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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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) Room/suite
3000 North Meridian Street

City or town, state or province, country, and ZIP or foreign postal code
Indianapolis, IN 462084716

D Employer identification number
35-0867985

E Telephone number
(317) 334-3322

G Gross receipts $ 104,067,302

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S MISSION IS TO CREATE EXTRAORDINARY LEARNING EXPERIENCES ACROSS THE ARTS, SCIENCES AND HUMANITIES 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	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	418
6 Total number of volunteers (estimate if necessary)	6	600
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-79,752
b Net unrelated business taxable income from Form 990-T, line 34	7b	-90,704

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,110,126	5,889,364
9	Program service revenue (Part VIII, line 2g)	10,495,060	11,245,181
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,523,004	12,564,263
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,862,358	2,976,016
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,990,548	32,674,824
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,139	39,128
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)	15,676,612	16,433,332
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,116,672		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,230,647	19,474,350
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	33,949,398	35,946,810
19	Revenue less expenses Subtract line 18 from line 12	4,041,150	-3,271,986

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	372,283,353	401,540,090
21	Total liabilities (Part X, line 26)	60,409,925	56,317,181
22	Net assets or fund balances Subtract line 21 from line 20	311,873,428	345,222,909

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

****** 2014-11-13
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
KENNETH J KEBER				P00240883

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 or note to any line 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 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

4a (Code) (Expenses $ 21,647,679 including grants of $ 39,128) (Revenue $ 12,290,873)

EDUCATIONAL ACTIVITIES, PROGRAMS AND SCHOOL TOURS THE CHILDREN'S MUSEUM INSPIRES TEACHERS AND STUDENTS OF ALL AGES THROUGH ITS NUMEROUS EDUCATIONAL PROGRAMS AND SCHOOL TOURS OUR SCHOOL PROGRAMS COVER THE ARTS, SCIENCES, AND HUMANITIES AND PROVIDE IMMERSIVE CURRICULAR EXPERIENCES THAT CANNOT BE REPLICATED IN THE CLASSROOM THE MUSEUM ALSO SUPPORTS TEACHERS BY PROVIDING AN EVER-EXPANDING LIBRARY OF UNITS OF STUDY THAT MEET BOTH THE INDIANA AND THE NATIONAL ACADEMIC STANDARDS FOR GRADES K THROUGH 12

4b (Code) (Expenses $ 3,736,006 including grants of $) (Revenue $ 1,500,006)

EXHIBIT DESIGN THE CHILDREN'S MUSEUM CONCEIVES, DEVELOPS, IMPLEMENTS, AND MAINTAINS EXHIBITS THAT FOCUS ON HISTORY, ART, AND SCIENCE FOR ITS 13 GALLERIES EACH EXHIBIT IS DESIGNED TO FOSTER FAMILY LEARNING THROUGH HANDS-ON EXPERIENCES, INTERPRETIVE PROGRAMMING, AND THE USE OF AUTHENTIC OBJECTS MANY OF THE MUSEUM'S EXHIBITS ARE BASED UPON STRONG RELATIONSHIPS WITH HISTORIANS AND EXPERTS WHO HELP US IN SHARING POWERFUL STORIES SUCH AS RUBY BRIDGES, ASTRONAUT DR DAVID WOLF, AND UNDERWATER ARCHAEOLOGIST CHARLIE BEEKER

4c (Code) (Expenses $ 1,004,129 including grants of $) (Revenue $)

COLLECTIONS - THE CHILDREN'S MUSEUM OF INDIANAPOLIS BOASTS A COLLECTION OF MORE THAN 120,000 ARTIFACTS AND SPECIMENS THE COLLECTION IS A STOREHOUSE OF IDEAS AND CONCEPTS, NOT ONLY ARE THESE OBJECTS 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 SPECIMENS, FROM DINOSAUR EGGS AND PRECIOUS GEMS TO SAUSAGE TREE PODS MANY INTERESTING OBJECTS FROM AROUND THE WORLD ILLUSTRATE NATURAL AND PHYSICAL SCIENCE CONCEPTS (CONTINUED IN SCHEDULE O)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 26,387,814

