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### \*\* PUBLIC DISCLOSURE COPY \*\*

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)

Open to Public Inspection

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Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service JUL 1, 2012 and ending JUN 30, For the 2012 calendar year, or tax year beginning Check if C Name of organization D Employer identification number MADISON CHILDREN'S MUSEUM FOUNDATION, Address change INC. Name change 43-1956290 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 608-256-6445 100 N HAMILTON ST Amende 2,991,959. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-MADISON, WI 53703-2116 H(a) Is this a group return pendina F Name and address of principal officer DIANE BALLWEG Yes 🗓 No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? 4947(4), 1) 01 I Tax-exempt status X 501(c)(3) 527 501(c) ( ) ◀ (insert no.) If "No," attach a list (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization. X Corporation L Year of formation: 2009 M State of legal domicile; WI Trust Association Other > Part I Summary SUPPORTING ORGANIZATION OF Briefly describe the organization's mission or most significant activities MADISON CHILDREN'S MUSEUM, 1110.

Check this box If the organization discontinued its operations or etsposed of more than the coverning body (Part VI, line 1a)

Check this box If the doverning body (Part VI, line 1a) Activities & Governance TE/GE disposed of more than 25% of its net assets of the span of t 2 Number of voting members of the governing body (Part VI, line 1a)

Number of independent voting members of the governing body (Part VI, line 1b)

ECENTROL Number of independent voting members of the governing 221, Total number of individuals employed in calendar year 2012 (Part V, line 2a)/// 07 2014 4 0 Total number of volunteers (estimate if necessary)

7 a Total unrelated business revenue from Part VIII, column (C), line 12 nternal Revenue Service Prior Year

Cincinnati, Ohio Service Prior Year
604, 1 5 7 6 0. 7a Ō. Cincinnati, Ohlo **Current Year** 604,842. 893,783. Contributions and grants (Part VIII, line 1h) Revenue 899,224 1,960,538. Program service revenue (Part VIII, line 2g) 1,579. 137,638. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 66,498. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,991,959. 1.572.143. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,444,819 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) Ō. 0. Salaries, other compensation, employee benefits (Part IX, column) (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A) Fline (14) 0. b Total fundraising expenses (Part IX, cqumn (D), line 25) 0. 41,785. 17 Other expenses (Part IX, column (A), lines 17a 11d, 11f 24e) ? Total expenses Add lines 13-17 (must equal Part IX) column (A), line 0. 2,486,604. 505,355. Revenue less expenses Subtract line 18 from line 1,572,143. 5 **Beginning of Current Year End of Year** 3,128,525. 3,923,725. 20 Total assets (Part X, line 16) 1,153,887. 1,073,510. 21 Total liabilities (Part X, line 26) 1,974,638. 2,850,215. Net assets or fund balances Subtract line 21 from line 20 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. **U**Sıgn Signature of officer Date DIANE BALLWEG, CHAIR Here Type or print name and title Date Print/Type preparer's name Preparer's signature GLENN MILLER, CPA P00086726 Paid Firm's name WEGNER CPAS, 39-0974031 Preparer Use Only Firm's address 2110 LUANN LN

MADISON, WI 53713-3074

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. 608-274-4020

X Yes No

### MADISON CHILDREN'S MUSEUM FOUNDATION, INC. 43-1956290 Form 990 (2012) Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: SUPPORTING ORGANIZATION OF MADISON CHILDREN'S MUSEUM, INC. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 2,486,604. including grants of \$ 2,444,819.) (Revenue \$ 1,960,538.) ) (Expenses \$ THE MADISON CHILDREN'S MUSEUM FOUNDATION OPERATES EXCLUSIVELY TO FURTHER THE WELL-BEING OF MADISON CHILDREN'S MUSEUM, INC. including grants of \$ ) (Revenue \$ (Code \_\_\_\_\_) (Expenses \$ ) (Expenses \$ including grants of \$

4d Other program services (Describe in Schedule O)
(Expenses \$ including gr

Total program service expenses ▶

2,486,604.

Form **990** (2012)

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43-1956290

Dai	t IV Checklist of Required Schedules	270		age S
Pai	i i v Checklist of Required Schedules			r
_	1. the acceptant of the first FO4(2)(0) as 40.47(2)(4) (-the above a constant of the data and		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ا م ا	x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	A	-
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_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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	ŀ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1	**************************************	
	as applicable.	1	***	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	L	X
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		X
С	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		x
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			١,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b_	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ļ	٠,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		X
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	L	X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	l	X

Form **990** (2012)

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Part IV Checklist of Required Schedules (continued)

1956290 Page 4									
	<u> </u>	Yes	No						
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	24a		X						
	24b								
	24c 24d								
	240								
	25a		X						
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	25b		Х						
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	27		Х						
	28a		X						
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	29	X							
	30		х						
	31		х						
	32		X						
	33		х						
	34	х							
	35a		X						
,	35b								
ation?	36		х						

