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DLN: 93493043013505

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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 cal pplicable	C Name of organization	ing 07-01-2013 , 2013, and ending 0	6-30-20	14	D Employ	er iden	tification number
_	dress ch		THE CHILDREN'S MUSEUM INC				06-08		
_	me cha	_	Doing Business As				55-06	J U U + 3	
— <sub>Init</sub>	al retu	ırn	Number and street (or P O box i	f mail is not delivered to street address) Room	n/suite		E Telepho	no numb	nor.
– Ter	mınate	ed	950 TROUT BROOK DRIVE	,	,		•		
– <sub>Am</sub>	ended	return		ountry, and ZIP or foreign postal code			(860)	231-2	824
— <sub>App</sub>	olication	n pending	WEST HARTFORD, CT 06119				<b>G</b> Gross re	ceipts \$	2,285,324
			<b>F</b> Name and address of p	rıncıpal officer	H(	<b>a)</b> Is thi	s a group	return	for
			PETER STEVENS 950 TROUT BROOK DRIV	/ E			dinates?		┌ Yes 🗸 No
			WEST HARTFORD, CT 06		Н(	<b>b)</b> Are a	ll subordır	nates	┌ Yes ┌ No
					_ `	ınclud	ded?		
[ Та	x-exem	npt status	<b>✓</b> 501(c)(3)   501(c)( ) •	【(insert no )		If "No	o," attach	a list (	(see instructions)
ı w	ebsite	e: 🕨 WW	W THECHILDRENSMUSEUM	CT ORG	H(	<b>c)</b> Grou	p exemptı	on num	nber ►
<b>K</b> For	n of or	ganızatıon	Corporation Trust Associa	tion Cother ►	L	Year of fo	mation 192	27 <b>M</b>	State of legal domicile CT
Pa	rt I	Sum	mary						
Governance		THENE	W CHILDREN'S MUSEUM'S M	sion or most significant activities ISSION IS TO SUPPORT THE COMN AT FOSTER LIFETIME LEARNING	MUNITY	IN ENG	AGING IT	SVAR	IOUS
<u>ş</u>	,	Chack th	his hov 🕶 if the organization	discontinued its operations or dispose	ad of mo	re than 2	5% of its	net ac	e e t e
9	~	CHECK	ins box Fig. in the organization	discontinued its operations of dispose	ed of filo	re than 2	3 70 OT ICS	net as:	sets
	3	Number	of voting members of the gove	rnıng body (Part VI, lıne 1a)				3	8
Activities &	4	Number	of independent voting member		4	8			
CTIV			• •	n calendar year 2013 (Part V, line 2a				5	81
đ.			,	fnecessary)				6	143
				Part VIII, column (C), line 12 e from Form 990-T, line 34				7a	0
	В	Net unre	erated business taxable income	e from Form 990-1, line 34	<del></del>		r Year	7b	Current Year
	8	Contri	butions and grants (Part VIII	line 1h)	. $\vdash$	- 110	685,9	93	368,146
₽	9		am service revenue (Part VIII		1,314,5		1,016,605		
Revenue	10		tment income (Part VIII, colu		41,7	-	122,338		
ř	11	Other	revenue (Part VIII, column (A		229,7	22	149,316		
	12			l 1 (must equal Part VIII, column (A),			2,271,9	79	1,656,405
	13			irt IX, column (A), lines 1–3 )			_/_ / _ / _	0	0
	14			t IX, column (A), line 4)				0	0
<b>/</b> 0	15		es, other compensation, emplo				1 004 100		
Expenses		5-10)	•		$\vdash$	1,234,358			1,024,133
<u>क</u>	16a			X, column (A), line 11e)	·			0	0
Δ	b   17		indraising expenses (Part IX, column	(D), line 25) ► 347,370 ), lines 11a-11d, 11f-24e)	-  -		1,186,3	6.0	980,767
	18			nust equal Part IX, column (A ), line 25	_		2,420,7		2,004,900
	19			ne 18 from line 12	_		-148,7	-	-348,495
<b>8</b> €			<u> </u>				of Currer		End of Year
e de de			/B + V +			Y	ear	2.1	
Ass HBa	20				. ⊢		2,141,4		1,780,428
2 E	21			ct line 21 from line 20			396,9 1 744 5	_	322,238 1 458 190
				ctime 21 from fine 20	•		1,7 44,5	27	1,430,130
Unde my ki	22 rt III r pena nowled	Net as  Sign alties of dge and	ssets or fund balances Subtra <b>ature Block</b> perjury, I declare that I have e		panying		1,744,5 s and stat	27 cement	1,458,19 s, and to the best o
		****	***			20	15-02-01		
Sign		Signa	ature of officer				ite		
Her			ER STEVENS BOARD CHAIRMAN						
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	Ch-	ck 🗀 ıf	PTIN	
Paid	4	l k	KRISTIN ANDERSON			self-	employed	P01231	
	л pare	۲ <b>۲</b>	Firm's name F SASLOW LUFKIN & I	BUGGY LLP		Firm	's EIN ► 06	-153325	i3
	o On		Firm's address 🕨 175 POWDER FORES	ST DRIVE		Pho	ne no (860)	678-92	00
J 36	JII	· y	SIMSBURY, CT 060	89					