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 instructions)?	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 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		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 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		No
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	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, line 10? *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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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		No
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, 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	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 through 24d and complete Schedule K. If "No," go to line 25a*	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 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		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, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		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 11b 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 or note to any line in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	108			
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**	418			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
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" to line 3b, 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 as charitable contributions?			**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 or note to any line 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 . . . 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	**1a** 30			
b	Enter the number of voting members included in line 1a, above, who are independent . . .	**1b** 30			
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	Did the organization have members or stockholders? . . .		**6**		No
7a	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**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .		**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	Did the organization have local chapters, branches, or affiliates? . . .	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . .			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . .	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . .	**12c**	Yes	
13	Did the organization have a written whistleblower policy? . . .	**13**	Yes	
14	Did 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**		No
	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," 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**		

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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ 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, and financial 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
▶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 or note to any line 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 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

		(D)	(E)	(F)
1b	**Sub-Total** ►			
c	**Total from continuation sheets to Part VII, Section A** ►			
d	**Total (add lines 1b and 1c)** ►	1,510,264	0	156,690

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ►11

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ECHO POINT MEDIA 407 FULTON ST INDIANAPOLIS IN 46202	MEDIA PLACEMENT	998,684
PILLAR GROUP RISK MANAGEMENT 301 PENNSYLVANIA PKWY STE 100 INDIANAPOLIS IN 46280	INSURANCE BROKER	607,769
CAMBRIDGE ASSOCIATES PO BOX 83232 CHICAGO IL 606910232	INVESTMENT ADVISOR	360,000
PACIFIC STUDIO 5311 SHILSHOLE AVE NW SEATTLE WA 98107	DESIGN AND FABRICATION SERVICES	281,417
LUCKEY LLC PO BOX 871 KILLINGWORTH CT 06419	DESIGN AND FABRICATION SERVICES	278,615

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ►14

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . .

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a**	Federated campaigns . . **1a**					
	b	Membership dues **1b**					
	c	Fundraising events **1c**	102,287				
	d	Related organizations . . . **1d**	583,000				
	e	Government grants (contributions) **1e**	299,772				
	f	All other contributions, gifts, grants, and similar amounts not included above **1f**	4,904,305				
	g	Noncash contributions included in lines 1a-1f $	437,960				
	h	**Total.** Add lines 1a-1f . . . . ▶		5,889,364			
Program Service Revenue			Business Code				
	2a	ADMISSION RECEIPTS	900099	5,138,402	5,138,402		
	b	MEMBERSHIP AND DUES	900099	4,159,120	4,159,120		
	c	PROGRAM RECEIPTS	900099	1,947,659	1,947,659		
	d			0			
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . ▶		11,245,181			

			(i) Real	(ii) Personal	(A)	(B)	(C)	(D)
Other Revenue	**3**	Investment income (including dividends, interest, and other similar amounts) . . . . ▶			4,175,626		-48,824	4,224,450
	4	Income from investment of tax-exempt bond proceeds . . ▶			0			
	5	Royalties . . . . ▶			372,908			372,908
	6a	Gross rents	500,732					
	b	Less rental expenses	656,525					
	c	Rental income or (loss)	-155,793	0				
	d	Net rental income or (loss) . . . . ▶			-155,793		-30,928	-124,865
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	78,075,528					
	b	Less cost or other basis and sales expenses	68,833,895	852,996				
	c	Gain or (loss)	9,241,633	-852,996				
	d	Net gain or (loss) . . . . ▶			8,388,637			8,388,637
	8a	Gross income from fundraising events (not including $ 102,287 of contributions reported on line 1c) See Part IV, line 18 . . **a**		161,376				
	b	Less direct expenses . . . **b**		95,944				
	c	Net income or (loss) from fundraising events . . ▶			65,432			65,432
	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**		1,950,052				
	b	Less cost of goods sold . . **b**		953,118				
	c	Net income or (loss) from sales of inventory . . ▶			996,934	996,934		
		Miscellaneous Revenue		Business Code				
	11a	EXHIBIT DESIGN		900099	1,500,006	1,500,006		
	b	LOCKERS & COAT CHECK		900099	34,195			34,195
	c	STROLLER & WAGON RENTAL		900099	18,691			18,691
	d	All other revenue			143,643	48,758	0	94,885
	e	**Total.** Add lines 11a–11d . . . . ▶			1,696,535			
	12	**Total revenue.** See Instructions . . . . . ▶			32,674,824	13,790,879	-79,752	13,074,333