			162	NU
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
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		x
23				<del></del> -
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			$\vdash$
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		X
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 pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	. 75 va to	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	*	3	
	instructions for applicable filing thresholds, conditions, and exceptions):		美沙	1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			<b>.</b>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	24		x
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del> </del>
<b></b>	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u></u> .
		_	$\alpha$	(0010)

	990 (2012) INC. 45-1930 2	290	P	age 5
Pai				$\overline{}$
	Check if Schedule O contains a response to any question in this Part V			ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
•	(gambling) winnings to prize winners?	1c		<u> </u>
Za	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			
_	the district was said your straining with a straining wit	<b>~</b>		İ
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		$\vdash$
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del></del> -
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	~		
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
ь	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.			İ.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).	,		
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<del>71</del>		Х
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			ł
0	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.  Did the organization make any taxable distributions under section 4966?	9a		-
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
10	Section 501(c)(7) organizations. Enter	30		_
а	Initiation fees and capital contributions included on Part VIII, line 12			i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			İ
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			ł
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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	ŀ		1
C	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	990	(2012)

232005 12-10-12

Form 990 (2012)

INC.

43-1956290

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sec	tion 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 1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	- 1		
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		X
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	i	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
-	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	х	-
	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	111		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	_		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:	·	
	DEBORAH GILPIN - 608-256-6445			
	100 N HAMILTON ST, MADISON, WI 53703-2116			

232006 12-10-12

43-1956290

Form 990 (		INC.			_				3-1
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compens	ated
	Employees, an	d Independe	ent Contrac	ctors					

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

INC.

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and Title	(B) Average	(do	not c	(C Posi heck	tior more	than	one	( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	offic	box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DIANE BALLWEG CHAIR	0.50	x		X				0.	0.	0
(2) MARGARET PYLE	0.50	<del> </del>	-		-	$\dagger$	$\vdash$	•		
VICE CHAIR		X		х				0.	0.	0
(3) KRISTINE SPERLING	0.50	Г								
SECRETARY		Х		X				0.	0.	0
(4) DAN MILLMAN	0.50	ļ								
TREASURER		X	_	X	_			0.	0.	0
(5) JIM BRADLEY DIRECTOR	1.00	x						0.	0.	0
(6) JANE DOUGHTY	1.00	^						0.	U •	
DIRECTOR	1.00	X						0.	0.	0
(7) DAVE KETTNER	1.00		-	-	<del> </del>	$\vdash$	<u> </u>			
DIRECTOR		Х						0.	0.	0
(8) RUTH SHELLY	20.00									
EXECUTIVE DIRECTOR	20.00	<u> </u>		X	_			0.	101,868.	4,015
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Form 990 (2012)

Page 7

Name and title  Average hours per week (list any hours for related organizations) below line)  Postton (for not check more than one box, unless person is both and not compensation) from related organizations below line)  Postton (for not check more than one box, unless person is both and not compensation) from related organizations below line)  Postton (for not check more than one box, unless person is both and not compensation) from related organizations (W.2/1099-MISC)  In the compensation from the organizations (W.2/1099-MISC)  Reportable compensation from the organizations (W.2/1099-MISC)  Reportable compensation from the organizations (W.2/1099-MISC)  Reportable compensation from the organizations (W.2/1099-MISC)  Reportable compensation from the organization of the compensation from the compensation from the organization of the compensation from the compensation from the compensation from the compensation from the compensation from th	ran	VII Section A. Officers, Directors, Tru		ploy	ees,			ghe	st C			- 1		
Note   Note				•			-	1					(F	
Compensation from the organization   Private		Name and title	_		not cl	heck i	more	than (				- 4		nated
Sub-total										1 '.	•	- 1		
hours for related organizations below line)  15 Sub-total  16 Total from continuation sheets to Part VII, Section A  17 Total quad lines to and to)  18 Total pumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is at a received to his et a received to the organization and related organization and related organization is a received to the organization and related organization is a received to the organization and related organization is a received to the organization is a received to the organization is a received to the organization and related organization organization and related organization organization and related organization organization organization is a received to the organization organizatio				è						1				
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43-1956290 Page 9

