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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 3000 North Meridian Street | Room/suite

City or town, state or country, and ZIP + 4
Indianapolis, IN 462084716

D Employer identification number
35-0867985

E Telephone number
(317) 334-3322

G Gross receipts $ 133,159,327

F Name and address of principal officer
JEFFREY H PATCHEN
3000 N Meridian St
Indianapolis, IN 462084716

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHILDRENSMUSEUM ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1925 | **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE CHILDREN'S MUSEUM OF INDIANAPOLIS, INC IS TO CREATE EXTRAORDINARY LEARNING EXPERIENCES THAT HAVE THE POWER TO TRANSFORM THE LIVES OF CHILDREN AND FAMILIES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	437
6	Total number of volunteers (estimate if necessary)	**6**	540
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,253,403
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	503,860

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	13,039,324	4,971,846
9	Program service revenue (Part VIII, line 2g)	8,069,796	8,713,704
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	462,601	22,791,375
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,469,252	1,416,282
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,040,973	37,893,207
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	46,950	26,067
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,843,218	14,375,072
16a	Professional fundraising fees (Part IX, column (A), line 11e)	468,329	66,828
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,445,246		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,829,575	17,738,932
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,188,072	32,206,899
19	Revenue less expenses Subtract line 18 from line 12	-11,147,099	5,686,308
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	367,084,226	384,831,174
21	Total liabilities (Part X, line 26)	59,388,778	56,262,956
22	Net assets or fund balances Subtract line 21 from line 20	307,695,448	328,568,218

Part II Signature Block

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

Sign Here

****** | 2011-11-08
Signature of officer | Date

JEFFREY H PATCHEN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ CROWE HORWATH LLP				Firm's EIN ▶
Firm's address ▶ 3815 River Crossing Parkway Suite 300 Indianapolis, IN 462400977				Phone no ▶ (317) 569-8989

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 17,038,227 including grants of $ 26,067) (Revenue $ 9,753,275)

EDUCATIONAL ACTIVITIES, PROGRAMS AND SCHOOL TOURS - THE CHILDREN'S MUSEUM DEVELOPS EDUCATIONAL PROGRAMS AND SCHOOL TOURS FOR ALL AGES INVOLVING MUSEUM EXHIBITS AND EDUCATIONAL ACTIVITIES

4b (Code) (Expenses $ 6,018,341 including grants of $) (Revenue $)

EXHIBIT DESIGN - THE CHILDREN'S MUSEUM DEVELOPS ONGOING EXHIBITS FOR THE MUSEUM GALLERIES IN ADDITION, THE MUSEUM STAFF IMPROVE AND MAINTAIN CURRENT EXHIBITS

4c (Code) (Expenses $ 889,325 including grants of $) (Revenue $)

COLLECTIONS - THE CHILDREN'S MUSEUM OF INDIANAPOLIS BOASTS A COLLECTION OF MORE THAN 110,000 ARTIFACTS THE COLLECTION IS A STOREHOUSE OF IDEAS AND CONCEPTS, NOT ONLY ARE THESE ARTIFACTS PATHWAYS TO THE THINKING THAT HAVE SHAPED OUR COLLECTIVE PAST, BUT ALSO TO THE NEW CONNECTIONS AND DISCOVERIES YET UNBORN IN THE MINDS OF YOUNG VISITORS SINCE ITS FOUNDING IN 1925, THE MUSEUM HAS NURTURED THE GROWTH OF ITS COLLECTION WHICH IS DIVIDED INTO THREE DOMAINS NATURAL WORLD DOMAIN COLLECTIONS CONTAIN MANY REAL ITEMS, FROM DINOSAUR EGGS AND PRECIOUS GEMS TO SAUSAGE TREE PODS MANY INTERESTING OBJECTS FROM AROUND THE WORLD ILLUSTRATE NATURAL AND PHYSICAL SCIENCE CONCEPTS CULTURAL WORLD DOMAIN COLLECTIONS CONTAIN FOLK TOYS, SPECIAL CLOTHES, DECORATED EVERYDAY OBJECTS AND ART BY CHILDREN AND INTERNATIONALLY-KNOWN ARTISTS AMERICAN EXPERIENCE DOMAIN COLLECTIONS CONTAIN OVER 39,500 AMERICAN AND AFRICAN-AMERICAN OBJECTS SPANNING ALMOST 200 YEARS THESE ARE SEEN BY GRANDPARENTS, PARENTS AND CHILDREN IN GALLERY EXHIBITS AND EDUCATIONAL ACTIVITIES THE COLLECTION OF THE CHILDREN'S MUSEUM IS IMPORTANT BECAUSE ARTIFACTS TELL STORIES THAT CONNECT GENERATIONS, ARTIFACTS OFFER INSIGHT INTO THE LIVES OF PEOPLE HERE AND IN OTHER PARTS OF THE WORLD, ARTIFACTS ARE REFERENCE POINTS FOR CHILDREN TO COMPARE THEIR LIVES WITH PEOPLE THROUGH TIME AND ACROSS CULTURES, ARTIFACTS INSPIRE OUR IMAGINATION AND ENRICH OUR LIVES