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

✓ Yes No

Form	m 990 (2013)							Page 2
Par	Check if Schedule O contains a response or no			hıs Part III				
1	Briefly describe the organization's mission							
SCH THR ENG SAN SLEI INTI CAN	E NEW CHILDREN'S MUSEUM OFFERS HANDS-ON FU HOOL AND COMMUNITY GROUPS, AND HOME SCHO ROUGHOUT CONNECTICUT, WE STIMULATE CHILD! GAGE IN OUR INTERACTIVE LABS, WORKSHOPS, MU NCTUARY, STATE-OF-THE-ART DIGITAL SCIENCE DE EEPOVERS, BIRTHDAY PARTIES, SCOUT ACTIVITIE FEGRATES SCIENCE EXPERIENCES INTO EARLY CH NTON OFFERS ENVIRONMENTAL EXHIBITS, NATUR TCHING, AND WINTER CROSS-COUNTRY SKIING	OLED REN TO LTI-SI OME P S, AND LDHO	CHILDREI BECOME ENSORY E PLANETAF SPECIAL OD LEARN	N AT THE M CREATIVE XHIBITS A RIUM SHOW EVENTS O IING NEAR	IUSEUM AN THINKING ND DEMON S AND MOV UR UNIQUE BY ROARIN	D IN THE CLA LIFELONG LE STRATIONS, LIES, VACATI C CHILDREN'S G BROOK NA	ASSROOMS EARNERS CHIL A LIVE WILDLI ON CAMPS, S MUSEUM PRE TURE CENTER	DREN FE SCHOOL IN
		-						
2	Did the organization undertake any significant progra the prior Form 990 or 990-EZ?	n servi	ces during	the year wh	nich were not	listed on	. 「Yes「	✓ No
	If "Yes," describe these new services on Schedule O							
3	Did the organization cease conducting, or make signi services?		hanges in	how it condu	ıcts, any pro	gram • • • •		✓ No
	If "Yes," describe these changes on Schedule O							
4	Describe the organization's program service accomplexpenses Section $501(c)(3)$ and $501(c)(4)$ organizathe total expenses, and revenue, if any, for each prog	ions ar	re required	to report th				
4a	(Code ) (Expenses \$ 883,	336 ın	cluding gran	ts of \$	)	(Revenue \$	767,977	)
	THE NEW CHILDREN'S MUSEUM ENCOURAGES FAMILIES, SCHO LIVE WILDLIFE SANCTUARY HOUSES OVER 100 ANIMALS, PRIMATHE STATE-OF-THE-ART DIGITAL SCIENCE DOME PLANETARIUM SCIENCE TOPICS THE MUSEUM HOSTS FIELD TRIPS, SCOUT ACT PART OF THE MUSEUM'S INITIATIVE TO ENGAGE CHILDREN IN HOUSE CLASSES AND OUTREACH PROGRAMMING SERVE SCHOOL EXHIBITS AND PROGRAMS OFFERED BY THE NEW CHILDREN'S IN	RILY UNV OFFERS TIVITIES CIENCE LS AND (	WANTED PET LIVE STAR S , VACATION EDUCATION CLASSROOMS	S AND DISPLACE SHOWS AS WEL CAMPS, SPECIA AND TO PROME FROM AROUN	CED ANIMALS THE AS FULL-DOM AL EVENTS AND OTE AN APPRECED THE STATE A	HAT CANNOT BE F E FILMS FOCUSII BIRTHDAY PART: CIATION FOR SCII AND BEYOND THE	RELEASED BACK INT NG ON ASTRONOMY IES THROUGHOUT T ENCE, NATURE AND E RANGE OF ACTIVI	O THE WILD AND OTHER THE YEAR AS ART, IN-
4b			cluding gran	•		(Revenue \$	133,361	•
	THE CHILDREN'S MUSEUM PRESCHOOL PROVIDES A PLAY-BASE ACTIVITIES EXPERTS AGREE THAT BY LEARNING THROUGH PLATHE CORE OF OUR PHILOSOPHY, MISSION AND CURRICULUM DIFFERENT STRENGTHS AND AREAS FOR GROWTH USING PROCHILD WHILE MAINTAINING AN AFFIRMING AND INCLUSIVE ENVIRESCHOOL PROGRAM CURRICULUM STRENGTHENED BY ACCECREATIVE PLAY, MOVEMENT, ARTS, STORYTELLING, AND HANDS SOCIAL DEVELOPMENT	Y, CHILD VE RECO VEN TEC IRONMEI SS TO TH	REN WILL FI OGNIZE THAT HNIQUES, W NT FOR ALL ( HE RESOURC	ND EDUCATION ALL CHILDREN E TAILOR OUR OUR SCHOOL O ES PROVIDED E	N TO BE A POSI ARE DIFFEREN CLASSES TO BE OFFERS A UNIQU BY OUR SCIENCE	TIVE AND JOYOUS IT, AND EACH CH E SENSITIVE TO T JE AND INNOVAT E AND NATURE N	S PROCESS THIS FO LILD COMES TO US V HE NEEDS OF EACH LIVE INTEGRATION O MUSEUM COUPLED	OCUS IS AT WITH INDIVIDUAL OF A WITH
 4с	(Code ) (Expenses \$ 237,	426 ın	ıcludıng gran	ts of \$	,	(Revenue \$	167,713	)