rai	LVIII	Check if Schedule O cont		to any question	in this Part VIII			
		5.155.1.1 551.1554.15 5 561.11		any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
A,	С	Fundraising events	1c					
[팔림	d	Related organizations	1d	44 = 22				
S, E	е	Government grants (contribut		11,730.				
흥심	f	All other contributions, gifts, gran		000 053		·		
들튀		similar amounts not included abo	ve 1f	882,053.				
E E	_	Noncash contributions included in lines	1a-1f \$	147,315.	002 702			
<u>0 =  </u>	<u>h</u>	Total. Add lines 1a-1f		D	893,783.			
_	_	MUSEUM ADMISSIO	NIC	Business Code 712110	959,661.	959,661.		-
<u>ş</u>	2 a	TOT TO A TOTAL TOT	OND	900099	663,395.			<del></del>
Program Service Revenue	b	TINICA MICATAL DDC	CRAMS	712110	238,018.		:-	
E	c d	DADICTIO DEED	GRAMB	812930	85,064.			<del></del>
Pag	0	TENANT FEES		531120	14,400.	14,400.	_	
윤	•	All other program service reve	anue.	33223	11,1000	21/1001		
	,	Total. Add lines 2a-2f	silde	<b></b>	1,960,538.			
	3	Investment income (including	dividends, inte	<del>-, -, -</del>	_,,,,,,,,			
İ	•	other similar amounts)	,	<b>&gt;</b>	137,638.			137,638.
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties	•	•				
		•	(i) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses	-					
	С	Rental income or (loss)						_
į	d	Net rental income or (loss)						
1	7 a	Gross amount from sales of	(i) Securities	(II) Other	ļ			
		assets other than inventory				1		
	b	Less: cost or other basis		1				1
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ane	8 a	Gross income from fundraising	ig events (not					
ē		including \$	of					
Be		contributions reported on line	•					}
Other Reve		Part IV, line 18		<sup>3</sup>				
8		Less direct expenses		·				
		Net income or (loss) from fun	_	<u> </u>				
	9 a	Gross income from gaming a		_				1
	_	Part IV, line 19			-			1
		Less: direct expenses  Net income or (loss) from gan		'L				
		Gross sales of inventory, less						
	io a	and allowances		3	İ			
	h	Less cost of goods sold			1			
		Net income or (loss) from sale		٠ <u>ــــ</u>				
		Miscellaneous Revenu		Business Code				
- 1	11 a		<del></del>		- 1		- 4 * ***	
	ь ь							
ł	c					1		
	d	All other revenue	<del></del>				-	
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			2,991,959.	1,960,538.	0.	137,638.
23200 12-10-	9 12							Form <b>990</b> (2012)

INC.

_	TIX Statement of Functional Expens				· · · · · · · · · · · · · · · · · · ·
Secti	on 501(c)(3) and 501(c)(4) organizations must com	·	· · ·	omplete column (A)	<del></del>
	Check if Schedule O contains a respon	ise to any question in thi		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,444,819.	2,444,819.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · ·			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			l	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O )				
12	Advertising and promotion				
13	Office expenses	41,785.	41,785.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		•		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	,				
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,486,604.	2,486,604.	0.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

232010 12-10-12

Form 990 (2012)
Part X Balance Sheet

INC.

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response to any que	stion in this Part X			
				(A)		(B)
	r			Beginning of year		End of year
	1	Cash · non-interest-bearing		108,953.	1	28,152.
	2	Savings and temporary cash investments	-	9,652.	2	41,423.
	3	Pledges and grants receivable, net	-	105,106.	3	338,826.
	4	Accounts receivable, net		10,814.	4	9,880.
	5	Loans and other receivables from current and former	ł.			
		trustees, key employees, and highest compensated	employees. Complete			-
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified p	,			
		section 4958(f)(1)), persons described in section 495				
		employers and sponsoring organizations of section 5	1			-
ις		employees' beneficiary organizations (see instr) Corr	plete Part II of Sch L	1 050 000	6	2 550 000
Assets	7	Notes and loans receivable, net	-	1,950,000.	7	2,550,000. 955,444.
As	8	Inventories for sale or use	-	944,000.	8	955,444.
	9	Prepaid expenses and deferred charges	,		9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	<del></del>			
	b	Less accumulated depreciation 10th			10c	<b></b>
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	-		12	
	13	Investments - program-related. See Part IV, line 11	-		13	
	14	Intangible assets	-		14	
	15	Other assets See Part IV, line 11		2 110 525	15	2 022 725
	16	Total assets. Add lines 1 through 15 (must equal line	3,128,525. 1,091,910.	16	3,923,725. 506,412.	
	17	Accounts payable and accrued expenses		1,091,910.	17	300,412.
	18	Grants payable	61,977.	18	02 000	
	19	Deferred revenue		01,9//•	19	92,098.
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability. Complete Part I	t e	<del> </del>	21	
Ħ	22	Loans and other payables to current and former office	*			
į		key employees, highest compensated employees, ar	id disqualified persons.	-		
_		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated	· .		23	
	24	Unsecured notes and loans payable to unrelated thir			24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2	(4). Complete Part X of	0.		475,000.
		Schedule D	-	1,153,887.	25	1,073,510.
	26	Total liabilities. Add lines 17 through 25	V	1,133,667.	26	1,0/3,310.
		Organizations that follow SFAS 117 (ASC 958), ch	ı			
ces		complete lines 27 through 29, and lines 33 and 34	•	1,968,643.		2,505,394.
a	27	Unrestricted net assets		1,300,043.	27	338,826.
Ва	28	Temporarily restricted net assets	-	5,995.	28	5,995.
멑	29	Permanently restricted net assets	50) . I I	3,333.	29	3,333.
Ę		Organizations that do not follow SFAS 117 (ASC 9	58), cneck nere ▶ ☐			
Š		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipm		**-	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income	e, or other funds	1,974,638.	32	2,850,215.
_	33	Total net assets or fund balances	}	3,128,525.	33	3,923,725.
	34	Total liabilities and net assets/fund balances		3,120,323.	34	5, 923, 723.