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

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 United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	39,128	39,128		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	656,160		328,080	328,080
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	12,201,567	8,599,432	2,571,134	1,031,001
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	640,847	417,735	146,279	76,833
9 Other employee benefits	1,984,121	1,404,331	434,706	145,084
10 Payroll taxes	950,637	658,109	211,545	80,983
11 Fees for services (non-employees)				
a Management	0			
b Legal	40,312	17,575	22,737	
c Accounting	127,152		127,152	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,652,692		1,652,692	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,075,844	754,502	129,477	191,865
12 Advertising and promotion	1,892,565	1,875,174	7,553	9,838
13 Office expenses	983,550	772,407	130	211,013
14 Information technology	420,419	122,206	297,932	281
15 Royalties . .	0			
16 Occupancy	2,235,408	1,952,283	276,167	6,958
17 Travel	179,481	129,164	34,049	16,268
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	148,670	74,872	63,448	10,350
20 Interest	2,163,399	2,163,399		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,535,096	5,328,306	206,790	
23 Insurance	392,857	8,783	384,074	
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 O)				
a RESEARCH & DEVELOPMENT	94,918	81,944	9,976	2,998
b EQUIPMENT & EXHIBITIONS (NON CAP)	1,256,655	1,239,743	16,747	165
c PROGRAMS & ACTIVITIES	1,275,332	748,721	521,656	4,955
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	35,946,810	26,387,814	7,442,324	2,116,672
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)	0			

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		49,248	1	49,248
	2	Savings and temporary cash investments		6,257,546	2	8,430,860
	3	Pledges and grants receivable, net		4,419,409	3	3,748,802
	4	Accounts receivable, net		181,982	4	346,161
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		324,590	8	302,298
	9	Prepaid expenses and deferred charges		218,739	9	323,656
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 141,006,007			
	b	Less accumulated depreciation	10b 68,098,697	75,546,875	10c	72,907,310
	11	Investments—publicly traded securities		85,620,243	11	91,126,940
	12	Investments—other securities See Part IV, line 11		181,465,949	12	206,112,950
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		18,198,772	15	18,191,865
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		372,283,353	16	401,540,090
Liabilities	17	Accounts payable and accrued expenses		3,678,558	17	4,153,280
	18	Grants payable			18	
	19	Deferred revenue		945,733	19	1,143,137
	20	Tax-exempt bond liabilities		50,470,000	20	50,005,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,315,634	25	1,015,764
	26	**Total liabilities.** Add lines 17 through 25		60,409,925	26	56,317,181
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		259,921,301	27	289,422,682
	28	Temporarily restricted net assets		31,882,800	28	35,730,900
	29	Permanently restricted net assets		20,069,327	29	20,069,327
		Organizations that do not follow SFAS 117 (ASC 958), 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		311,873,428	33	345,222,909
	34	Total liabilities and net assets/fund balances		372,283,353	34	401,540,090

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,674,824
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,946,810
3	Revenue less expenses Subtract line 2 from line 1	3	-3,271,986
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	311,873,428
5	Net unrealized gains (losses) on investments	5	32,326,920
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,294,547
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	345,222,909

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (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 - Non-functionally integrated

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 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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	13,039,324	4,971,846	4,758,516	7,110,126	5,889,364	35,769,176
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	13,039,324	4,971,846	4,758,516	7,110,126	5,889,364	35,769,176
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)						423,063
6 **Public support.** Subtract line 5 from line 4						35,346,113

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	13,039,324	4,971,846	4,758,516	7,110,126	5,889,364	35,769,176
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,600,060	8,543,723	5,547,354	4,883,265	5,098,090	27,672,492
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,680,606	503,860	0	0	0	2,184,466
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	274,155	98,128	211,477	283,968	309,144	1,176,872
11 **Total support** (Add lines 7 through 10)						66,803,006

12 Gross receipts from related activities, etc (see instructions) **12** 60,483,876

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 2013 (line 6, column (f) divided by line 11, column (f)) **14** 52 910 %

