

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: New York Academy of Sciences. Number and street: 7 WTC 250 GREENWICH STREET 40TH F. City or town: NEW YORK, NY 10007

D Employer identification number: 13-1773640. E Telephone number: (212) 298-8696. F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: WWW NYAS ORG

J Organization type: 501(c)(3)

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 15,524,070

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

Table with 21 rows and 4 columns: Line number, Description, Sub-column (A/B/C), and Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

Part III 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	286,697	187,499	58,200	40,998
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
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	4,714,219	3,083,100	956,987	674,132
27	Pension plan contributions not included on lines 25a, b and c	27	328,551	214,872	66,696	46,983
28	Employee benefits not included on lines 25a - 27	28	402,726	263,383	81,753	57,590
29	Payroll taxes	29	331,083	216,528	67,210	47,345
30	Professional fundraising fees	30	293,548			293,548
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	548,286	358,579	111,302	78,405
34	Telephone	34	122,591	80,175	24,885	17,531
35	Postage and shipping	35	130,338	85,241	26,459	18,638
36	Occupancy	36	1,935,453	1,265,786	392,897	276,770
37	Equipment rental and maintenance	37				
38	Printing and publications	38	296,724	194,057	60,235	42,432
39	Travel	39	404,668	264,653	82,147	57,868
40	Conferences, conventions, and meetings	40	497,785	325,551	101,051	71,183
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	1,254,328	820,331	254,628	179,369
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
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	13,402,726	8,573,402	2,661,162	2,168,162

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? <input type="checkbox"/> 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"/>	8,573,402
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) <input type="checkbox"/>	8,573,402

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	704,148	45	683,631	
	46 Savings and temporary cash investments	11,225,863	46	6,423,637	
	47a Accounts receivable	47a 38,629			
	b Less allowance for doubtful accounts	47b 0	227,641	47c 38,629	
	48a Pledges receivable	48a 2,134,053			
	b Less allowance for doubtful accounts	48b 0	2,674,209	48c 2,134,053	
	49 Grants receivable	412,423	49	440,000	
	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	257,118	53	198,695	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,497,272	54a	4,998,080	
	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 15,716,843				
b Less accumulated depreciation (attach schedule)	57b 6,061,397	10,773,015	57c 9,655,446		
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	7,622	58	3,203		
59 Total assets (must equal line 74) Add lines 45 through 58	27,779,311	59	24,575,374		
Liabilities	60 Accounts payable and accrued expenses	1,342,481	60	805,916	
	61 Grants payable		61		
	62 Deferred revenue	4,766,191	62	4,883,926	
	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	6,108,672	66	5,689,842		
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	17,616,437	67	13,591,727	
	68 Temporarily restricted	3,644,520	68	1,618,354	
	69 Permanently restricted	409,682	69	3,675,451	
	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)	21,670,639	73	18,885,532		
74 Total liabilities and net assets / fund balances Add lines 66 and 73	27,779,311	74	24,575,374		

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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b 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?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g 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?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of VARINDER BATRA VP FINANCE Telephone no (212) 298-8696
7 WTC 250 GREENWICH STREET 40TH F Located at NEW YORK, NY ZIP + 4 10007
91b 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)?

Part VI Other Information (continued)

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					393,808
b SCIENTIFIC CONFERENCES					727,105
c PUBLICATIONS					1,939,710
d LIST SALES	511140	17,086			
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,262,982
95 Interest on savings and temporary cash investments			14	32,912	
96 Dividends and interest from securities			14	452,334	
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	2,500	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS					57,408
b ROYALTIES			15	132,989	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		17,086		620,735	4,381,013
105 Total (add line 104, columns (B), (D), and (E))					5,018,834

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)

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
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?			

Please Sign Here	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.	
	***** Signature of officer	2009-04-02 Date
	ellis rubenstein president Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 EISNER LLP 750 THIRD AVENUE NEW YORK, NY 100172703			EIN <input type="checkbox"/> Phone no <input type="checkbox"/>

SCHEDULE A

(Form 990 or 990EZ)



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

2007

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 1 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (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. Rows include BEATRICE RENAULT, WILLIAM SILBERG, RENE BASTON, WENDY CARUSO, ADRIENNE BURKE.

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


Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Rows include Evelyn Strauss, Enforme Interactive, community counseling service.

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'None'.

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

		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		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.) 		
a	Sale, exchange, or leasing property?		No
b	Lending of money or other extension of credit?		No
c	Furnishing of goods, services, or facilities?		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	Yes	
e	Transfer of any part of its income or assets?		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)		No
b	Did the organization have a section 403(b) annuity plan for its employees?	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		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		No
b	Did the organization make any taxable distributions under section 4966?		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?		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					<input type="checkbox"/>

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,411,013	4,465,861	3,170,471	2,559,983	14,607,328
16 Membership fees received	1,367,498	1,295,101	1,405,066	1,529,252	5,596,917
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	2,066,580	2,196,108	3,736,205	2,086,560	10,085,453
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	1,114,754	553,876	26,327	47,849	1,742,806
19 Net income from unrelated business activities not included in line 18	6,260	13,554	13,786	5,731	39,331
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.	44,608	473,684	330,924	206,000	1,055,216
23 Total of lines 15 through 22	9,010,713	8,998,184	8,682,779	6,435,375	33,127,051
24 Line 23 minus line 17	6,944,133	6,802,076	4,946,574	4,348,815	23,041,598
25 Enter 1% of line 23	90,107	89,982	86,828	64,354	
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: (2006) <u>1,299,850</u> (2005) <u>0</u> (2004) <u>0</u> (2003) <u>0</u>				
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: (2006) <u>0</u> (2005) <u>0</u> (2004) <u>0</u> (2003) <u>0</u>					
c Add: Amounts from column (e) for lines 15 <u>14,607,328</u> 16 <u>5,596,917</u> 17 <u>10,085,453</u> 20 <u>0</u> 21 <u>0</u>					27c 30,289,698
d Add: Line 27a total <u>1,299,850</u> and line 27b total <u>0</u>					27d 1,299,850
e Public support (line 27c total minus line 27d total)					27e 28,989,848
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 33,127,051
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 87.51%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 5.26%
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?		
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?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	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?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) a	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 11 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 II, Line 43 - Other expenses not covered above (itemize):