Form	990 (2012) INC.	43-195	6290	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,99	L, 9	<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,48	6,6	04.
3	Revenue less expenses. Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,97	1,6	<u>38.</u>
5	Net unrealized gains (losses) on investments	5			~~
6	Donated services and use of facilities	6	370	J, 2	22.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				4 -
	column (B))	10	2,850	),2	<u> 15.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other		1 1	:	'
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	_		-:
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			,
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 1		
	consolidated basis, or both				,
	Separate basis			r	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<b></b>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### SCHEDULE A

(Form 990 or 990-EZ)

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

2012

Open to Public Inspection

Name of t	he organization		CHILDREN'S	MUSEU	M FOU	NDATI	ON,	E		identification number
		INC.			_				4	3-1956290
Part I	Reason 1	or Public Chari	ty Status (All organiz	ations mu	st complet	e this part	) See inst	ructions.		
The organ	ization is not a	private foundation I	pecause it is: (For lines 1	through <sup>1</sup>	11, check o	only one b	ox)			
1 🖳	A church, cor	nvention of churches	s, or association of church	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)			
2 🖳	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🗀	A hospital or	a cooperative hospit	al service organization o	described	ın <b>section</b>	170(b)(1)	(A)(iii).			
4	A medical res	earch organization of	perated in conjunction	with a hos	pıtal descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(ıi	ii). Enter 1	the hospital's name,
	city, and state	9								
5 🗀	An organization	on operated for the	penefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describ	ed in
	section 170(	<b>b)(1)(A)(iv).</b> (Comple	ete Part II.)							
6 🗀	A federal, stat	te, or local governm	ent or governmental uni	described	d ın <b>sectio</b>	n 170(b)(	I)(A)(v).			
7 🗀	An organization	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public described in
	=	b)(1)(A)(vi). (Comple								
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🔲	An organization	on that normally rec	eives (1) more than 33	1/3% of its	support fr	om contri	butions, m	nembershi	p fees, a	nd gross receipts from
	-	-	nctions - subject to certa							
		•	exable income (less sect							
		509(a)(2). (Complete			,		•	, ,		
10 🔲			perated exclusively to te	st for publ	ıc safetv. S	See <b>sect</b> io	n 509(a)(4	I).		
11 🗓	•		perated exclusively for the	-	-				v out the	purposes of one or
	_	-	tions described in secti							
			organization and compl				-,		,,-,-	
	a X Type I	· · · · · · · · · · · · · · · · · · ·			nctionally i			i  □ Tvn	e III - No	n-functionally integrated
e 🗀	• •	•	t the organization is not	•	-	~		, ,		
ę			nan one or more publicly							
			ten determination from t						<b>σ(α)(1) Ο</b> ι	30011011 303(4)(2)
f	•			ine ino in	atitis a ry	pe i, Type	ii, oi Type	5 111		
_		rganization, check th	organization accepted any gift or contribution from any of the following persons?  directly controls, either alone or together with persons described in (ii) and (iii) below, supported organization?  in described in (i) above?							
g						Yes No				
						7.				
	•					3(7)				
		•	**		•					1 3(··/
			person described in (i)							11g(iii) X
h	Provide the fo	ollowing information	about the supported organization(s).			T				
			The second secon							
	of supported	(ii) EIN	(iii) Type of organization	r, ,	organization sted in your		u notily the ion in col.	organizáti	on in col.	(vii) Amount of monetary
orga	anization		(described on lines 1-9 above or IRC section		document?		r support?	(i) organız U.S	zed in the	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
MADIS	ON								·	
		39-1383497	7	x						2,444,819
	TUBER D 12	33 2303137	•	<del></del>	<del> </del>		<del>                                     </del>			
				1						
				1		<del> </del>		<del>                                     </del>	<del> </del>	<del>-</del>
					1	ŀ				
				<del> </del>	+	<u> </u>	<del></del>	1		
						1	1			
·				}		<del> </del>	<del> </del>	<del> </del>	+	
	-			<del> </del>	<u> </u>	<del> </del>	<del> </del>	-	<u> </u>	*-

232021

Form 990 or 990-EZ.