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15** 53 780 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference	Explanation
Schedule A, Part II, Line 10, Other Income	DESCRIPTION - FUNDRAISING GROSS RECEIPTS, COLUMN A - 221580, COLUMN B - 43563, COLUMN C - 158295, COLUMN D - 0, COLUMN E - 161373, COLUMN F - 584811, DESCRIPTION - COAT CHECK, COLUMN A - 27084, COLUMN B - 11238, COLUMN C - 7831, COLUMN D - 6008, COLUMN E - 11287, COLUMN F - 63448, DESCRIPTION - STROLLER/WAGON RENTAL, COLUMN A - 18351, COLUMN B - 19805, COLUMN C - 19121, COLUMN D - 17992, COLUMN E - 18691, COLUMN F - 93960, DESCRIPTION - LOCKERS, COLUMN A - 7140, COLUMN B - 23522, COLUMN C - 26230, COLUMN D - 20615, COLUMN E - 22908, COLUMN F - 100415, DESCRIPTION - INSURANCE CLAIM PROCEEDS, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 50667, COLUMN E - 0, COLUMN F - 50667, DESCRIPTION - UNRELATED BUSINESS TAX REFUND, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 188686, COLUMN E - 94885, COLUMN F - 283571,

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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can 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 education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☑ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d	1

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☑ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 17,462,403

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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	265,730,305	255,638,654	276,400,122	252,720,324	218,687,356
b	Contributions	1,298,005	0	100,000	1,394,937	3,876,168
c	Net investment earnings, gains, and losses	43,707,626	24,919,651	-5,824,259	35,235,902	53,825,149
d	Grants or scholarships			0	0	0
e	Other expenditures for facilities and programs	14,955,521	14,828,000	15,037,209	12,951,041	22,942,813
f	Administrative expenses			0	0	725,536
g	End of year balance	295,780,415	265,730,305	255,638,654	276,400,122	252,720,324

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 82 700 %

b Permanent endowment ▶ 6 800 %

c Temporarily restricted endowment ▶ 10 500 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,395,945		8,395,945
b Buildings		100,395,379	45,993,863	54,401,516
c Leasehold improvements		2,734,230	2,701,127	33,103
d Equipment		5,987,036	5,304,668	682,368
e Other		23,493,417	14,099,039	9,394,378
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				72,907,310

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) FIXED INCOME MUTUAL FUNDS	17,222,131	F
(B) BENEFICIAL INTEREST IN INVESTMENTS HELD BY COMMUNITY FOUNDATION	1,459,475	F
(C) LIMITED PARTNERSHIPS	177,186,238	F
(D) PRIVATE EQUITY/VENTURE CAPITAL	10,245,106	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	206,112,950	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	100,000
INTEREST RATE SWAP	787,011
ANNUITY PAYABLE LIABILITY	128,753
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,015,764

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	69,455,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	32,326,920		
b	Donated services and use of facilities	2b	144,507		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	4,299,969		
e	Add lines **2a** through **2d**			2e	36,771,396
3	Subtract line **2e** from line **1**			3	32,683,890
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	1,652,692		
b	Other (Describe in Part XIII)	4b	-1,661,758		
c	Add lines **4a** and **4b**			4c	-9,066
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	32,674,824

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	36,105,805
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	144,507		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,667,180		
e	Add lines **2a** through **2d**			2e	1,811,687
3	Subtract line **2e** from line **1**			3	34,294,118
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	1,652,692		
b	Other (Describe in Part XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	1,652,692
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	35,946,810

Part XIII **Supplemental Information**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D, Part II, Line 5, Conservation easements policy	THE CHILDREN'S MUSEUM OF INDIANAPOLIS, INC HAS A WRITTEN POLICY THAT OUTLINES THE TIMING OF SPECIFIC DUTIES NECESSARY TO MAINTAIN COMPLIANCE WITH HISTORICAL PRESERVATION GUIDELINES
Schedule D, Part II, Line 9, Conservation easements financial reporting	CONSERVATION EASEMENTS ARE ACCOUNTED FOR IN THE SAME MANNER AS OTHER PROPERTY ACQUISITIONS WITH THE ADDED MEASURE OF COMPLIANCE WITH LOCAL HISTORICAL SOCIETY REQUIREMENTS
Schedule D, Part III, Line 4, Collections of art - description of collections	UNLIKE MOST MUSEUMS CREATED FOR CHILDREN, THE CHILDREN'S MUSEUM OF INDIANAPOLIS, INC MAINTAINS A COLLECTION IT IS ONE OF THE LARGEST AND MOST COMPREHENSIVE COLLECTION OF ANY YOUTH MUSEUM IN THE WORLD, CONSISTING OF APPROXIMATELY 120,000 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
Schedule D, Part V, Line 4, Intended uses of endowment funds	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
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	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 AND TREX LLC ARE SINGLE MEMBER LLC'S WHOSE SINGLE MEMBER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC THE FOLLOWING NON-INCOME TAXES WERE PAID OR REMITTED BY THE MUSEUM AND CONSOLIDATING ENTITIES IN 2013 AND 2012 PROPERTY TAXES OF $72,000 AND $45,000 AND SALES TAXES COLLECTED AND REMITTED OF $146,000 AND $163,000 AS OF DECEMBER 31, 2013 AND 2012, THE MUSEUM HAS RECORDED A TAX LIABILITY OF $100,000 IN RELATION TO UNRELATED BUSINESS INCOME TAXES THE TAX EXPENSE IS RECORDED IN NET INVESTMENT RETURNS ON THE STATEMENT OF ACTIVITIES 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, 2013 AND 2012, 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 2010 THE MUSEUM RECOGNIZES 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, 2013 AND 2012
Schedule D, Part XI, Line 2d, Other revenues in audited financial statements not in form 990	CHANGE IN FAIR VALUE OF INTEREST SWAP - 4299969,
Schedule D, Part XI, Line 4b, Other revenues in form 990 not in audited financial statements	COST OF GOODS SOLD - -953118, RENTAL EXPENSES - -656525, FUNDRAISING EVENT EXPENSES - -52115,