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 23,945,893

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	133		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	437		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

EDWARD A BAWEL
3000 NORTH MERIDIAN ST
Indianapolis, IN 462084716
(317) 334-3322

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,349,934	0	141,555

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 10

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ARTS & EXHIBITIONS INTERNATIONAL LLC 930 W 7TH AVENUE DENVER, CO 80204	KING TUT TRAVELING EXHIBIT	713,522
ECHO POINT MEDIA 407 FULTON ST INDIANAPOLIS, IN 46202	MEDIA PLACEMENT	684,827
PILLAR GROUP RISK MANAGEMENT INC 301 PENNSYLVANIA PARKWAY SUITE 100 INDIANAPOLIS, IN 46280	INSURANCE BROKER	289,323
PRIORITY PRESS INC 4026 W 10TH ST INDIANAPOLIS, IN 46222	PRINTING SERVICES	265,287
CAMBRIDGE ASSOCIATES LLC PO BOX 10317 UNIONDALE, NY 115550317	INVESTMENT ADVISOR	235,034

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 13

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c	21,153			
	d Related organizations . . .	1d	427,258			
	e Government grants (contributions)	1e	233,098			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,290,337			
	g Noncash contributions included in lines 1a-1f $		398,777			
	h **Total.** Add lines 1a-1f . . . . . ▶		4,971,846			
Program Service Revenue		Business Code				
	2a ADMISSION RECEIPTS		3,973,044	3,973,044		
	b MEMBERSHIP AND DUES		3,433,631	3,433,631		
	c PROGRAM RECEIPTS		1,307,029	1,307,029		
	d					
	e					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f . . . . . ▶		8,713,704			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		8,694,189		1,283,246	7,410,943
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		353,394			353,394

		(i) Real	(ii) Personal				
	6a Gross Rents	211,984					
	b Less rental expenses	241,827					
	c Rental income or (loss)	-29,843	0				
	d Net rental income or (loss) . . . . . ▶			-29,843		-29,843	

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	108,006,609	41,904				
	b Less cost or other basis and sales expenses	93,916,449	34,878				
	c Gain or (loss)	14,090,160	7,026				
	d Net gain or (loss) . . . . . ▶			14,097,186			14,097,186
Other Revenue	8a Gross income from fundraising events (not including $ 21,153 of contributions reported on line 1c) See Part IV, line 18 . . . a		43,563				
	b Less direct expenses . . . b		44,968				
	c Net income or (loss) from fundraising events . . ▶			-1,405			-1,405
	9a Gross income from gaming activities See Part IV, line 19 . a						
	b Less direct expenses . . . . . b						
	c Net income or (loss) from gaming activities . . . ▶			0			
	10a Gross sales of inventory, less returns and allowances . a		2,049,260				
	b Less cost of goods sold . . b		1,027,997				
	c Net income or (loss) from sales of inventory . . ▶			1,021,262	1,021,262		

Miscellaneous Revenue	Business Code				
11a LOCKERS		23,522			23,522
b STROLLER & WAGON RENTAL		19,805			19,805
c COAT CHECK		11,238			11,238
d All other revenue		18,309	18,309	0	0
e **Total.** Add lines 11a–11d . . . . . ▶		72,874			
12 **Total revenue.** See Instructions . . . ▶		37,893,207	9,753,275	1,253,403	21,914,683