Total

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

### 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)

Sec	ction A. Public Support			,			·
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	10/2000	(2)2000	10/2010	(4),2011	10/2012	(7.5.2.
•	membership fees received (Do not						
	include any "unusual grants ")		1				
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		-	<del> </del>		<del> </del>	
•	furnished by a governmental unit to		ļ				
	the organization without charge						
4	Total. Add lines 1 through 3			Ì	<u> </u>		
5	The portion of total contributions						
Ī	by each person (other than a						
	governmental unit or publicly		ļ				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			ļ			
6	Public support. Subtract line 5 from line 4					<del> </del>	
	ction B. Total Support			1	<del></del>	<u></u>	<u> </u>
_	indar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(-/	(-/	1,7,-2.12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>\-,</b> -,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8	Gross income from interest,						
	dividends, payments received on			1			
	securities loans, rents, royalties				İ	}	
	and income from similar sources					1	
9	Net income from unrelated business				<u> </u>		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stor	here			•		ightharpoonup
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2012 (	line 6, column (f) c	divided by line 11,	column (f))		14	<u>%</u>
15	Public support percentage from 2011	Schedule A, Parl	t II, line 14			15	%
16a	33 1/3% support test - 2012. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶
t	33 1/3% support test - 2011. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2012.</b> If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	a publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2011. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circi	umstances" test, d	check this box and	stop here. Explai	in in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported org	ganization	<b>&gt;</b>
18	Private foundation. If the organization		=				ıs 🕨 🗀
						edule A (Form 990	

### Schedule A (Form 990 or 990-EZ) 2012 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 be	low, please com	plete Part II)				
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 bus-						
iness under section 513						
Tax revenues levied for the organ- ization'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 196 of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtractine 7c from line 6)						
Section B. Total Support		-	-	-		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	(-)	(-)	\-,	<b>\-,</b> · · ·	(-,	(-,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</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, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Public					(-)(-)	<b>&gt;</b>
<del></del>		<del></del>	notume (A)		145	
15 Public support percentage for 2012 (lin	,	•	column (I))		15	<u>%</u>
16 Public support percentage from 2011:			-		16	%
Section D. Computation of Inves					14-1	
17 Investment income percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	<u>%</u>
18 Investment income percentage from 2	-	•		46	18	<u>%</u>
19a 33 1/3% support tests - 2012. If the c	•					17 is not
more than 33 1/3%, check this box an b 33 1/3% support tests - 2011. If the c	=	-	-			<b>▶</b> ∟∟l
	_					
line 18 is not more than 33 1/3%, chec			•		<del>-</del>	
20 Private foundation. If the organization	ина посспеска	DOX On line 14, 19	a, or 190, check t			0 or 000 E7\ 0040
232023 12-04-12				5C	hedule A (Form 99	ひいい シラローエムリスひ 12

15

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MADISON CHILDREN'S MUSEUM FOUNDATION, TNC