Part XIII Supplemental Information (continued)

Return Reference	Explanation
Schedule D, Part XII, Line 2d, Other expenses in audited financial statements not in form 990	COST OF GOODS SOLD - 953118, RENTAL EXPENSES - 656525, FUNDRAISING EVENT EXPENSES - 52115, SCHOLARSHIPS ADJUSTMENT - 5422,

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.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		70,236,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					70,236,000

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. Part II can be duplicated 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)
(1)								
(2)								
(3)								
(4)								

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. Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

		Yes	No
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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL

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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.
▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email 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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(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
		Yes	**No**			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		ADULT SWIM (event type)	BLACK HAT BASH (event type)	4 (total number)	
Revenue	1 Gross receipts	165,038	38,015	60,610	263,663
	2 Less Contributions	31,480	38,015	32,792	102,287
	3 Gross income (line 1 minus line 2)	133,558	0	27,818	161,376
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages	13,747		13,993	27,740
	8 Entertainment	47,413			47,413
	9 Other direct expenses	15,764	2,195	2,832	20,791
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(95,944)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				65,432

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 Subtract line 7 from line 1, 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 Enter 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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Name of the organization
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. Part II can be duplicated if additional space is needed.

(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 listed in the line 1 table . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

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. Part III can be duplicated 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) UNDERGRADUATE/GRADUATE INTERN TUITION ASSISTANCE	43	35,050			
(2) UNDERGRADUATE "REACH FOR THE STARS" SCHOLARSHIPS	3	4,078			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	**Explanation**
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	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

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

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Name of the organization
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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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?	**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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)EDWARD A BAWEL CHIEF FINANCIAL OFFICER	(i)	189,172	9,000	1,032	9,895	17,359	226,458	0
	(ii)	0	0	0	0	0	0	0
(2)BRIAN STATZ VP OF OPERATIONS/LEGAL COUNSEL	(i)	169,552	5,940	240	9,100	25,066	209,898	0
	(ii)	0	0	0	0	0	0	0
(3)LISA TOWNSEND VP MARKETING	(i)	169,979	7,644	552	3,500	4,044	185,719	0
	(ii)	0	0	0	0	0	0	0
(4)DAVID DONALDSON VP INFORMATION TECH	(i)	146,904	7,200	1,032	5,875	24,953	185,964	0
	(ii)	0	0	0	0	0	0	0
(5)JENNIFER PACE ROBINSON VP EXHIBIT DEVELOPMENT & EDUCATION	(i)	165,006	7,800	240	5,200	24,509	202,755	0
	(ii)	0	0	0	0	0	0	0
(6)JEFFREY PATCHEN PRESIDENT	(i)	563,485	53,561	11,925	15,300	11,889	656,160	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	THE ORGANIZATION HAS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR JEFFREY PATCHEN (PRESIDENT), HOWEVER THERE WERE NO CONTRIBUTIONS MADE TO THE PLAN DURING 2013