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	26,067	26,067		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	711,418		265,572	445,846
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	10,560,720	7,764,228	1,852,318	944,174
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	583,587	379,387	133,122	71,078
9 Other employee benefits	1,721,975	1,318,619	279,167	124,189
10 Payroll taxes	797,372	568,658	145,831	82,883
a Fees for services (non-employees) Management	0			
b Legal	60,911	10,743	46,663	3,505
c Accounting	132,591		129,703	2,888
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	66,828			66,828
f Investment management fees	1,129,009		1,129,009	
g Other	943,640	555,819	93,546	294,275
12 Advertising and promotion	1,896,444	1,750,865	1,120	144,459
13 Office expenses	1,035,559	593,501	305,922	136,136
14 Information technology	162,059	77,601	71,415	13,043
15 Royalties	0			
16 Occupancy	2,089,751	1,647,844	433,227	8,680
17 Travel	171,692	154,198	5,951	11,543
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	158,085	94,789	48,822	14,474
20 Interest	1,825,392	1,825,392		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,637,396	5,374,585	262,811	
23 Insurance	374,579	12,998	361,581	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a RESEARCH AND DEVELOPMENT	110,807	101,507	6,794	2,506
b EQUIPMENT AND EXHIBITIONS (NON CAP)	1,002,678	913,869	25,054	63,755
c PROGRAMS AND ACTIVITIES	1,008,339	775,223	218,132	14,984
d				
e				
f All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24f	32,206,899	23,945,893	5,815,760	2,445,246
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		45,638	1	49,248
	2	Savings and temporary cash investments		3,832,524	2	3,580,260
	3	Pledges and grants receivable, net		5,957,976	3	4,757,362
	4	Accounts receivable, net		1,085,630	4	158,387
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		319,728	8	323,192
	9	Prepaid expenses and deferred charges		285,500	9	276,927
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 133,404,505			
	b	Less accumulated depreciation	10b 54,384,781	82,793,931	10c	79,019,724
	11	Investments—publicly traded securities		105,581,218	11	143,894,478
	12	Investments—other securities See Part IV, line 11		148,440,000	12	133,841,938
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		18,742,081	15	18,929,658
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		367,084,226	16	384,831,174
Liabilities	17	Accounts payable and accrued expenses		4,721,840	17	3,950,319
	18	Grants payable			18	
	19	Deferred revenue		737,816	19	666,629
	20	Tax-exempt bond liabilities		51,775,000	20	51,355,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,154,122	25	291,008
	26	**Total liabilities.** Add lines 17 through 25		59,388,778	26	56,262,956
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		256,695,621	27	273,474,366
	28	Temporarily restricted net assets		31,430,500	28	35,524,525
	29	Permanently restricted net assets		19,569,327	29	19,569,327
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		307,695,448	33	328,568,218
	34	Total liabilities and net assets/fund balances		367,084,226	34	384,831,174

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	37,893,207
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,206,899
3	Revenue less expenses Subtract line 2 from line 1	3	5,686,308
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	307,695,448
5	Other changes in net assets or fund balances (explain in Schedule O)	5	15,186,462
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	328,568,218

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Employer identification number
35-0867985

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,523,744	10,402,078	8,472,136	13,039,324	4,971,846	44,409,128
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	7,523,744	10,402,078	8,472,136	13,039,324	4,971,846	44,409,128
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,484,218
6 **Public Support.** Subtract line 5 from line 4						41,924,910

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,523,744	10,402,078	8,472,136	13,039,324	4,971,846	44,409,128
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,914,800	6,102,314	5,127,314	5,256,167	7,410,704	29,811,299
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,471		2,034,649	20,061	509,193	2,565,374
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			93,261	366,411	116,437	576,109
11 **Total support** (Add lines 7 through 10)						77,361,910

12 Gross receipts from related activities, etc (See instructions)	12	8,739,181

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	54 190 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	40 256 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART II, LINE 11, MISCELLANEOUS INCOME 2006 - $0 2007 - $0 2008 - $93,261 2009 - $366,411 2010 - $116,437,

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC	35-0867985

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ 0

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
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 similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Employer identification number
35-0867985

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Preservation of an historically importantly land area
- ☐ Protection of natural habitat
- ☑ Preservation of a certified historic structure
- ☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a 1
b	Total acreage restricted by conservation easements	2b 0
c	Number of conservation easements on a certified historic structure included in (a)	2c 1
d	Number of conservation easements included in (c) acquired after 8/17/06	2d 1

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ 5

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ 0

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 13,983

(ii) Assets included in Form 990, Part X ▶ $ 17,786,491

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	252,720,324	218,687,356	314,531,482		
b	Contributions	1,394,937	3,876,168	101,426		
c	Investment earnings or losses	35,235,902	53,825,149	-80,551,438		
d	Grants or scholarships		0			
e	Other expenditures for facilities and programs	12,951,041	22,942,813	14,631,289		
f	Administrative expenses		725,536	762,825		
g	End of year balance	276,400,122	252,720,324	218,687,356		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 83 190 %
- b Permanent endowment ▶ 7 120 %
- c Term endowment ▶ 9 690 %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,730,178		6,730,178
b Buildings		97,537,561	36,067,565	61,469,996
c Leasehold improvements		2,701,440	2,414,663	286,777
d Equipment		4,804,266	4,286,621	517,645
e Other		21,631,060	11,615,932	10,015,128
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				79,019,724

