping	4,073.	1,629.	1,052.	1,392.
36 Occupancy	58,395.	32,117.	26,278.	
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	3,400.	3,400.		
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	1,065.		1,065.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	148,641.	45,199.	103,442.	
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	774,280.	556,664.	212,445.	5,171.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> SOCIAL SERVICES- CASE MANAGEMENT AND COUNSELING TO 64 CLIENTS 591 HOME/ INSTITUTIONAL VISITS. MONTHLY KAFFEEKLATSCH FOR SENIORS: AVERAGE ATTENDENCE 18 PERSONS. SPRING OUTING: ATTENDENCE ABOUT 40 PERSONS	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	225,832.
<b>b</b> SCHOLARSHIPS: TUITION GRANTS BASED NEED AND/OR MERIT FOR STUDENTS OF SWISS PARENTAGE. PELLEGRINI SCHOLARSHIPS: 64 AWARDS. OUTSTANDING SCHOLASTIC ACHIEVEMENT: 2 AWARD. MEDICUS STUDENT EXCHANGE: 12 AWARDS	
(Grants and allocations \$ 290,101.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	314,545.
<b>c</b> SWISS NATIONAL DAY - CELEBRATION OF SWISS INDEPENDENCE DAY	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	16,287.
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	556,664.

Form 990 (2006)

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	76,085.	46	9,378,730.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		21,417.	53	17,538.
	54 a Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		9,205,715.	54a	0.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b		55c	
	56 Investments - other			56	
	57 a Land, buildings, and equipment: basis	57a	5,324.		
	b Less: accumulated depreciation STMT 5	57b	3,195.	57c	2,129.
58 Other assets, including program-related investments (describe ► ACCRUED INTEREST RECEIVABLE )		3,693.	58	0.	
59 Total assets (must equal line 74). Add lines 45 through 58		9,310,104.	59	9,398,397.	
Liabilities	60 Accounts payable and accrued expenses	3,106.	60	6,501.	
	61 Grants payable	107,538.	61	151,385.	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ► )		65		
66 Total liabilities. Add lines 60 through 65		110,644.	66	157,886.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	7,159,880.	67	7,369,335.	
	68 Temporarily restricted	1,039,580.	68	871,176.	
	69 Permanently restricted	1,000,000.	69	1,000,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		9,199,460.	73	9,240,511.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		9,310,104.	74	9,398,397.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2). Total revenue (Part I, line 12) is 815,631.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, c, d1-d2). Total expenses (Part I, line 17) is 774,280.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 7, 104,628, 9,026, 0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">15</span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
<b>d</b>	Does the organization have a written conflict of interest policy?	75d	X

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI Other Information</b> (See the instructions.)		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
<b>b</b>	If "Yes," enter the name of the organization <span style="float: right;">N/A</span>		
<b>81 a</b>	Enter direct or indirect political expenditures. (See line 81 instructions.) and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	0
<b>b</b>	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

Form 990 (2006) with various sections (82a-91b) and columns for Yes/No. Includes questions about donated services, public inspection requirements, lobbying expenditures, and tax shelter transactions.

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities	525990	10,625.	14	158,430.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	525990	31,139.	18	241,327.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	13,429.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		41,764		413,186.	0.
105 Total (add line 104, columns (B), (D), and (E))					454,950.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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.

Please Sign Here: Date 11-14-07  
 Signature of officer: *[Signature]*  
 Type or print name and title: **AUGUSTINE GILMAN, EXEC. DIRECTOR**

Paid Preparer's Use Only: Preparer's SSN or PTIN (See Gen. Inst. X)  
 Preparer's signature: *[Signature]* Date 11/14/07  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **LOEB & TROPER  
 655 THIRD AVENUE  
 NEW YORK, NY 10017**  
 Check if self-employed:   
 EIN: \_\_\_\_\_  
 Phone no.: **(212) 867-4000**

