

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization New York Academy of Sciences	D Employer identification number 13-1773640
		Number and street (or P O box if mail is not delivered to street address) Room/suite 7 WTC 250 GREENWICH STREET 40TH F	E Telephone number (212) 298-8696
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10007	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW NYAS ORG

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 54,635,486

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: _____


M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		6,623,682	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d		593,444	
	e Total (add lines 1a through 1d) (cash \$ 7,182,550 noncash \$ 34,576)	1e			7,217,126
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,674,590
	3 Membership dues and assessments	3			1,362,995
	4 Interest on savings and temporary cash investments	4			45,719
	5 Dividends and interest from securities	5			782,926
	6a Gross rents	6a			
	b Less rental expenses	6b			
c Net rental income or (loss) subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities				
		43,359,797	8a		
	b Less cost or other basis and sales expenses	43,349,014	8b		
	c Gain or (loss) (attach schedule)	10,783	8c		
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			10,783	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		147,725	
	b Less direct expenses other than fundraising expenses	9b		147,725	
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			44,608	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			11,138,747	
Expenses	13 Program services (from line 44, column (B))	13		10,152,282	
	14 Management and general (from line 44, column (C))	14		2,200,601	
	15 Fundraising (from line 44, column (D))	15		1,849,739	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses Add lines 16 and 44, column (A)	17			14,202,622
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18		-3,063,875	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		24,243,531	
	20 Other changes in net assets or fund balances (attach explanation)	20		490,983	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			21,670,639

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 (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	273,240	200,476	43,464	29,300
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b	149,869	109,959	23,840	16,070
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) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	4,659,661	3,418,793	741,212	499,656
27	Pension plan contributions not included on lines 25a, b and c	27	337,410	247,558	53,672	36,180
28	Employee benefits not included on lines 25a - 27	28	606,509	444,996	96,477	65,036
29	Payroll taxes	29	385,239	282,650	61,280	41,309
30	Professional fundraising fees	30	365,971			365,971
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	394,797	289,663	62,800	42,334
34	Telephone	34	114,746	84,189	18,253	12,304
35	Postage and shipping	35	249,858	183,321	39,745	26,792
36	Occupancy	36	1,603,738	1,176,663	255,106	171,969
37	Equipment rental and maintenance	37				
38	Printing and publications	38	841,940	617,731	133,927	90,282
39	Travel	39	452,489	331,991	71,978	48,520
40	Conferences, conventions, and meetings	40	987,086	724,225	157,016	105,845
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule) 	42	1,067,027	782,878	169,732	114,417
43	Other expenses not covered above (itemize)					
a	INSURANCE	43a	59,625	43,747	9,484	6,394
b	OUTSIDE SERVICE BUREAU	43b	349,781	256,634	55,640	37,507
c	PROFESSIONAL FEES	43c	1,178,366	864,567	187,443	126,356
d	FINANCE CHARGES	43d	49,564	36,365	7,884	5,315
e	MISCELLANEOUS	43e	75,706	55,876	11,648	8,182
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	14,202,622	10,152,282	2,200,601	1,849,739

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 \$⁰ _____, (ii) the amount allocated to Program services \$⁰ _____, (iii) the amount allocated to Management and general \$⁰ _____, and (iv) the amount allocated to Fundraising \$⁰ _____

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? ▶ to hold conferences and lectures in interdisciplinary fields of science and technology and disseminate information in print and online 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a held conferences and lectures in interdisciplinary fields of science and technology and disseminated information in print and online for additional detailed information on the New York Academy of Science's programs, please see the NYAS website - www.nyas.org (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	10,152,282
b _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	10,152,282