	ROARING BROOK NATURE CENTER PROVIDES NATURAL HISTOF INCLUDE OUTREACH AND SCHOOL VISITATIONS, AS WELL AS SO RESIDENTS WITH ENVIRONMENTAL CONCERNS, WE ANSWER TOR ORPHANED NATIVE ANIMALS EACH YEAR FOR REHABILITATI WILDLIFE MAY BE HOUSED AT THE CENTER AND THE COLLECTI USED TO PROMOTE KNOWLEDGE OF BEHAVIORS, ADAPTATIONS BUTTERFLY GARDEN AND SERVES AS STEWARD FOR FIVE MILES	Y/ENVIROUT, SUN THE ON INCLU	ONMENTAL E IMMER, PRE- OS OF NATUR GOAL IS TO I JDES A VARII NNECTICUT	DUCATION PRO SCHOOL AND F IE-RELATED QU RELEASE ANIMA ETY OF RAPTOF FAUNA THE CE	OGRAMS TO OV PUBLIC PROGRA JESTIONS ANNU ALS BACK INTO RS, SMALL MAM ENTER MAINTAI	ER 70 CONNECTI MMS SERVING AS JALLY THE CENTE THE WILD, HOWE MALS, REPTILES A INS WILDFLOWER	CUT COMMUNITIES A RESOURCE TO AI ER RECEIVES OVER EVER, PERMANENTL AND AMPHIBIANS A TRAILS, A NATIVE	PROGRAMS REA 200 INJURED Y INJURED INIMALS ARE PLANT
	011 (5 1 0 1 1 1 5 )							
4d	Other program services (Describe in Schedule O ) (Expenses \$ including gran	tc of t			) (Revenue :	<del>+</del>	`	
		•			) (Nevellue :	₽	,	
4e	Total program service expenses ► 1,229	<b>413</b>						

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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		No
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 1	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	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		No
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	Yes	
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	Yes	
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		No
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		No
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		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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? <i>If "Yes," complete Schedule J</i>	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	1
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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		No
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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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?	38	Yes	

Par				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	· ·	.] No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   33		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			T.
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
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		
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		5D		
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	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			110
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79 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	711		
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
а	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			
	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			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		U
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

Se	ction A. Governing Body and Management			
			Yes	No
<b>1</b> a	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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		N o
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.
_	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	⊢⊸		
74	more members of the governing body?	7a		Νo
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			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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	16a		No
	taxable entity during the year?			
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		
	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			
	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?			