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Name of the organization **SWISS BENEVOLENT SOCIETY OF NEW YORK** Employer identification number **13 1624199**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARY JO MATYKA 500 FIFTH AVE., NEW YORK, NY 10110	SOCIAL WORKER 37.50	53,312.	4,646.	
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Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	X	
	b Did the organization have a section 403(b) annuity plan for its employees?	X	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
	b Did the organization make any taxable distributions under section 4966? N/A		
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	d Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.	
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	249,626.	120,424.	222,652.	125,079.	717,781.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		0.	16,014.	20,596.	36,610.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	60,742.	30,078.	40,556.	47,378.	178,754.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	23,058.	8,903.	SEE STATEMENT 8 11,959.	5,734.	49,654.
23 Total of lines 15 through 22	333,426.	159,405.	291,181.	198,787.	982,799.
24 Line 23 minus line 17	333,426.	159,405.	275,167.	178,191.	946,189.
25 Enter 1% of line 23	3,334.	1,594.	2,912.	1,988.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 18,924.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 162,456.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 946,189.
d Add Amounts from column (e) for lines: 18 178,754. 19 _____ 22 49,654. 26b 162,456.					26d 390,864.
e Public support (line 26c minus line 26d total)					26e 555,325.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 58.6907%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) N/A (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15			NONE		

**Part V Private School Questionnaire** (See page 9 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
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	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL EQUIPMENT	12/31/04	SL	5.00	16	5,324.			5,324.	2,130.		1,065.
	* 990 PAGE 2 TOTAL					5,324.		0.	5,324.	2,130.	0.	1,065.
	MANAGEMENT AND GENERAL					5,324.		0.	5,324.	2,130.	0.	1,065.
	* GRAND TOTAL 990 PAGE 2 DEPR											

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	10,779,554.	10,507,088.	0.	272,466.
TO FORM 990, PART I, LINE 8	10,779,554.	10,507,088.	0.	272,466.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	10,545.	5,800.	4,745.	
PROFESSIONAL FEES	3,989.	3,989.		
MISCELLANEOUS ASSISTANCE AND CLIENT ACTIVITIES	5,289.	3,083.	2,206.	
ANNUAL REPORT	16,058.	16,058.		
INTERNET	6,274.		6,274.	
INVESTMENT FEES	3,172.	1,269.	1,903.	
PRIZES	76,645.		76,645.	
UNRELATED BUSINESS INCOME TAX	15,000.	15,000.		
	11,669.		11,669.	
TOTAL TO FM 990, LN 43	148,641.	45,199.	103,442.	

FORM 990

CASH GRANTS AND ALLOCATIONS  
TO OTHERS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SCHOLARSHIP AFZAL FAIZ 93 ROCKLEDGE ROAD SOUTH WINDSOR, CT 06074	3,100.
SCHOLARSHIP ALTERMATT CHRISTOPH 21 MACARTHUR STREET # 2 SOMERVILLE, MA 02145	5,800.
SCHOLARSHIP ANTOIGNINI KATHLEEN 1 HINSON PLACE PARK RIDGE, NJ 07656	1,400.
SCHOLARSHIP AUTENRIED REBECCA 2 RUSTIC LANE WEST HARTFORD, CT 06107	1,500.
SCHOLARSHIP BLASER SAMUEL 98 MADISON STREET BROOKLYN, NY 11216	10,000.
SCHOLARSHIP CALEFF DANIELA LENFEST HALL 210 425 WEST 121 STREET NEW YORK, NY 10027	5,800.
SCHOLARSHIP CANDAMIL ALISON 385 NORTH BROADWAY LINDENHURST, NY 11757	3,200.
SCHOLARSHIP CARLSON ELLEN 118 MONTICELLO DRIVE MONROEVILLE, PA 15145	1,800.
SCHOLARSHIP CHAPMAN RENEE 2130 FIRST AVENUE 818 NEW YORK, NY 10029	3,300.