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)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing	685,799	45	704,148	
	46 Savings and temporary cash investments	2,453,000	46	11,225,863	
	47a Accounts receivable	47a 227,641			
	b Less allowance for doubtful accounts	47b 0	649,631	47c 227,641	
	48a Pledges receivable	48a 2,674,209			
	b Less allowance for doubtful accounts	48b		48c 2,674,209	
	49 Grants receivable	280,519	49	412,423	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	492,903	53	257,118	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	19,515,557	54a	1,497,272	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments—other (attach schedule)		56			
57a Land, buildings, and equipment basis	57a 15,580,084				
b Less accumulated depreciation (attach schedule)	57b 4,807,069	3,707,694	57c 10,773,015		
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	293,731	58	7,622		
59 Total assets (must equal line 74) Add lines 45 through 58	28,078,834	59	27,779,311		
Liabilities	60 Accounts payable and accrued expenses	1,679,161	60	1,342,481	
	61 Grants payable		61		
	62 Deferred revenue	2,156,142	62	4,766,191	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)		65		
66 Total liabilities Add lines 60 through 65	3,835,303	66	6,108,672		
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
Net Assets or Fund Balances	67 Unrestricted	23,132,753	67	17,616,437	
	68 Temporarily restricted	701,096	68	3,644,520	
	69 Permanently restricted	409,682	69	409,682	
	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)	24,243,531	73	21,670,639		
74 Total liabilities and net assets / fund balances Add lines 66 and 73	28,078,834	74	27,779,311		

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		No
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year		
c	Dues assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	0
b	Gross receipts, included on line 12, for public use of club facilities	86b	0
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	0
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	0
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b	No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e	No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f	No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	
90a	List the states with which a copy of this return is filed <u>NY</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	68
91a	The books are in care of <u>VARINDER BATRA VP FINANCE</u> Telephone no <u>(212) 298-8696</u> <u>7 WTC 250 GREENWICH STREET 40TH F</u> Located at <u>NEW YORK, NY</u> ZIP + 4 <u>10007</u>		
b	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)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts	91b	No

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 Yes No

If "Yes," enter the name of the foreign country

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**

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) Exclusion code	(D) Amount	
93 Program service revenue					
a EDUCATION AND SPECIAL PROGRAMS					469,114
b SCIENTIFIC CONFERENCES					212,326
c PUBLICATIONS					959,150
d LIST SALES	511140	34,000			
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,362,995
95 Interest on savings and temporary cash investments			14	45,719	
96 Dividends and interest from securities			14	782,926	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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			18	10,783	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a ROYALTIES			15	38,039	
b MISCELLANEOUS					6,569
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		34,000		877,467	3,010,154
105 Total (add line 104, columns (B), (D), and (E))					3,921,621

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)
	See Additional Data Table

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
	%			
	%			
	%			
	%			

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)*

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 and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

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 and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

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

<p>Please Sign Here</p> <p>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.</p>	
<p>Signature of officer</p>	<p>2008-04-28 Date</p>
<p>Ellis Rubenstein President Type or print name and title</p>	

Paid Preparer's Use Only	<p>Preparer's signature</p>	<p>Date</p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>Preparer's SSN or PTIN (See Gen Inst W)</p>
	<p>Firm's name (or yours if self-employed), address, and ZIP + 4</p>			<p>EIN</p>
				<p>Phone no</p>

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
New York Academy of Sciences

Employer identification number

13-1773640

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
RITU CHATREE NY ACADEMY OF SCIENCES 7 WTC 40TH FL NEW YORK, NY 10007	VP DEVELOPMENT 35 0	200,000	60,000	0
BEATRICE RENAULT NY ACADEMY OF SCIENCES 7 WTC 40TH FL NEW YORK, NY 10007	SCIENTIFIC OFFICER 35 0	200,000	60,000	0
WILLIAM SILBERG NY ACADEMY OF SCIENCES 7 WTC 40TH FL NEW YORK, NY 10007	EXEC WEB EDITOR 35 0	200,000	60,000	0
RASHID SHEIKH NY ACADEMY OF SCIENCES 7 WTC 40TH FL NEW YORK, NY 10007	DIR OF PROGRAMS 35 0	157,571	47,271	0
SUSAN BRADY NY ACADEMY OF SCIENCES 7 WTC 40TH FL NEW YORK, NY 10007	DIR OF EDUCATION 35 0	155,000	46,500	0
Total number of other employees paid over \$50,000	32			