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

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2013
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Name of the organization
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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	INDIANA DEVELOPMENT FINANCE AUTHORITY	35-1602316	45504REB8	07-30-2003	32,000,000	TO CONSTRUCT PARKING GARAGE		X		X		X
B	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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	2,710,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	32,314,103	20,547,852		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	1,054,079	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	295,000	238,713		
8	Credit enhancement from proceeds	115,978	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	30,849,046	5,054,586		
11	Other spent proceeds	0	15,254,553		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2004	2009		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b	Name of provider	PNC BANK							
c	Term of hedge	21 0		0 0					
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, TOTAL PROCEEDS OF ISSUE	2008 ISSUE GROSS PROCEEDS = 20,493,266 INVESTMENT EARNINGS = 54,586 2003 ISSUE GROSS PROCEEDS = 32,000,000 INVESTMENT EARNINGS = 314,103
Sch K, Part IV, Line 2c, ISSUER NAME Indiana Development Finance Authority No Rebate Due	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 9/29/2009 (2003 BOND ISSUE)
Sch K, Part IV, Line 2c, ISSUER NAME The Indiana Finance Authority No Rebate Due	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 10/26/2010 (2008 BOND ISSUE)

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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.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*.

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

Employer identification number
35-0867985

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 noncash 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	11	284,548	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				
19 Food inventory . . .	X	12	63,769	COST
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ▶ (EQUIPMENT/SUPPLIES)	X	10	87,143	COST
26 Other ▶ (PRINT ADVERTISING/MARKETING)	X	1	2,500	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 through 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 noncash contributions?		32a	Yes	
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II **Supplemental Information.** 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.

Return Reference	Explanation
Schedule M, Part I, Explanations of reporting method for number of contributions	FOOD INVENTORY REPORTING NUMBER OF DONORS OTHER REPORTING NUMBER OF DONORS OTHER REPORTING NUMBER OF DONORS SECURITIES - PUBLICLY TRADED REPORTING NUMBER OF STOCKS DONATED BY 7 DONORS
Schedule M, Part I, Line 32b, Third parties used to solicit, process, or sell noncash contributions	THE CHILDREN'S MUSEUM OF INDIANAPOLIS, INC 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
Schedule M, part I, column (b), Line 19, Number of contributions or items contributed	REPORTING NUMBER OF DONORS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=EQUIPMENT/SUPPLIES REPORTING NUMBER OF DONORS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=PRINT ADVERTISING/MARKETING REPORTING NUMBER OF DONORS

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
35-0867985

Return Reference	Explanation
FORM 990, PART III, LINE 1, ORGANIZATION'S MISSION	THE CHILDREN'S MUSEUM OF INDIANAPOLIS (THE "MUSEUM"), THE LARGEST CHILDREN'S MUSEUM IN THE WORLD, 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 MORE THAN 120,000 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

Return Reference	Explanation
FORM 990, PART III, LINE 4C, COLLECTIONS (CONTINUED FROM PART III)	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 FAMILIES AND CHILDREN IN GALLERY EXHIBITS AND EDUCATIONAL ACTIVITIES THE ARTIFACTS AND SPECIMENS IN THE COLLECTION OF THE CHILDREN'S MUSEUM ARE IMPORTANT BECAUSE THEY TELL STORIES THAT CONNECT GENERATIONS, THEY OFFER INSIGHT INTO THE LIVES OF PEOPLE HERE AND IN OTHER PARTS OF THE WORLD, THEY ARE REFERENCE POINTS FOR CHILDREN TO COMPARE THEIR LIVES WITH PEOPLE THROUGH TIME AND ACROSS CULTURES, THEY INSPIRE OUR IMAGINATION AND ENRICH OUR LIVES

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS COMPRISED OF MEMBERS OF THE BOARD, AND DOES NOT INCLUDE INDIVIDUALS WHO ARE NOT ON THE BOARD THE EXECUTIVE COMMITTEE MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF TRUSTEES IN THE GOVERNANCE OF THE MUSEUM DURING INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES AND SUBJECT TO SUCH LIMITATIONS AS MAY BE REQUIRED BY LAW OR BY RESOLUTION OF THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES MAY, AT ITS DISCRETION, RESCIND THE ACTS OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE MAY ALSO FROM TIME TO TIME FORMULATE AND RECOMMEND TO THE BOARD OF TRUSTEES POLICIES REGARDING THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE MUSEUM