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) U S GOVERNMENT MORTGAGE BACKED SECURITIES	154,570	F
(B) MUTUAL FUNDS	23,451,717	F
(C) LIMITED PARTNERSHIPS	71,149,809	F
(D) PRIVATE EQUITY/VENTURE CAPITAL	37,709,579	F
(E) INVESTMENTS HELD BY COMMUNITY FOUNDATION	1,376,263	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	133,841,938	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	100,000
ANNUITY PAYABLE LIABILITY	191,008
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	291,008

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,893,207
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,206,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,686,308
4	Net unrealized gains (losses) on investments	4	13,736,218
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,679,286
9	Total adjustments (net) Add lines 4 - 8	9	15,415,504
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,101,812

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	53,494,494
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	13,736,218		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	2,994,078		
e	Add lines **2a** through **2d**			2e	16,730,296
3	Subtract line **2e** from line **1**			3	36,764,198
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,129,009		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	1,129,009
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	37,893,207

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	32,392,682
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,314,792		
e	Add lines **2a** through **2d**			2e	1,314,792
3	Subtract line **2e** from line **1**			3	31,077,890
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,129,009		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	1,129,009
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	32,206,899

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Conservation easements policy	Schedule D, Part II, Line 5	THE CHILDREN'S MUSEM OF INDIANAPOLIS, INC HAS A WRITTEN POLICY THAT OUTLINES THE TIMING OF SPECIFIC DUTIES NECESSARY TO MAINTAIN COMPLIANCE WITH HISTORICAL PRESERVATION GUIDELINES
Conservation easements financial reporting	Schedule D, Part II, Line 9	CONSERVATION EASEMENTS ARE ACCOUNTED FOR IN THE SAME MANNER AS OTHER PROPERTY ACQUISITIONS WITH THE ADDED MEASURE OF COMPLIANCE WITH LOCAL HISTOCIAL SOCIETY REQUIREMENTS
Collections of art - description of collections	Schedule D, Part III, Line 4	UNLIKE MOST MUSEUMS CREATED FOR CHILDREN, THE CHILDREN'S MUSEUM OF INDIANAPOLIS, INC MAINTAINS A COLLECTION IT IS THE LARGEST AND MOST COMPREHENSIVE COLLECTION OF ANY YOUTH MUSEUM IN THE WORLD, CONSISTING OF APPROXIMATELY 110,000 ARTIFACTS THE MUSEUM COLLECTS SIGNIFICANT ARTIFACTS AND SPECIMENS TO USE IN EXHIBITIONS AND THEIR EDUCATIONAL PROGRAMS, AND PRESERVES THOSE ARTIFACTS, SPECIMENS, AND THEIR CONTEXTUAL INFORMATION FOR FUTURE GENERATIONS OF CHILDREN AND THEIR FAMILIES COLLECTIONS ARE DIVIDED INTO THREE PRINCIPAL AREAS OF INTEREST OR DOMAINS AMERICAN EXPERIENCE (WHICH INCLUDED A GROWING AFRICAN AMERICAN COLLECTION OF ARTIFACTS), WORLD CULTURES, AND NATURAL WORLD
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE CHILDREN'S MUSEUM OF INDIANAPOLIS, INC USES THE TEMPORARILY AND PERMANENTLY RESTRICTED PORTION OF THE ENDOWMENT CONSISTENT WITH THE DONOR'S RESTRICTION THE UNRESTRICTED PORTION OF THE ENDOWMENT IS USED TO PROVIDE A RELATIVELY PREDICTABLE, STABLE, AND IN REAL TERMS, CONSTANT STREAM OF CURRENT INCOME FOR ANNUAL OPERATING NEEDS BASED ON THE BOARD OF DIRECTORS' APPROVAL
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE (IRC) AND IS NOT CONSIDERED TO BE A PRIVATE MUSEUM SIDNEY LLC IS A SINGLE MEMBER LLC WHOSE SINGLE MEMBER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC THE FOLLOWING INCOME TAXES WERE PAID AND REMITTED BY THE MUSEUM AND CONSOLIDATING ENTITIES IN 2010 AND 2009 PROPERTY TAXES OF $50,000 AND $105,000 AND SALES TAXES COLLECTED AND REMITTED OF $163,000 AND $145,000 AS OF DECEMBER 31, 2010 AND 2009, THE MUSEUM HAS RECORDED A TAX LIABILITY OF $100,000 AND $825,000, IN RELATION TO UNRELATED BUSINESS INCOME TAXES CURRENT ACCOUNTING STANDARDS REQUIRE THE MUSEUM TO DISCLOSE THE AMOUNT OF POTENTIAL BENEFIT OR OBLIGATION TO BE REALIZED AS A RESULT OF AN EXAMINATION PERFORMED BY A TAXING AUTHORITY FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009, MANAGEMENT HAS DETERMINED THAT THE MUSEUM DOES NOT HAVE ANY TAX POSITIONS THAT RESULT IN ANY UNCERTAINTIES REGARDING THE POSSIBLE IMPACT ON THE MUSEUM'S FINANCIAL STATEMENTS THE MUSEUM DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2006 THE MUSEUM RECOGNIZED INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE MUSEUM DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT DECEMBER 31, 2010 AND 2009
Other changes in net assets	Schedule D, Part XI, Line 8	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - 1384974, REDUCTION OF UBIT LIABILITY - 294312,
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	CHANGE IN VALUE OF INTEREST RATE SWAP - 1384974, COST OF GOODS SOLD - 1027997, FUNDRAISING EXPENSES - 44968, RENTAL EXPENSES - 241827, REDUCTION IN UBIT LIABILITY - 294312,
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	COST OF GOODS SOLD - 1027997, FUNDRAISING EXPENSES - 44968, RENTAL EXPENSES - 241827,