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
community counselling service 461 5th ave NEW YORK, NY 10017	fundraising	320,837
Ernst and Young LLP 5 times sq NEW YORK, NY 10036	audit services	58,238
The Development Resource Group 140 E 40th St suite 304 NEW YORK, NY 10017	Development Consult	54,050
enforme interactive 241 e 4th st FREDERICK, MD 21701	web consultants	60,713
Bert Davis Executive Search 425 Madison Ave 14th fl NEW YORK, NY 10017	search firm	108,332
Total number of others receiving over \$50,000 for professional services	5	

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 for instructions.)

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

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, include 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 1 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	1		No
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.) 	2a		No
a Sale, exchange, or leasing property?	2b		No
b Lending of money or other extension of credit?	2c		No
c Furnishing of goods, services, or facilities?	2d	Yes	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2e		No
3a 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)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		No
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d Enter the total number of donor advised funds owned at the end of the tax year			0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0
f Enter the total number of separate funds or accounts owned at the end of the tax 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 held 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	(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	
Total					

- 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)	4,465,861	3,170,471	2,559,983	2,251,614	12,447,929
16 Membership fees received	1,295,101	1,405,066	1,529,252	1,799,986	6,029,405
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	2,196,108	3,736,205	2,086,560	2,493,599	10,512,472
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	553,876	26,327	47,849	67,136	695,188
19 Net income from unrelated business activities not included in line 18	13,554	13,786	5,731		33,071
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	473,684	330,924	206,000	39,287	1,049,895
23 Total of lines 15 through 22	8,998,184	8,682,779	6,435,375	6,651,622	30,767,960
24 Line 23 minus line 17	6,802,076	4,946,574	4,348,815	4,158,023	20,255,488
25 Enter 1% of line 23	89,982	86,828	64,354	66,516	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 **26a**

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**

c Total support for section 509(a)(1) test Enter line 24, column (e) **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____ **26d**

e Public support (line 26c minus line 26d total) **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** **26f**

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) _____ 0(2004) _____ 0(2003) _____ 0(2002) _____ 0

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) _____ 0(2004) _____ 0(2003) _____ 0(2002) _____ 0

c Add Amounts from column (e) for lines 15 _____ 12,447,929 16 _____ 6,029,405
17 _____ 10,512,472 20 _____ 0 21 _____ 0 **27c** 28,989,806

d Add Line 27a total _____ 0 and line 27b total _____ 0 **27d** 0

e Public support (line 27c total minus line 27d total) **27e** 28,989,806

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) **27f** 30,767,960

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** **27g** 94 22 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** **27h** 2 26 %

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

Part V Private School Questionnaire (See page 7 of the instructions.)**(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?	29	
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?	30	
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)	31	

32 Does the organization maintain the following	32a	
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 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?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a 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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(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

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	41		
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		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		0

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)

Lobbying Expenditures During 4-Year Averaging Period

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

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.)

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

- 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**.)

Yes	No	Amount
	No	

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

Additional Data

Software ID:
Software Version:
EIN: 13-1773640
Name: New York Academy of Sciences

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
JOHN E SEXTON C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	CHAIR 2 0	0	0	0
BRUCE MCEWEN C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	VICE CHAIR 2 0	0	0	0
MICHAEL SCHMERTZLER C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	TREASURER 2 0	0	0	0
ELLIS RUBINSTEIN C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	PRESIDENT 35 0	273,240	81,972	0
KAREN E BURKE C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
PETER E CORR C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
ROBIN L DAVISSON C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
BRIAN FERGUSON C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
JAY FURMAN C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
BRIAN GREENE C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
WILLIAM A HASELTINE C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
STEVE HOCHBERG C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
MORTON HYMAN C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
MAREN IMHOFF C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
MADELEINE JACOBS C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
ABRAHAM LACKMAN C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
JOHN F NIBLACK C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
ERIC A ROSE C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
JEFFREY D SACHS C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
FRANK WILCZEK C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
DEBORAH WILEY C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
TORSTEN N WIESEL C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	HONORARY LIFE GOVERNOR 2 0	0	0	0
LARRY SMITH C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10007	SECRETARY 35 0	0	0	0
VIRGINA W CORNISH C/O NEW YORK ACADEMY OF SCIENCES 7 WTC CENTER 250 GREENWICH ST 40F NEW YORK, NY 10002	GOVERNOR 2 0	0	0	0