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

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

#### 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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic rustee	ess er	( <b>D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) S RICK LIFTIG DMD	5 00	×		Х				0	0	0	
VICE CHAIRPERSON									_		
(2) ROLF KNOLL MD BOARD MEMBER	1 00	х						0	0	0	
(3) CLIFTON E MCPHERSON	1 00								0		
BOARD MEMBER		Х						0	0	0	
(4) MIKE CASPARINO	1 00	×						0	0	0	
BOARD MEMBER								ŭ	Ŭ		
(5) PETER STEVENS	10 00	×		×				0	0	o	
CHAIRPERSON		<u> </u>							, and the second		
(6) DAVID JEPSON BOARD MEMBER	1 00	х						0	0	0	
(7) ALAN LAZOWSKI	1 00	х						0	0	0	
BOARD MEMBER (8) RICHARD WONG	1 00										
BOARD MEMBER	1 00	Х						0	0	0	
(9) ROBERT R GRIESMER CEO	40 00			х				158,630	0	13,230	

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	tion ( han d on is	one I both	box, an c r/trus	unless fficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W 2/1099-MISC)	-   (	<b>(F)</b> Estima mount of compens from t	ted fother ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former	2,1033		2,1033 11200,		relate organiza	ed
												+		
												+		
												+		
												+		
												4		
												4		
								<u> </u>						
1b	Sub-Total				•			<b>•</b>						
c C	Total from continuation sheet  Total (add lines 1b and 1c) .	•			•	•				158,630		0		13,230
d 	Total number of individuals (in	cluding but not						W	ho received			<u> </u>		15,250
-	\$100,000 of reportable compe						4 4 5 6 7	c,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	more cr	idi.			
													Yes	No No
3	Did the organization list any fo					key	emplo	yee	, or highest	compen	sated employee			
_	on line 1a? If "Yes," complete S					•	•	•		• •		3		No
4	For any individual listed on line organization and related organ													
	ındıvıdual		•		•	•		•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ											5		No
	ation B. Todonoudout Co													
1	Complete this table for your five	ve highest comp											<b>.</b>	
	compensation from the organiz	zation Report co (A)	ompens	ation	tor	tne c	aienda	arye	ear ending w	ntn or Wi	thin the organizati (B)	on's t	tax year (C	
	N	lame and business	address							Des	cription of services		Compen	
												+		

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  $\blacktriangleright 0$ 

Part V	/##1	Statement Check if Sche				
	1a	Federated car				
ınts	ь	Membership o				
Gra mo	c	Fundraising e				
ifts, ar A	d	Related organ				
s, Gi mila	e	Government gra				
tions er Sil	f	All other contribu				
ribu Othe	g	Noncash contribu				
Sont Ind (	h	1a-1f \$ <b>Total.</b> Add lin				
<u> </u>						
emue	2a	ADMISSIONS				
Re v∉	ь	EDUCATION PRO				
ranı Serwce Re	С	MEMBERSHIP FE				
Serv	d					
E .	е					
เอยเ	f	All other prog				
<u>~</u>	g	Total. Add lin				
	3	Investment in and other sim				
	4	Income from inv				
	5	Royalties .				
	6a	Gross rents				
	Ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental inc				
	7a	Gross amount from sales of assets other than inventory Less cost or				
	b	other basis and sales expenses				
	c	Gain or (loss)				
	d 8a	Net gain or (lo				
nue	ou ou	Gross income events (not in				
Revenu		of contribution See Part IV, I				
her	ь	Less directe				
δ	с	Net income oi				
	9a	Gross income See Part IV, I				
	b	Less directe				
	10a	Net income of				
	104	Gross sales o returns and al				
	b c	Less cost of Net income of Miscellaneo				
	11a	MISCELLANE				
	ь					
	С					
	d	All other reve				
	e 12	Total. Add line				