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Employer identification number
35-0867985

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS		41,798,332
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			41,798,332

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Employer identification number
35-0867985

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- **a** ☑ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
IDC IDC CENTRE 2500 PASEO VERDE PARKWAY HENDERSON, NV 89074	CONSULTING FOR PHONE CAMPAIGNS, INFORMATIONAL BROCHURES, ADMINISTRATION		No	148,872	66,828	82,044
Total . . . . . ▶				148,872	66,828	82,044

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ROCKSTARS GALA (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	43,563			43,563
	2 Less Charitable contributions	21,153			21,153
	3 Gross income (line 1 minus line 2)	22,410	0	0	22,410
Direct Expenses	4 Cash prizes				0
	5 Non-cash prizes				0
	6 Rent/facility costs	3,945			3,945
	7 Food and beverages	30,562			30,562
	8 Entertainment	5,000			5,000
	9 Other direct expenses	5,461			5,461
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				44,968
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-22,558

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2010

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THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Employer identification number
35-0867985

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) INTERN TUITION ASSISTANCE	36	19,317	0	N/A	N/A
(2) SCHOLARSHIPS	7	6,750	0	N/A	N/A

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE CHILDREN'S MUSEUM OF INDIANAPOLIS, INC AWARDS SCHOLARSHIPS TO SEVERAL INDIVIDUALS THROUGHOUT THE YEAR AN INDEPENDENT COMMITTEE REVIEWS ALL SCHOLARSHIP APPLICATIONS AND SELECTS THE RECIPIENTS EMPLOYEES OF THE CHILDREN'S MUSEUM OF INDIANAPOLIS, INC AND THEIR FAMILIES ARE INELIGIBLE TO RECEIVE SCHOLARSHIPS ONCE THE RECIPIENTS ARE CHOSEN, THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY PAYING SCHOLARSHIPS DIRECTLY TO THE RECIPIENTS' EDUCATIONAL INSTITUTIONS OF CHOICE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Employer identification number
35-0867985

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LISA TOWNSEND	(i)	145,818	1,000	360	3,416	1,351	151,945	0
	(ii)	0	0	0	0	0	0	0
(2) KATY ALLEN	(i)	125,475	1,000	216	0	23,862	150,553	0
	(ii)	0	0	0	0	0	0	0
(3) BRIAN WILLIAMS	(i)	170,957	1,000	360	6,500	1,456	180,273	0
	(ii)	0	0	0	0	0	0	0
(4) EDWARD A BAWEL	(i)	141,404	1,000	552	8,820	16,907	168,683	0
	(ii)	0	0	0	0	0	0	0
(5) JEFFREY PATCHEN	(i)	420,881	70,000	10,877	13,800	15,586	531,144	0
	(ii)	0	0	0	0	0	0	0
(6) JENNIFER PACE ROBINSON	(i)	134,101	1,000	240	5,200	22,755	163,296	0
	(ii)	0	0	0	0	0	0	0
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	THE ORGANIZATION HAS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR JEFFREY PATCHEN (PRESIDENT), HOWEVER THERE WERE NO CONTRIBUTIONS MADE TO THE PLAN DURING 2010

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Employer identification number
35-0867985