**Employer identification number** 43-1956290

Pai	TNC. Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	de or Accounts Complete of the
1 41			13 of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Tabel accept on at any of cons	(a) Donor advised failes	(b) Farias and enter accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	<del>-</del> .	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	•	
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	• •	·
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpos	
Dái	impermissible private benefit?  Conservation Easements. Complete if the org	representation appropried "Yes" to Form 000	Part IV June 7
	<del>-</del>		Part IV, line I
1	Purpose(s) of conservation easements held by the organization	·	and an all the same are all and are a
	Preservation of land for public use (e.g., recreation or e		nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the for	n of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
	Total number of concentation accompate		2a
d 6	Total number of conservation easements		2b
b	Total acreage restricted by conservation easements	usturo ipoliudad ip (a)	2c
ن	Number of conservation easements on a certified historic str	• • • • • • • • • • • • • • • • • • • •	
a	Number of conservation easements included in (c) acquired a	after 6/17/06, and not on a historic struc	2d
3	listed in the National Register  Number of conservation easements modified, transferred, rel	loosed extinguished or terminated by t	
3	year	leased, extilliguished, or terminated by t	The organization during the tax
4	Number of states where property subject to conservation ea	coment is located	
5	Does the organization have a written policy regarding the per		_ .f
•	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	*	
8	Does each conservation easement reported on line 2(d) above		
Ū	and section 170(h)(4)(B)(ii)?	re satisfy the requirements or section 1.	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expen	
Ū	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.		s and organization o accounting to
Pai	tills Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stat	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		•
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS 1		<b>3</b> 7 P. 3
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	▶ \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$
_			· · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 INC •					43-19			<u>e 2</u>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	<u>er Simil</u>	ar Asse	<b>ts</b> (contini	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a s	significant	use of its	collection	ıtems	
	(check all that apply).								
а	Public exhibition	d	Loan or exch	nange programs					
b	Scholarly research	е	Other_		_				
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further th	ne organization's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	untained as part of t	he organization's co	llection?			Yes	ı	No
Par	t IV   Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Yes" to	Form 990	), Part IV, I	ine 9, or		_
·	reported an amount on Form 990, Par	-	•						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	s or other assets no	t included	-			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table.						
-	Too, explain are arrangement in the comme						Amount		_
С	Beginning balance				1c				_
	Additions during the year				1d				_
	Distributions during the year				1e				
•	Ending balance				1f				_
22	Did the organization include an amount on Fo	orm 990 Part X line	217			<u>'-</u>	Yes		No
	If "Yes," explain the arrangement in Part XIII			provided in Part XIII			2 .00		
Par									_
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Pnor year	(c) Two years back		years back	(e) Four	vears ba	
10	Beginning of year balance	5,995.	5,995.	5,995.	197	5,995.	19/	5,9	
1a	Contributions		, , , , , , , , , , , , , , , , , , , ,	,			-		<u> </u>
b		1.	86.	1.	-	2.	-		49.
C	Net investment earnings, gains, and losses			:	ļ	<u>-</u>	<del>                                     </del>		
d	Grants or scholarships						<del>                                     </del>		
е	Other expenditures for facilities	1.	86.	1.		2.			49.
_	and programs						<del>                                     </del>		<del></del>
f	Administrative expenses	F 00F	E 00E	5,995.	-	5,995.	──	5,9	9.5
g	End of year balance	5,995.	5,995.	<u> </u>	<u> </u>	3,333.	<u> </u>		<del>,,</del>
2	Provide the estimated percentage of the curr	ent year end balanc		a)) held as:					
	Board designated or quasi-endowment		%						
	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posse	ssion of the organization	ation that are held a	nd administered for	the organ	ızatıon	г	<del></del>	_
	py.								No.
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ıi)	——— <u> </u>	X
ь	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ient. See Form 990	, Part X, line 10			<del></del>			
	Description of property	(a) Cost or o basis (investr	1 , ,	' '	Accumulat epreciation	1	(d) Book	< value	
1a	Land					I			
b	Buildings								
	Leasehold improvements	-	-						
	Equipment								
	Other								
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (R) line 1	10(c) )					0.
rota	i. Add intes Ta through Te (Coldinit (d) must e	quai i oiiii 330, Fait	A, Solumin (D), mile 1	~(~)/					

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See			tion Cost sees 1	of your mode = 1 : = 1
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion Cost or end	or-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)	<del> </del>		<del>_</del>	
(B)				·
(C)				
(D)				
(E)				
(F)				
(G)	<del></del>			
(H)	<u></u>			
(1)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12 )				
art VIII Investments - Program Related. Se	e Form 990. Part X.	line 13		-
(a) Description of investment type	(b) Book value	(c) Method of valuat	tion Cost or end	-of-year market value
(1)				
(2)				
(3)				
			<del> </del>	
(4)		<del></del>		·
(5)				
(6)		-		
(7)		· ·		
(8)		-		·
(9)				
(10)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		•		
(9)				•
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X, I				
(a) Description of liability		(b) Book value	<del> </del>	<del></del>
(a) Description of liability  (1) Federal income taxes				
DUD DO MARTE COM CONTRACTOR	MISEIM			
`	11001011,	475,000.		
		= 13,000		
(4)				
(5)				
(5) (6)				
(5)				
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8) (9)				
(5) (6) (7) (8)				

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 INC.		43-3	1956290	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per			
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIII )	2d	_		
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b	]		
C	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses pe	er Retu	irn	
1	Total expenses and losses per audited financial statements		1		
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	_		
С	Other losses	2c	_		
d	Other (Describe in Part XIII )	2d	_		
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b	_  .		
С	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5		
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	t III, lines 1a and 4; Part IV, lines	1b and	2b; Part V, line	4; Part
	e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part RT V, LINE 4: THE INCOME FROM THE ENDOWME			TO	
SU	PPORT THE ORGANIZATION'S GENERAL ACTIVITI	ES.			
				· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·				
			-		
	· · · · · · · · · · · · · · · · · · ·				
			Sabar	dulo D (Form (	200) 2012

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

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

ı	יוודדו הם מת דדוו	MOTHER MINISTER OF WEIGHT THE WORLD	TACTOR				
Name of the organization INDISON C	משעחחום:	MOZEOM FOO	NOT TWON				Employer Identification number 43-1956290
Part   General Information on Grants and Assistance	ind Assistance		i				
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	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	
	stance?	:	:				X Yes
낋	ocedures for mon	toring the use of grant	tunds in the United	States			
Fart 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	Governments an	d Organizations in the	e United States. C	omplete if the orga	inization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if additi	ional space is need	ped	(f) Method of		
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(y) Metinou or valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADISON CHILDREN'S MUSEUM, INC. 00 N HAMILTON ST ADISON, WI 53703-2116	39-1383497	501(C)(3)	2,444,819.	0			GENERAL SUPPORT
	and government or	rganizations listed in th	ne line 1 table				1.
۳I	s listed in the line	1 table					
.HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2012)

43-1956290

Page 2

Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) SCHEDULE I, PART I, LINE 2: MADISON CHILDREN'S MUSEUM FOUNDATION, INC. IS A (d) Amount of non-cash assistance SUPPORTING ORGANIZATION OF MADISON CHILDREN'S MUSEUM, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2012)

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

MADISON CHILDREN'S MUSEUM FOUNDATION, INC.