<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
a INSURANCE	43a	60,159	39,344	12,212	8,603
b OUTSIDE SERVICE BUREAU	43b	78,356	51,245	15,906	11,205
c PROFESSIONAL FEES	43c	1,119,474	732,136	227,253	160,085
d FINANCE CHARGES	43d	51,104	33,422	10,374	7,308
e MISCELLANEOUS	43e	103,650	67,787	21,041	14,822
f WRITING AND GRAPHIC SRV	43f	255,043	166,798	51,774	36,471
g AWARDS AND PRIZES	43g	184,693	120,789	37,493	26,411
h BAD DEBT	43h	3,250	2,126	659	465

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 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	CHAIR 2 0	0	0	0
BRUCE S MCEWEN 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	VICE CHAIR 2 0	0	0	0
JAY FURMAN 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	TREASURER 2 0	0	0	0
ELLIS RUBINSTEIN 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	PRESIDENT 35 0	281,620	32,111	0
richard baum 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	chief operating officer 35 0	5,077	0	0
SETH F BERKLEY 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
LEN BLAVATNIK 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
KAREN E BURKE 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
MANUEL CAMACHO 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
NANCY CANTOR 7 WTC 250 GREENWICH STREET 40TH F 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
ROBERT CATELL 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
GERALD CHAN 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
VIRGINIA W CORNISH 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
KENETH L DAVIS 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
ROBIN L DAVISSON 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
BRIAN FERGUSON 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
WILLIAM A HASELTINE 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
STEVE HOCHBERG 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
TONI HOOVER 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
MORTON HYMAN 7 WTC 250 GREENWICH STREET 40TH F 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
MADELEINE JACOBS 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
ABRAHAM LACKMAN 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
JEFFREY D SACHS 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
MICHAEL SCHMERTZLER 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
DAVID J SKORTON 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
PAUL STOFFELS 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
GEORGE E THIBAUT 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
FRANK WILCZEK 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
DEBORAH E WILEY 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	GOVERNOR 2 0	0	0	0
BRIAN GREENE 7 WTC 250 GREENWICH STREET 40TH F 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
TORSTEN N WIESEL 7 WTC 250 GREENWICH STREET 40TH F NEW YORK, NY 10007	HONORARY LIFE GOVERNOR 20	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,
93B	SCIENTIFIC CONFERENCES HELD AROUND THE WORLD AND OPEN TO THE
93C	PUBLICATIONS FOR EDUCATING THE GENERAL PUBLIC ABOUT SCIENCE
94	DUES RECEIVED IN EXCHANGE FOR MEMBERSHIP BENEFITS
103C	MISCELLANEOUS INCOME GENERATED AS PART OF DISSEMINATING

TY 2007 Depreciation and Depletion Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Asset	Amount
LEASEHOLD IMPROVEM	588,262
FF&E	339,727
COMPUTER EQUIPMENT	326,339

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Gross Sales Price: 4,763,612

Basis: 4,761,112

Sales Expenses:

Total (net): 2,500

TY 2007 General Explanation Attachment

Name: New York Academy of Sciences

EIN: 13-1773640

Identifier	Return Reference	Explanation
Extension of time to file		Application for extension of time to file an exempt organization return w as paper filed

TY 2007 Land etc. Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LEASEHOLD IMPROVEM	9,079,793	1,021,222	8,058,571
FF&E	1,420,811	614,477	806,334
COMPUTER EQUIPMENT	5,216,239	4,425,698	790,541

TY 2007 Other Assets Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Description	Beginning of Year Amount	End of Year Amount
ACCRUED INTEREST RECEIVABLE	7,622	3,203

TY 2007 Other Changes in Net Assets Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Description	Amount
UNREALIZED GAINS	3,217

TY 2007 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	148,556	909,609	148,556	148,556	

TY 2007 Other Income Schedule

Name: New York Academy of Sciences

EIN: 13-1773640

Description	2006	2005	2004	2003	Total
ROYALTIES	38,039	54,869	16,864	41,000	150,772
INSURANCE PROCEEDS		335,909	0	0	335,909
SETTLEMENT INCOME		68,839	0	0	68,839
MISCELLANEOUS INCOME	6,569	14,067	314,060	165,000	499,696

TY 2007 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 2007 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	4,411,013	1,367,498	2,066,580	1,114,754	6,260			44,608	9,010,713
2005	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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 20 08

2007

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 (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (Form type, Amount). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 10614402.

Part II Declaration of Officer

6 [] I authorize the U.S 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 U.S 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.

[X] 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 2007 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] 4/2/09 Date PRESIDENT Title

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 Pub. 4163, Modernized e-File (MeF) information for Authorized e-file Providers. 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: Quini & Petch CPA, Date: 4/9/09, Check if also paid preparer: [X], Check if self-employed: [], ERO's SSN or PTIN: P00736879, Firm's name: EISNER LLP, address: 750 THIRD AVENUE NEW YORK NY 10017-2703, Phone no. 212-949-8700, EIN 13-1639826

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, address, and ZIP code, EIN, Phone no.