SCHOLARSHIP DAEPP HANNES G. 34 SOUTH FRONT STREET LEWISBURG, PA 17837	3,100.
SCHOLARSHIP DEDEYAN DANIEL 265 COLLEGE STREET 10-L NEW HAVEN, CT 06510	5,200.
SCHOLARSHIP DEL VECCHIO THERESA M. 736 WESTCLIFF ROAD WILMINGTON, DE 19803	9,000.
SCHOLARSHIP DEL VECCHIO JULIA 736 WESTCLIFF ROAD WILMINGTON, DE 19803	2,000.
SCHOLARSHIP DI NICOLA ANNEMARIE S. 16 BEACH AVENUE PORT JEFFERSON STATION, NY 11776	3,200.
SCHOLARSHIP EBERHARD ANITA C. 1381 MYRTLE AVENUE 4-E BROOKLYN, NY 11237	10,000.
SCHOLARSHIP ERNE MAY 198 STOCKHOLM STREET BROOKLYN, NY 11237	4,700.
SCHOLARSHIP FABRIS CARLA T. 235 ADAMS STREET 6-F BROOKLYN, NY 11201	1,800.
SCHOLARSHIP FRANK ELISA 6600 BOULEVARD EAST 23-L WEST NEW YORK, NJ 07093	1,800.
SCHOLARSHIP FREY VANESSA 415 ESSEX AVENUE BOONTON, NJ 07005	10,500.

SCHOLARSHIP GILLAM DANIEL 272 BAYVIEW AVENUE MASSAPEQUA, NY 11758	1,350.
SCHOLARSHIP GRAF BENEDIKT 24 HIGH POINT ROAD LINCROFT, NJ 07738	1,700.
SCHOLARSHIP GULER CLAUDIO A. 18 PHEASANT DRIVE RYE, NY 10580	1,200.
SCHOLARSHIP HELLER CLARA 203 OAKLAWN DRIVE PORT JEFFERSON, NY 11777	1,700.
SCHOLARSHIP HOELTSCHI KELLY 163 HOLMES ROAD NEWBURGH, NY 12550	1,700.
SCHOLARSHIP HUESSY GERTRUDE 1420 LAKE BOULEVARD 39 DAVIS, CA 95616	3,000.
SCHOLARSHIP HUNZIKER MELANIE 29 KEITH DRIVE CHESTNUT RIDGE, NY 10952	4,100.
SCHOLARSHIP JUNDT EVELYNE 106 MESEROLE STREET #4 BROOKLYN, NY 11206	5,500.
SCHOLARSHIP KELLER DIANA 1719 Q STREET NW WASHINGTON, DC 20009	4,700.
SCHOLARSHIP KRAHENBUHL THOMAS 826 N. FORMOSA AVENUE LOS ANGELES, CA 90046	5,000.

SCHOLARSHIP KUERSTEINER HOLLYCE 2784 SWALLOW BRIDGE ROAD ONEIDA, NY 13421	2,800.
SCHOLARSHIP KULIKAUSKAS MICHELLE 66 MALVERN HILL ROAD WATERTOWN, CT 06795	850.
SCHOLARSHIP KUNZ ANDREAS M. 76 MONA DRIVE AMHERST, NY 14226	10,500.
SCHOLARSHIP MAZER LAILA S. 1716 WALLACE STREET 201 PHILADELPHIA, PA 19130	5,500.
SCHOLARSHIP MIODOVNIK DANIEL 628 BRIDLE ROAD GLENSIDE, PA 19038	1,300.
SCHOLARSHIP MOSIMANN ESTHER 500 BLANTZ ROAD LITITZ, PA 17543	5,100.
SCHOLARSHIP MOSIMANN LUKAS 500 BLANTZ ROAD LITITZ, PA 17543	3,300.
SCHOLARSHIP MULLER EDMUND 14 OLD WAGON ROAD GHENT, NY 12075	4,500.
SCHOLARSHIP MULLER MATTHEW C. 14 OLD WAGON ROAD GHENT, NY 12075	4,500.
SCHOLARSHIP NAGUIAT MARCEL 2 MATTIE COOPER SQUARE BEACON, NY 12508	2,250.