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE INDIANA FINANCE AUTHORITY	35-1602316	455057NH8	05-14-2008	20,493,266	TO CONSTRUCT/RENOVATE EXHIBITS AND TO REFUND 10/11/1995 BONDS		X		X		X
B	INDIANA DEVELOPMENT FINANCE AUTHORITY	35-1602316	45504REB8	07-30-2003	32,000,000	TO CONSTRUCT PARKING GARAGE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,360,000	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	20,547,852	32,314,103		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	1,054,079		
6	Proceeds in refunding escrow	0	0		
7	Issuance costs from proceeds	238,713	295,000		
8	Credit enhancement from proceeds	0	115,978		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	5,000,000	30,534,943		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2009	2004		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X					
b	Name of provider	NA		KEY BANK NATIONAL ASSOCIATION					
c	Term of hedge		10 0		10 0				
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?	X		X					
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	NA		NA					
c	Term of GIC		0 0		0 0				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
QUALIFIED HEDGE WITH RESPECT TO THE 2003 BOND ISSUE	SCHEDULE K, PART IV, LINES 3A-E	DURING SEPTEMBER 2010, THE MUSEUM TERMINATED ITS EXISTING 10 YEAR HEDGE WITH KEY BANK NATIONAL ASSOCIATION AT A RATE OF 3 51% ON $16 MILLION OF THE 2003 BOND ISSUE, AND THE MUSEUM ENTERED INTO A NEW 23 YEAR HEDGE WITH PNC BANK AT A RATE OF 2 72% ON THE ENTIRE $32 MILLION OF THE 2003 BOND ISSUE THE NEW AGREEMENT INCLUDED A ONE TIME PAYMENT OF $1,656,000 TO TERMINATE THE EXISTING 10 YEAR HEDGE THE MUSEUM ENTERED INTO THE NEW AGREEMENT TO MAKE FIXED INTEREST PAYMENTS ON THE ENTIRE $32 MILLION ISSUE THROUGH THE RETIREMENT DATE OF THE BONDS IN EXCHANGE FOR VARIABLE INTEREST PAYMENTS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

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Employer identification number
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Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	29	269,806	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	44	13,983	DONOR DETERMINED
19 Food inventory	X	3	20,200	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES/EQUIPMENT)	X	10	51,678	COST
26 Other ▶ (MISCELLANEOUS)	X	27	43,110	COST
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third parties used to solicit, process, or sell noncash contributions	Schedule M, Part I, Line 32a	THE CHILDREN'S MUSEUM OF INDIANAPOLIS, INC USES A BROKERAGE FIRM TO SELL CONTRIBUTIONS OF STOCK AFTER RECEIPT THE CHILDREN'S MUSEUM ALSO USES AN ONLINE AUCTION ORGANIZATION TO SELL COLLECTIONS HOWEVER, COLLECTIONS ARE TYPICALLY USED OR DISPLAYED BY THE MUSEUM FOR A PERIOD OF TIME AFTER RECEIPT AND ARE SOLD ONLY AFTER THEIR USE IN THE MUSEUM DISPLAYS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Employer identification number
35-0867985

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	THE CHILDREN'S MUSEUM OF INDIANAPOLIS (THE "MUSEUM"), THE LARGEST CHILDREN'S MUSEUM IN NORTH AMERICA, WAS INCORPORATED IN THE STATE OF INDIANA ON DECEMBER 22, 1925, STATING AS ITS PURPOSE "TO OPERATE A CHILDREN'S MUSEUM " THE MUSEUM OPENED TO THE PUBLIC IN JANUARY, 1926 AND CURRENTLY ATTRACTS OVER 1,000,000 VISITORS A YEAR THE MUSEUM IS A PUBLIC MUSEUM OFFERING A BROAD SPECTRUM OF EDUCATIONAL OPPORTUNITIES AND INTERACTIVE FAMILY LEARNING EXPERIENCES TO A DIVERSE AUDIENCE THAT INCLUDES CHILDREN OF ALL AGES, ADULTS, FAMILIES, INDIVIDUALS WITH DISABILITIES, CITIZENS 65 YEARS AND OLDER, TOURISTS, NEIGHBORS, STUDENTS, AND THEIR TEACHERS THROUGHOUT ITS ENTIRE HISTORY, THE MUSEUM HAS CONTINUED TO DEVELOP INNOVATIVE METHODS TO PROVIDE TRULY EXTRAORDINARY FAMILY LEARNING EXPERIENCES THE MUSEUM'S EXHIBITION PROGRAM IS A BLEND OF MAJOR, "PERMANENT" FAMILY LEARNING EXHIBITIONS, WITH A PROJECTED "LIFE EXPECTANCY" OF 10-15 YEARS, SPECIAL, TEMPORARY EXHIBITS THE MUSEUM RENTS OR PRODUCES FOR AN AVERAGE PERIOD OF APPROXIMATELY FOUR OR FIVE MONTHS, AND INTERNATIONAL TRAVELING EXHIBITS PRODUCED FOR OTHER MUSEUMS EDUCATIONAL PROGRAMS AT THE MUSEUM ARE DESIGNED TO RELATE TO, COMPLEMENT, AND DEVELOP THEMES PRESENTED IN PERMANENT, TEMPORARY, AND SPECIAL EXHIBITS, AND TO PROMOTE THE DEVELOPMENTAL NEEDS OF CHILDREN AND THEIR FAMILIES THE MUSEUM OFFERS MORE THAN 4,000 EDUCATIONAL CLASSES, PROGRAMS, AND ACTIVITIES THROUGHOUT THE YEAR THAT EXTEND AND DEVELOP EXHIBIT THEMES UNLIKE MOST MUSEUMS CREATED FOR CHILDREN, THE MUSEUM MAINTAINS A COLLECTION IT IS THE LARGEST AND MOST COMPREHENSIVE COLLECTION OF ANY YOUTH MUSEUM IN THE WORLD, CONSISTING OF APPROXIMATELY 110,000 ARTIFACTS THE MUSEUM COLLECTS SIGNIFICANT ARTIFACTS AND SPECIMENS TO USE IN EXHIBITIONS AND THEIR EDUCATIONAL PROGRAMS, AND PRESERVES THOSE ARTIFACTS, SPECIMENS, AND THEIR CONTEXTUAL INFORMATION FOR FUTURE GENERATIONS OF CHILDREN AND THEIR FAMILIES COLLECTIONS ARE DIVIDED INTO THREE PRINCIPAL AREAS OF INTEREST OR "DOMAINS" AMERICAN EXPERIENCE (WHICH INCLUDES A GROWING AFRICAN AMERICAN COLLECTION OF ARTIFACTS), WORLD CULTURES, AND NATURAL WORLD