Employer identification number 43-1956290

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de			
		арриосио	tems contributed	Form 990, Part VIII, line 1g				
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	1	105,530.	QUOTED MARK	ET	PRI	CES
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution ·							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory				<u> </u>			
20	Drugs and medical supplies				<u> </u>			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FLOWERS)	X	1		COST/SELLIN			
26	Other ► (SUPPLIES)	X	5	10,585.	COST/SELLIN	IG P	RIC	<u>E</u>
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for	contributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	mpt purposes for			
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II					1	İ	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	outions?	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	ıcıt, process, or sell noncast	1		1	
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is c	hecked,			l
	describe in Part II.			·			<u> </u>	
					Sebadula M	/F	- 000	(0040)

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Schedule M (Form 990) (2012)

### MADISON CHILDREN'S MUSEUM FOUNDATION, Schedule M (Form 990) (2012) INC. 43-1956290 Page 2 Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

MADISON CHILDREN'S MUSEUM FOUNDATION,

Employer identification number 43-1956290

INC.	-1930290
FORM 990, PART VI, SECTION B, LINE 11: THE PREPARED FORM 990	IS REVIEWED
BY THE ORGANIZATION'S MANAGEMENT BEFORE THE RETURN IS FILED W	ITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CO	NFLICT OF
INTEREST POLICY COVERS ALL OF ITS DIRECTORS AND OFFICERS. AN	Y DIRECTOR,
OFFICER, OR MEMBER OF A COMMITTEE WHO HAS A DIRECT OR INDIREC	T FINANCIAL
INTEREST IS CONSIDERED AN INTERESTED PERSON. AN INTERESTED F	ERSON MUST
DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN	THE
OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS O	ONSIDERING THE
PROPOSED TRANSACTION OR ARRANGEMENT. THE INTERESTED PERSON M	UST ABSTAIN
FROM ANY VOTE ON THE ARRANGEMENT. EACH DIRECTOR AND OFFICER	ANNUALLY SIGNS
A CONFLICT OF INTEREST STATEMENT AND THE SIGNED STATEMENTS AF	E REVIEWED BY
MANAGEMENT.	
	<del></del>
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES	ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCI	AL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
<del></del>	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

INC.

Name of the organization

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

2012 Open tolgue Unspection	)12	Open to Publication
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43-1956290

OMB No 1545-0047

➤ See separate instructions. MADISON CHILDREN'S MUSEUM FOUNDATION,

**Employer identification number** 

Schedule R (Form 990) 2012 (g) Section 512(b)(13) ŝ × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Ξ Direct controlling entity End-of-year assets N/A **e** Public charity status (if section 501(c)(3)) <u>e</u> LINE 7 Total income Exempt Code section 豆 501(C)(3) Î Legal domicile (state or Legal domicile (state or foreign country) foreign country) WISCONSIN EDUCATIONAL PROGRAMS AND Primary activity Primary activity TUSEUM EXHIBITS For Paperwork Reduction Act Notice, see the Instructions for Form 990. - 39-1383497 Name, address, and EIN (if applicable) Name, address, and EIN INC. of related organization of disregarded entity MADISON CHILDREN'S MUSEUM, WI 53703-2116 100 N HAMILTON ST MADISON, 

232161 12-10-12 LHA

INC.

Schedule R (Form 990) 2012

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

Page 2

43-1956290

General or Percentage managing ownership Schedule R (Form 990) 2012 (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year ) ड Code V-UBI General or managing camount in box partner/ 20 of Schedule K-1 (Form 1065) Yes No Percentage ownership 3 Ξ Share of end-of-year assets <u>6</u> ate allocations? Disproportion-Yes No Ê Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) entity Ē e Legal domicite (state or foreign country) 34 <u>ت</u> (d)
( Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 232162 12-10-12 Part IV