SCHOLARSHIP NAGUIAT CHRISTINA 2 MATTIE COOPER SQUARE BEACON, NY 12508	3,700.
SCHOLARSHIP NAPIERSKI JASON 6074 STONEY HILL ROAD NEW HOPE, PA	1,600.
SCHOLARSHIP OPISSO CHRISTOPHER 27 SEAFIELD LANE BAY SHORE, NY 11706	3,700.
SCHOLARSHIP OPISSO DANIEL 27 SEAFIELD LANE BAY SHORE, NY 11706	3,300.
SCHOLARSHIP PANAYOTATOS ANTONIS 95 MONMOUTH COURT ORANGEBURG, NY 10962	1,700.
SCHOLARSHIP PERKINS FRANCESCA A. 181 CAMBRIDGE AVENUE ENGLEWOOD, NJ 07631	2,050.
SCHOLARSHIP POLNYJ ANDREW 4 DOGWOOD TERRACE WAYNE, NJ 07470	1,100.
SCHOLARSHIP POLNYJ STEPHANIE 4 DOGWOOD TERRACE WAYNE, NJ 07470	1,800.
SCHOLARSHIP ROAKE JENNIFER 5 OAK KNOLL ROAD OCEAN, NJ 07712	2,600.
SCHOLARSHIP ROCHE GABRIELLE 12 MIRIAM DRIVE WARWICK, NY 10990	4,100.

SCHOLARSHIP ROCHE MICHELE 12 MIRIAM DRIVE WARWICK, NY 10990	10,500.
SCHOLARSHIP ROHRER SYLVIA 217 S. HOOPES AVENUE AUBURN, NY 13021	4,100.
SCHOLARSHIP ROTH MICHAEL J. 166 NORFOLK STREET, APT 4C NEW YORK, NY 10002	4,100.
SCHOLARSHIP SCHAD NOBLE BEATRICE 110 WILDWOOD AVENUE ARLINGTON, MA 02476-6224	5,800.
SCHOLARSHIP SCHAER CLAUDIA 5000 BROADWAY, APT #5A NEW YORK, NY 10034	5,100.
SCHOLARSHIP SCHALLER ANNA 104 HILGLOR DRIVE PITTSBURGH, PA 15209	2,050.
SCHOLARSHIP SCHILLING KATHRYN 23 MICHAEL LANE WEST CHESTER, PA 19308	4,700.
SCHOLARSHIP SCHNEIDER DOMINIK 6 CRYSTAL LANE DELMAR, NY 12054	1,600.
SCHOLARSHIP SCHNEIDER PATRICK 6 CRYSTAL LANE DELMAR, NY 12054	1,200.
SCHOLARSHIP STAUB DOROTHY 82-56 51ST AVENUE ELMHURST, NY 11373	7,750.

SCHOLARSHIP TAGRO LILLIAN D. 185 CLAREMONT AVENUE 4-A NEW YORK, NY 10027	3,700.
SCHOLARSHIP THOMPSON JAMIE 101 SOUTHGATE CIRCLE MASSAPEQUA PARK, NY 11762	1,050.
SCHOLARSHIP VAN ORDER-BARBLAN MATTHEW 1 HILLVIEW TERRACE MORRISTOWN, NJ 07960	10,500.
SCHOLARSHIP VOUMARD DANYA ROSE 426 CENTER STREET WESTBURY, NY 11590	1,850.
SCHOLARSHIP WEBER ALEXANDRA 15 PINE COURT BRIARCLIFF MANOR, NY 10510	2,800.
SCHOLARSHIP WEISSMAN DEIRDRE FREY 1710A BAINBRIDGE STREET PHILADELPHIA, PA 19146	2,600.
SCHOLARSHIP WIESER CHARLOTTE WINDERMERE HOUSE 8-16 1642 EAST 56 STREET CHICAGO, IL 60637	5,800.
SCHOLARSHIP WILSON SUSAN 120 SOUTH SCOTCH PLAINS AVENUE WESTFIELD, NJ 07090	5,100.
SCHOLARSHIP WOLDENBERG NINA 100 LYMAN ROAD BUFFALO, NY 14226	5,100.
SCHOLARSHIP WOLDENBERG STEPHANIE 100 LYMAN ROAD BUFFALO, NY 14226	10,000.

SCHOLARSHIP  
 ZEHNDER-SHAMCIYAN LAURA  
 3435 GILES PLACE 6-D  
 BRONX, NY 10463

5,500.