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FORM 990 IS REVIEWED IN DETAIL BY THE EXECUTIVE COMMITTEE AFTER ANY QUESTIONS/CHANGES ARE ADDRESSED, THE FORM 990 IS DISTRIBUTED VIA EMAIL TO EVERY MEMBER OF THE GOVERNING BODY BEFORE IT IS FILED WITH THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	A CONFLICT OF INTEREST POLICY IS IN PLACE THAT APPLIES TO ALL TRUSTEES, DISTINGUISHED ADVISORS, HONORARY TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES AND VOLUNTEERS A CONFLICT OF INTEREST STATEMENT IS SIGNED ANNUALLY BY TRUSTEES, DISTINGUISHED ADVISORS, HONORARY TRUSTEES, COMMITTEE MEMBERS, AND UPPER MANAGEMENT EMPLOYEES ONCE THE CONFLICT OF INTEREST STATEMENTS ARE SIGNED, THEY ARE REVIEWED BY IN-HOUSE LEGAL COUNSEL FOR POTENTIAL OR ACTUAL CONFLICTS OF INTEREST AT ALL TIMES, ALL PERSONS WHO HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE REQUIRED TO DISCLOSE IT - TRUSTEES, DISTINGUISHED ADVISORS, HONORARY TRUSTEES AND COMMITTEE MEMBERS MAKE SUCH DISCLOSURE TO THE BOARD OF TRUSTEES, EMPLOYEES AND VOLUNTEERS MAKE SUCH DISCLOSURE TO THE VP OF HUMAN RESOURCES, WHO THEN CONTACTS THE MUSEUM'S CEO AND THE BOARD CHAIR BEFORE ANY TRANSACTION INVOLVING A POTENTIAL CONFLICT OF INTEREST MAY OCCUR, THE BOARD OF TRUSTEES IS REQUIRED TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS AND, IF SO, WHETHER A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS REASONABLY ATTAINABLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, AND WHETHER THE PROPOSED TRANSACTION IS IN THE MUSEUM'S BEST INTEREST, IS FOR THE MUSEUM'S OWN BENEFIT, AND IS FAIR AND REASONABLE THE INTERESTED PERSON MAY NOT PARTICIPATE IN THE BOARD'S DISCUSSION OR DECISION REGARDING THE POTENTIAL CONFLICT CONFLICTS OF INTEREST DISCOVERED ONCE A TRANSACTION IS IN PROCESS WILL BE ADDRESSED BY THE BOARD AS SOON AS POSSIBLE, AND THE INTERESTED PERSON MAY BE SUBJECT TO DISCIPLINE, INCLUDING TERMINATION, FOR FAILURE TO DISCLOSE THE CONFLICT IN A TIMELY MANNER

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES RETAINED AN EXTERNAL FIRM TO CONDUCT A COMPENSATION MARKET ANALYSIS OF THE CEO'S TOTAL COMPENSATION IN 2010 THIS PROCESS INVOLVED, A REVIEW OF THE EXECUTIVE'S CURRENT COMPENSATION AND RESPONSIBILITIES, DETERMINATION OF A SPECIFIC MARKETPLACE OF COMPARATIVE ORGANIZATIONS, IN-DEPTH MARKET ANALYSIS OF THE COMPARABLE PEER GROUP AND FINALLY, SPECIFIC DATA DRIVEN RECOMMENDATIONS FOR BOTH BASE AND VARIABLE PAY FOR THE CEO POSITION THE COMMITTEE REVIEWED THESE RECOMMENDATIONS AND OTHER COMPARATIVE DATA TO SUBSEQUENTLY, ENGAGE LEGAL COUNSEL TO CREATE AN EMPLOYMENT CONTRACT THIS PROCESS BEGAN IN 2010 AND CONCLUDED IN 2011