43-1956290 Page 3

Schedule R (Form 990) 2012 INC

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				-	Yes No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	slated organizations listed	ın Parts II:IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				+	×	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				φ X	-	
c Gift, grant, or capital contribution from related organization(s)				10	×	
				5	×	
				Ş	×	
e Loans of loan gualantees by related organization(s)				2	+	
f Dividends from related organization(s)				<b>=</b>	×	
				Ş	×	
				5	4 >	
h Purchase of assets from related organization(s)				ŧ	< :	
i Exchange of assets with related organization(s)				=	×	
j Lease of facilities, equipment, or other assets to related organization(s)				<u>-</u>	×	
k Lease of facilities, equipment, or other assets from related organization(s)				<b>+</b>	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			Ē	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			t X	_	
o Sharing of paid employees with related organization(s)				<del>د</del>		
a Dumburant and to related around an included and an analysis of the analysis				ţ	×	
p neillibus sellielit para to related organization(s) for expenses				÷ ₽	×	
				7	-	
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				-	×	
s Other transfer of cash or property from related organization(s)				18	×	
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete t	nis line, including covered	ormation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
1)						
						ı
2)						
<b>(5)</b>						
(5)						
(6)						_
32163 12-10-12	35		Schedul	Schedule R (Form 990) 2012	30) 2012	,

Page 4

43-1956290

Schedule R (Form 990) 2012

INC.

Part VI] Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

eg a	1	1		1 2
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No				Schedule R (Form 990) 2012
o er		-	_	
(j) General or managing partner? Yes No			+	
25 X X (6)				all B
(i) e V-UB t in boy edule I n 1069				) Schec
Code F Schrif (Forn				
No ale			_	
Disproportional dispersions of Yes No				
<u> </u>				
(g) Share of end-of-year assets				
Sh. end-				
(f) Share of total income				
∫ ່				
= 85 Ex 9				<del></del>
(e) Are all Are all SOT(C)(3) Outs 7  4) Yes No				
(d) Predominant income prelated, unrelated, excluded from tax under section 512-514) y				
nt inconnelation trom t				
(d) ominan tted, un luded fr section				
Predo (rela excl nuder	İ			
= <u>6</u>				
(c) gal domic ate or fore country)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity Legal (state co				
(b) Primary activity				
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P 4				
<del></del>	<del></del>	<del> </del>		<del></del>
(a) Name, address, and EIN of entity				
(a) Iddress, of entity				
of of				
Name				
(a) Name, address, and EIN of entity				

## MADISON CHILDREN'S MUSEUM FOUNDATION, 43-1956290 Page 5 INC. Schedule R (Form 990) 2012 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

### Form **8868**

(Rev January 2013)
Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

• If you	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)										
	-		tic 3-month extension on a previous	-						
	nic filing (e-file). You can electronically file Form 8868 if y									
	d to file Form 990-T), or an additional (not automatic) 3-more									
	to file any of the forms listed in Part I or Part II with the exc	•	•							
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions) For more details	on the elec	tronic filing of thi	s form,				
_ 31.67.7	w irs gov/efile and click on e-file for Charities & Nonprofits			11\						
Part	34									
-	pration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete						
Part I o	•	uo	7004							
	r corporations (including 1120-C filers), partnerships, REM icome tax returns	ics, and ti	rusts must use Form 7004 to reques	st an exten	sion of time					
					Employer identification number (EIN) of					
print	MADISON CHILDREN'S MUSEUM I									
Cila bir dhi	INC.	43-1956290								
File by the due date	date for Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)					
filing your return Se										
City, town or post office, state, and ZIP code For a foreign address, see instructions  MADISON, WI 53703-2116										
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·					
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Applica	ation	Return	Application			Return				
Is For		Code	Is For			Code				
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07				
Form 990-BL		02	Form 1041-A			08				
Form 4720 (individual)		03	Form 4720			09				
Form 990-PF		04	Form 5227			10				
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11				
Form 990-T (trust other than above)		06	Form 8870			12				
DEBORAH GILPIN										
• The	books are in the care of > 100 N HAMILTON	ST -	MADISON, WI 53703	-2116						
Tele	phone No ▶ 608-256-6445		FAX No ▶ 608-256-32	26						
	e organization does not have an office or place of business	s in the Ur	nited States, check this box			ightharpoonup				
• If th	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole group	, check this				
box 🕨	If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	ers the extension	ıs for.				
1 1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until						
	FEBRUARY 15, 2014, to file the exemp	t organiza	tion return for the organization nam	ed above.	The extension					
18	s for the organization's return for:									
•	▶ ☐ calendar year or									
•	► X tax year beginning JUL 1, 2012 , and ending JUN 30, 2013									
			<u> </u>							
2 1	If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return									
	Change in accounting period									
3a I	this application is for Form 990-BL, 990-PF, 990-T, 4720,									
r	onrefundable credits See instructions		3a	\$	0.					
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
estimated tax payments made. Include any prior year overp			•		\$	0.				
	lalance due. Subtract line 3b from line 3a Include your pa									
	y using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.				
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions										

223841 01-21-13

LHA

Form 8868 (Rev. 1-2013)

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