SCHOLARSHIP  
 ZWEIFEL SANDRA  
 520 WEST 112 STREET 21C-2  
 NEW YORK, NY 10025

5,800.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

290,100.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
 PART III

EXPLANATION

TO PROVIDE PECUNIARY AND OTHER RELIEF TO QUALIFIED PERSONS, INCLUDING BUT NOT LIMITED TO NATIVES OR CITIZENS OF SWITZERLAND IN THE GREATER NEW YORK AREA THROUGH SOCIAL SERVICES, SCHOLARSHIP GRANTS, AND SOCIAL PROGRAMS.  
 (NOTE: OUR SERVICES ARE SPECIFICALLY NOT LIMITED TO OUR MEMBERS)

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	5,324.	3,195.	2,129.
TOTAL TO FORM 990, PART IV, LN 57	5,324.	3,195.	2,129.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			0.	
TO FORM 990, LINE 54A, COL B				0.	

FORM 990

PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANNMARIE GILMAN 500 FIFTH AVENUE NEW YORK, NY 10020	EXEC. DIRECTOR 22.50	57,452.	4,166.	0.
CLAUDIA SCHURMANN 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DEPUTY DIIRECTOR 22.50	47,176.	4,860.	0.
NINA FRORIEP 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	PRESIDENT 5.00	0.	0.	0.
BALZ EGGIMAN 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	PAST PESIDENT 2.00	0.	0.	0.
CASPAR SPESCHA 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	TREASURER 1.00	0.	0.	0.
PAOLO GRASSI 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	SECRETARY 1.00	0.	0.	0.
AMBASSADOR RAYMOND LORETAN 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	HONORARY PRESIDENT 0.00	0.	0.	0.
RENATE BRAND 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR, COMMITTEE CHAIR 3.00	0.	0.	0.
RUEDI GREINER 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR, COMMITTEE CHAIR 2.00	0.	0.	0.
ALEXANDRE C. MANZ 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR, COMMITTEE CHAIR 2.00	0.	0.	0.
ALBERTO ZONCA 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR, COMMITTEE CHAIR 3.00	0.	0.	0.

SWISS BENEVOLENT SOCIETY OF NEW YORK

13-1624199

RUDOLPH BRUHLMANN 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR 1.00	0.	0.	0.
RÖSINA COLAZZO-FRAZESE 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR 1.00	0.	0.	0.
HANS EGLOFF 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR 1.00	0.	0.	0.
PETER JORDI 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR 1.00	0.	0.	0.
JOSEF HUBER 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR 1.00	0.	0.	0.
VALERIE WOLFMAN 500 FIFTH AVENUE NEW YORK, NEW YORK 10020	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>104,628.</u>	<u>9,026.</u>	<u>0.</u>

SCHEDULE A DESCRIPTION	OTHER INCOME STATEMENT 8			
	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	23,058.	8,903.	11,959.	5,734.
TOTAL TO SCHEDULE A, LINE 22	<u>23,058.</u>	<u>8,903.</u>	<u>11,959.</u>	<u>5,734.</u>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>Swiss Benevolent Society of New York</b>	Employer identification number <b>13 1624199</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>500 Fifth Avenue, No. 1800</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>New York, NY 10110</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990                       Form 990-PF                       Form 1041-A                       Form 6069
- Form 990-BL                       Form 990-T (sec. 401(a) or 408(a) trust)                       Form 4720                       Form 8870
- Form 990-EZ                       Form 990-T (trust other than above)                       Form 5227

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Annemarie Gilman**  
Telephone No. **( 212 ) 246-0655** FAX No. **( )**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November 15**, 20**07**.
- For calendar year **2006**, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **Information necessary to file a complete return is not yet available. It is anticipated that all data will be available prior to the extension due date.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CPA** Date **08/10/07**

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>Loeb &amp; Troper-- Frederick H. Rothman</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>655 Third Avenue 12th Floor</b>
	City or town, province or state, and country (including postal or ZIP code) <b>New York, NY 10017</b>

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>SWISS BENEVOLENT SOCIETY OF NEW YORK</b>	Employer identification number <b>13-1624199</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>500 FIFTH AVENUE, NO. 1800</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10110</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **ANNEMARIE GILMAN /SBS**  
 Telephone No. ▶ **212-246-0655** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2006** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 12-2006)