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE PRESIDENT/CEO IN CONJUNCTION WITH THE MUSEUM'S HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT DEPARTMENTS AND THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THEY USE COMPARABILITY DATA AND DECISIONS ARE DOCUMENTED THIS PROCESS WAS LAST UNDERTAKEN IN 2010

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 13736218, PRIOR PERIOD ADJUSTMENTS - -229042, CHANGE IN VALUE OF INTEREST RATE SWAP - 1384974, REDUCTION OF UBIT LIABILITY - 294312,

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

Employer identification number
35-0867985

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SIDNEY ENTERPRISES LLC 3000 N MERIDIAN ST INDIANAPOLIS, IN 46208 35-0867985	PROPERTY DEVELOPMENT & RENOVATION	IN	0	2,005,302	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE CHILDREN'S MUSEUM GUILD INC 3000 N MERIDIAN ST INDIANAPOLIS, IN 46208 31-0931317	SUPPORTING	IN	501(C)(3)	11 - Type II	NA		

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**
n	Sharing of paid employees	**1n**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
EIN: 35-0867985
Name: THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
C DANIEL YATES TRUSTEE	1	X						0	0	0
AMY CONRAD WARNER TRUSTEE	1	X						0	0	0
SHEILA TRIPLETT TRUSTEE	1	X						0	0	0
BRIAN SULLIVAN TRUSTEE	1	X						0	0	0
SUSIE SOGARD TRUSTEE	1	X						0	0	0
BRYAN S SMITH TRUSTEE	1	X						0	0	0
YVONNE H SHAHEEN TRUSTEE	1	X						0	0	0
MARIA QUINTANA TREASURER	1	X		X				0	0	0
GEORGIANA PERKINS TRUSTEE	1	X						0	0	0
VOP OSILI TRUSTEE	1	X						0	0	0
TERRI MANN TRUSTEE	1	X						0	0	0
LLOYD C LYONS TRUSTEE	1	X						0	0	0
GEOFFREY G LORD TRUSTEE	1	X						0	0	0
KAREN ANN LLOYD TRUSTEE	1	X						0	0	0
CORDELIA M LEWIS-BURKS TRUSTEE	1	X						0	0	0
JULIA L LACY CHAIR	1	X		X				0	0	0
USHA V HECHT TRUSTEE	1	X						0	0	0
ROBERT B HEBERT TRUSTEE	1	X						0	0	0
ALICE T HAGER TRUSTEE	1	X						0	0	0
DAVID GRAY TRUSTEE	1	X						0	0	0
PHILIP GENETOS VICE CHAIR	1	X		X				0	0	0
JOHN A GARDNER SECRETARY	1	X		X				0	0	0
JO-ANN B FELTMAN TRUSTEE	1	X						0	0	0
JOHN T FEDERICI TRUSTEE	1	X						0	0	0
ROBERT BOB ESTES TRUSTEE	1	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID N ESKENAZI TRUSTEE	1	X						0	0	0
STEPHEN ENKEMA TRUSTEE	1	X						0	0	0
ELIZABETH COOKE TRUSTEE	1	X						0	0	0
STEVEN P CALTRIDER TRUSTEE	1	X						0	0	0
JAMES D JIM BREMNER TRUSTEE	1	X						0	0	0
ALISON BIRGE TRUSTEE	1	X						0	0	0
CRAIG EMSWELLER VP INFORMATION TECHNOLOGY	40					X		123,693	0	21,902
LISA TOWNSEND VP MARKETING	40					X		147,178	0	4,767
KATY ALLEN VP HUMAN RESOURCES	40					X		126,691	0	23,862
BRIAN WILLIAMS VP DEVELOPMENT	40				X			172,317	0	7,956
EDWARD A BAWEL CHIEF FINANCIAL OFFICER	40					X		142,956	0	25,727
JEFFREY PATCHEN PRESIDENT	40			X				501,758	0	29,386
JENNIFER PACE ROBINSON VP EXHIBIT DEVELOPMENT & EDUCATION	40					X		135,341	0	27,955
SUSAN BROOKS TRUSTEE	1	X						0	0	0
KEITH ILER TRUSTEE	1	X						0	0	0
GORDON SLACK TRUSTEE	1	X						0	0	0