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT, AND A DRAFT OF THE FORM 990 IS PROVIDED TO EVERY MEMBER OF THE GOVERNING BODY FOR REVIEW AT A REGULARLY SCHEDULED BOARD MEETING UPON COMPLETION, A FINAL DRAFT OF THE FORM 990 IS DISTRIBUTED VIA EMAIL TO EVERY MEMBER OF THE GOVERNING BODY BEFORE IS IT FILED WITH THE IRS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	AFTER THE END OF THE CALENDAR YEAR, THE CEO PROVIDES AN OUTLINE OF HIS ACCOMPLISHMENTS FOR THE PRIOR YEAR HE RECOMMENDS STAFF MEMBERS AND OTHERS TO PARTICIPATE IN A CONFIDENTIAL SURVEY OF HIS PERFORMANCE CONDUCTED BY THE COMPENSATION COMMITTEE IN ADDITION, THE SAME SURVEY QUESTIONS ARE ALSO SENT TO ALL OF THE TRUSTEES THE SURVEY RESULTS ARE SENT TO THE CHAIR OF THE BOARD IN TOTAL CONFIDENCE THE CHAIR THEN SHARES A SYNOPSIS OF THE COMMENTS WITH MEMBERS OF THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE HAS BEEN MADE UP OF EITHER OFFICERS OF THE BOARD OF TRUSTEES OR PAST CHAIRS OF THE BOARD OF TRUSTEES THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THEN CONSULTS WITH EXTERNAL COMPENSATION COUNSEL IN 2013, THE COMMITTEE RETAINED AN EXTERNAL FIRM, QUATT & ASSOCIATES, TO CONDUCT A COMPENSATION MARKET ANALYSIS OF THE CEO'S TOTAL COMPENSATION THIS PROCESS INVOLVED, A REVIEW OF THE EXECUTIVE'S CURRENT COMPENSATION AND RESPONSIBILITIES, DETERMINATION OF A SPECIFIC MARKETPLACE OF COMPARATIVE ORGANIZATIONS, MARKET ANALYSIS OF THE COMPARABLE PEER GROUP AND FINALLY, QUATT SUBMITTED SPECIFIC DATA DRIVEN RECOMMENDATIONS FOR BOTH BASE AND VARIABLE PAY ADJUSTMENTS FOR THE CEO POSITION [SEPARATE COUNSEL WAS RETAINED IN 2011 BY THE TRUSTEES TO ASSIST WITH THE DEVELOPMENT OF THE EMPLOYMENT AGREEMENT BETWEEN THE MUSEUM AND THE CEO WHICH EXTENDS THROUGH CALENDAR YEAR 2014] SUBSEQUENTLY, THE COMPENSATION COMMITTEE MAKES A COMPENSATION RECOMMENDATION WHICH IS SHARED WITH THE EXECUTIVE COMMITTEE FOR APPROVAL THE EXECUTIVE COMMITTEE THEN APPROVES OR AMENDS THE RECOMMENDATION OF THE COMPENSATION COMMITTEE THE FINAL DECISION IS THEN SHARED WITH THE CEO THE CHAIR THEN REPORTS TO THE BOARD, IN PRIVATE EXECUTIVE SESSION, WHAT THE EXECUTIVE COMMITTEE AND COMPENSATION COMMITTEE HAVE DETERMINED IN 2013, THIS OCCURRED ON MARCH 19, 2013 AS PART OF THE BOARD OF TRUSTEES MEETING IN EXECUTIVE SESSION

Return Reference	Explanation
FORM 990, PART VI, LINE 15B, PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES	THE FIRM OF QUATT & ASSOCIATES WAS RETAINED TO REVIEW, ANALYZE AND GIVE RECOMMENDATIONS ON THE COMPENSATION FOR THE OTHER MEMBERS OF THE EXECUTIVE TEAM IN 2013 DOCUMENTATION OF THE FINDINGS AND RECOMMENDATIONS WAS GENERATED BY QUATT, REVIEWED BY THE COMPENSATION COMMITTEE AND APPROVED BY THE VICE PRESIDENT OF HR&OD AND THE PRESIDENT/CEO COMPENSATION DETERMINATIONS ARE BASED ON THE ANALYSIS OF THE JOB DESCRIPTION, COMPARABLE MARKET DATA, THE QUALIFICATIONS OF THE INCUMBENT, INTERNAL EQUITY AND INPUT FROM PROFESSIONAL COMPENSATION CONSULTANTS IN ACCORDANCE WITH ALL APPLICABLE LAWS AND REGULATIONS AND IN COMPLIANCE WITH MUSEUM POLICY

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	THE CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	CHANGE IN VALUE OF SWAP - 4299969, SCHOLARSHIPS ADJUSTMENT - -5422,