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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).
93A	EDUCATION & SPECIAL PROGRAMS BRING TOGETHER MEMBERS,
0	STUDENTS, TEACHERS & PROFESSIONAL SCIENTISTS
93B	SCIENTIFIC CONFERENCES HELD AROUND THE WORLD AND OPEN TO THE
0	PUBLIC
93C	PUBLICATIONS FOR EDUCATING THE GENERAL PUBLIC ABOUT SCIENCE
0	AND FOR PROFESSIONAL SCIENTISTS
94	DUES RECEIVED IN EXCHANGE FOR MEMBERSHIP BENEFITS
103C	MISCELLANEOUS INCOME GENERATED AS PART OF DISSEMINATING
0	INFORMATION RELATED TO SCIENCE AND WHICH IS SUBSTANTIALLY
0	RELATED TO THE EXEMPT PURPOSE OF THE ORGANIZATION

TY 2006 Depreciation and Depletion Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Asset	Amount
leasehold improvem	432,960
furniture and fix	319,413
computer equip	314,654

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Gross Sales Price: 43,359,797

Basis: 43,349,014

Sales Expenses:

Total (net): 10,783

TY 2006 Land etc. Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
leasehold improvem	9,013,714	432,960	8,580,754
furniture and fix	1,414,848	533,388	881,460
computer equip	5,151,522	3,840,721	1,310,801

TY 2006 Other Assets Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Description	Beginning of Year Amount	End of Year Amount
ACCRUED INTEREST RECIEVABLE	293,731	7,622

TY 2006 Other Changes in Net Assets Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Description	Amount
RECEIVABLE NOT PREVIOUSLY RECORDED	436,428
UNREALIZED GAINS	54,555

TY 2006 Special Events Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
SPECIAL EVENTS	147,725	446,965	147,725	147,725	

TY 2006 Other Income Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Description	2003	2002	2001	2000	Total
ROYALTIES	54,869	16,864	41,000	39,287	152,020
INSURANCE PROCEEDS	335,909	0	0	0	335,909
SETTLEMENT INCOME	68,839	0	0	0	68,839
MISCELLANEOUS INCOME	14,067	314,060	165,000	0	493,127

TY 2006 Self Dealing Statement**Name:** New York Academy of Sciences**EIN:** 13-1773640

Line Number	Explanation
2d	FORM 990, PART V

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

TY 2006 Supplemental Support Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	4,465,861	1,295,101	2,196,108	553,876	13,554			473,684	8,998,184
2004	3,170,471	1,405,066	3,736,205	26,327	13,786			330,924	8,682,779
2003	2,559,983	1,529,252	2,086,560	47,849	5,731			206,000	6,435,375
2002	2,251,614	1,799,986	2,493,599	67,136				39,287	6,651,622

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning 07/01, 2006, and ending 06/30, 2007

2006

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions on back.

Name of exempt organization

Employer identification number

NEW YORK ACADEMY OF SCIENCES

13-1773640

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I

- 1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 11138747.
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance Due (Form 8868, line 3c) 5b

Part II Declaration of Officer

6 [] I authorize the US Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account To revoke a payment, I must contact the US Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment

[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies)

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here Signature of Officer Date Title PRESIDENT

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return The organization officer will have signed this form before I submit the return I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete This Paid Preparer declaration is based on all information of which I have any knowledge

ERO's Use Only ERO's signature Date Check if also paid preparer Check if self-employed ERO's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete Declaration of preparer is based on all information of which the preparer has any knowledge

Paid Preparer's Use Only Preparer's signature Date Check if self-employed Preparer's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code