ЛΠ	Statement o	f Revenue ule O contains a respor	ase or note to any lu	ne in this Part VIII			_
	CHECK II SCHEOL	are o contains a respon	ise of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated camp	paigns 1a					
ь	Membership du	es <b>1b</b>					
c	Fundraising eve	ents <b>1c</b>	87,500				
d	Related organiz						
	Government grants		63,246				
e	_						
f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	217,400				
g	Noncash contribution	ons included in lines	50,055	İ			
h	Total. Add lines	s 1a-1f		368,146			
			Business Code				
2a	ADMISSIONS		900099	449,968	449,968		
ь	EDUCATION PROG	RAMS	900099	446,567	446,567		
С	MEMBERSHIP FEES	<del></del>	900099	120,070	120,070		
d				,	-,		
e		_					
f	All other progra	ım service revenue					
g	Total. Add lines	s 2a – 2f		1,016,605			
3		ome (including dividen					20 564
_		aramounts)		38,564			38,564
4   5	Royalties	tment of tax-exempt bond	proceeds				
	Royalties	(ı) Real	(II) Personal				
6a	Gross rents	(1) 11541	(,				
ь	Less rental expenses						
с	Rental income						
d	or (loss) Net rental incoi	me or (loss)					
		(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other	611,781					
ь	than inventory Less cost or other basis and	528,007					
_	sales expenses Gaın or (loss)	83,774					
C d	Net gain or (los	·		83,774			83,774
8a	Gross income f						
	events (not inc	ludıng ,500					
	of contributions	reported on line 1c)					
	See Part IV, lin	e 18 <b>a</b>	161.002				
ь	Less direct ex	penses <b>b</b>	161,902 67,089				
c		(loss) from fundraising	,	94,813			94,813
9a		rom gaming activities					
	See Part IV, lin	e 19 <b>a</b>					
ь	Less direct ex	penses <b>b</b>					
С	Net income or (	(loss) from gamıng actı	vities 📭				
10a	Gross sales of returns and allo						
	. Scarns and and	a a	86,269				
b	Less cost of g	oods sold <b>b</b>	33,823				
C		(loss) from sales of inv		52,446	52,446		
11a	Miscellaneous		Business Code 900099	2,057			2,057
ь	MISCELLANEC	705	300039	2,037			2,037
C							
d	All other reven	ue					
e	Total. Add lines			3.057			
12	Total revenue.	See Instructions .	🕨	2,057			0.1
l			-	1,656,405	1,069,051	0	219,208

	990 (2013) LIX Statement of Functional Expenses				Page <b>10</b>
	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizat	ions must comp	olete column (A.)	
<u> </u>	Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			γ	
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	173,230	112,600	60,630	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	727,929	352,846	127,799	247,284
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	58,950	28,537	10,311	20,102
10	Payroll taxes	64,024	32,941	13,253	17,830
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	60,000	39,000	21,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,859		6,859	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on				
	Schedule O)	174,465	107,423	35,830	31,212
12	Advertising and promotion	18,979	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	9,190
13	Office expenses	68,723	,	11,585	15,665
14	Information technology	14,919	14,919		
15	Royalties				
16	Occupancy	300,062	195,040	<u> </u>	
17	Travel	13,887	10,807	2,818	262
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,135		<del>                                     </del>	
23	Insurance	73,674	47,888	25,786	
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)				
а	EXHIBIT & PRO GRAM EXPEN	178,583	177,633	811	139
b	BAD DEBT EXPENSE	6,481	595		5,886
c					
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,004,900	1,229,213	428,117	347,570
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)				

Part X Balance Sheet

Par	t 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
	1	Cash-non-interest-bearing	486,775	1	451,702
	2	Savings and temporary cash investments		2	_
	3	Pledges and grants receivable, net	3,250	3	10,000
	4	Accounts receivable, net	6,654	4	16,382
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
<u>82</u>	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		5	
S.				6	
Assets	7	Notes and loans receivable, net	969	7	0
-	8	Inventories for sale or use	25,325	8	18,651
	9	Prepaid expenses and deferred charges	35,899	9	19,454
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  1,154,127	4		
	Ь	Less accumulated depreciation	· · · · · · · · · · · · · · · · · · ·		215,722
	11	Investments—publicly traded securities	1,017,985	11	673,200
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	318,830	15	375,317
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,141,431	16	1,780,428
	17	Accounts payable and accrued expenses	300,343	17	206,557
	18	Grants payable		18	
	19	Deferred revenue	96,561	19	98,286
	20	Tax-exempt bond liabilities		20	
ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Эę		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	0	25	17,395
	26	Total liabilities. Add lines 17 through 25	396,904	26	322,238
ري ط		Organizations that follow SFAS 117 (ASC 958), check here ▶   and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	68,206	27	-238,833
or Fund Balance	28	Temporarily restricted net assets	40,864	28	32,279
<u> </u>	29	Permanently restricted net assets	1,635,457	29	1,664,744
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	1,000,407	29	1,004,744
匝		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
ě	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,744,527	33	1,458,190
Ż	34	Total liabilities and net assets/fund balances	2,141,431	34	1,780,428
			_, ,		.,, .=