Return Reference	Explanation
Schedule M, part I, column (b), Line 9, Number of contributions or items contributed	REPORTING NUMBER OF STOCKS DONATED BY 7 DONORS

Return Reference	Explanation
Schedule M, part I, column (b), Line 19, Number of contributions or items contributed	REPORTING NUMBER OF DONORS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=EQUIPMENT/SUPPLIES REPORTING NUMBER OF DONORS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=PRINT ADVERTISING/MARKETING REPORTING NUMBER OF DONORS

Return Reference	Explanation
Schedule M, part I, column (b), Line 9, Number of contributions or items contributed	REPORTING NUMBER OF STOCKS DONATED BY 7 DONORS

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 (if applicable) 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	1,888,744	THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC
(2) TREX ENTERPRISES LLC 3000 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208 45-3931834	PROPERTY HOLDING & MAINTENANCE	IN	299,674	3,123,186	THE CHILDREN'S MUSEUM OF INDIANAPOLIS INC

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 entity? Yes	No
(1) THE CHILDREN'S MUSEUM GUILD INC 3000 N MERIDIAN ST INDIANAPOLIS, IN 46208 31-0931317	SUPPORT MUSEUM	IN	501(C)(3)	11 - Type III - FI	NA		No

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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CHARITABLE REMAINDER UNITRUST (1)	CRUT	IN	NA	TRUST					

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 GRAY CHAIR	1 00	X		X				0	0	0
ELIZABETH COOKE SECRETARY	1 00	X		X				0	0	0
JAMES D JIM BREMNER VICE CHAIR	1 00	X		X				0	0	0
PHILIP GENETOS TREASURER	1 00	X		X				0	0	0
C DANIEL YATES TRUSTEE	1 00	X						0	0	0
CORDELIA M LEWIS-BURKS TRUSTEE	1 00	X						0	0	0
DAVID N ESKENAZI TRUSTEE	1 00	X						0	0	0
DEBORAH WOOD TRUSTEE	1 00	X						0	0	0
DOUGLAS DOUG ROSE TRUSTEE	1 00	X						0	0	0
GEORGIANA PERKINS TRUSTEE	1 00	X						0	0	0
JAMIE MERISOTIS TRUSTEE	1 00	X						0	0	0
JASON T ECKERLE TRUSTEE	1 00	X						0	0	0
JEFFREY S PRATT TRUSTEE	1 00	X						0	0	0
JENNIFER SATTERFIELD-SEIGEL TRUSTEE	1 00	X						0	0	0
JULIA L LACY TRUSTEE	1 00	X						0	0	0
JULIE BOOTH TRUSTEE	1 00	X						0	0	0
JUSTIN P CHRISTIAN TRUSTEE	1 00	X						0	0	0
KEITH ILER TRUSTEE	1 00	X						0	0	0
LIVIA K RUSSELL TRUSTEE	1 00	X						0	0	0
MICHAEL A SHERMAN TRUSTEE	1 00	X						0	0	0
RICHARD C SEARLES TRUSTEE	1 00	X						0	0	0
ROBERT B HEBERT TRUSTEE	1 00	X						0	0	0
RONALD G MENCIAS TRUSTEE	1 00	X						0	0	0
SHEILA TRIPLETT TRUSTEE	1 00	X						0	0	0
STEVEN H NELICK TRUSTEE	1 00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
STEVEN P CALTRIDER TRUSTEE	1 00	X						0	0	0
SUSIE SOGARD TRUSTEE	1 00	X						0	0	0
TERRI MANN TRUSTEE	1 00	X						0	0	0
USHA V HECHT TRUSTEE	1 00	X						0	0	0
YVONNE H SHAHEEN TRUSTEE	1 00	X						0	0	0
JEFFREY PATCHEN PRESIDENT	40 00			X				628,971	0	27,189
BRIAN STATZ VP OF OPERATIONS/LEGAL COUNSEL	40 00					X		175,732	0	34,166
DAVID DONALDSON VP INFORMATION TECH	40 00					X		155,136	0	30,828
EDWARD A BAWEL CHIEF FINANCIAL OFFICER	40 00					X		199,204	0	27,254
JENNIFER PACE ROBINSON VP EXHIBIT DEVELOPMENT & EDUCATION	40 00					X		173,046	0	29,709
LISA TOWNSEND VP MARKETING	40 00					X		178,175	0	7,544