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,6	556,405
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0	004,900
3	Revenue less expenses Subtract line 2 from line 1	3		- 3	348,495
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,7	744,527
5	Net unrealized gains (losses) on investments	5			32,871
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			29,287
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,4	458,190
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
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 review a separate basis, consolidated basis, or both	wed on			
	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 sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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As Filed Data -

DLN: 93493043013505

OMB No 1545-0047

**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.

Open to Public **Inspection** 

Name	of	the	orga	niza	tio
THE CH	III D	RFN'	S MUS	SEUM	TNC

**Employer identification number** 

					/ A !!			-1-111-	06-0896			
Pai				blic Charity Sta						instructions		
	rganı		-	te foundation becaus	· ·		= -		-			
1	<u> </u>			ion of churches, or a				ection 170(	b)(1)(A)(i).			
2	<u>_</u>		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)									
3	<u></u>			perative hospital se								
4				h organization opera	ted ın conjun	iction with a	hospital des	cribed in <b>se</b>	ction 170(b)	(1)(A)(iii). I	Enter the	
5	_			ity, and state erated for the benefi	t of a callage		ity owned or a	norstad by	5 G01/0KD m01	atal unit dad	aribad in	
3	ı	_	•		_	e or univers	ity owned or t	perated by	a governmen	itai uiiit uest	Tibed III	
•	_			(A)(iv). (Complete P		tal unit daa.	aribad in <b>acat</b>	ian 170/h)/	1)(4)()			
6	<u> </u>			local government o						from the gen	anal muhlia	
7	J			at normally receives on 170(b)(1)(A)(vi).			support from	i a governm	ental unit or	from the gen	erai public	
8	$\Gamma$			described in <b>section</b>	•	•	mplete Part I	I )				
9	굣			at normally receives					butions, mer	nbership fees	s, and gross	
				rities related to its e								
				oss investment inco								
		•	•	ganızatıon after June				•		•		
10	Г			, ganızed and operateo								
11	Ė	_		ganized and operated	•		•				the purposes of	
	•			ly supported organiz								
				ibes <u>th</u> e type of supp								
	_			<b>b</b>							· -	
e				ox, I certify that the								
			nan foundat 1 509(a)(2)	on managers and ot	ner than one	or more pu	blicly support	ed organiza	tions descri	bed in sectio	n 509(a)(1) or	
f				received a written de	etermination	from the IF	RS that it is a	Type I. Typ	e II. or Type	e III support	ıng organization.	
-			this box					. ,	, р		, Г	
g				2006, has the organ	ızatıon accep	oted any gif	t or contribut	on from any	of the			
			ng persons?								[]	
				rectly or indirectly o			_	persons de	scribed in (i		Yes No	
		-		governing body of th		_	n /			110		
			<u> </u>	er of a person descr						11g		
_				lled entity of a perso						11g	(111)	
h		Provide	e the followi	ng information about	the support	ed organiza	tion(s)					
							1,,,,,				1	
-	) Nan uppoi		(ii) EIN	(iii) Type of organization	(iv) Is organizat		(v) Did you the organi		(vi) Is organiza		(vii) A mount of monetary	
	ganiz			(described on	_		in col (i)		col (i) or		support	
٠.	941112	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		lines 1- 9 above		col <b>(i)</b> listed in your governing		rt?	in the l		Jupport	
				or IRC section	docume		1					
				(see								
				instructions))	Yes	No	Yes	No	Yes	No	7	
							1				1	
Total											1	

Sch	edule A (Form 990 or 990-EZ) 2013						Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2012.</b> If the				and line 15 is 33	8 1/3% or more	
	box and <b>stop here.</b> The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	<b>-2013.</b> If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	<b>-2012</b> . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	<b>▶</b> 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		<b>▶</b> □
18	<b>Private foundation.</b> If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do	705,899	483,629	835,783	685,993	371,754	3,083,058
	not include any "unusual		100,025	333,133	333,333	3,2,,3	2,000,000
_	grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the	1,135,998	1,123,658	1,377,544	1,432,582	1,102,874	6,172,656
	organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
_	business under section 513 Tax revenues levied for the						
4	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			0.040.00			
6	<b>Total.</b> Add lines 1 through 5	1,841,897	1,607,287	2,213,327	2,118,575	1,474,628	9,255,714
7a	Amounts included on lines 1, 2,						0
	and 3 received from disqualified persons						U
h	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						0
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						0
8	Public support (Subtract line 7c						9,255,714
	from line 6 )						
	ction B. Total Support						
Care	in) 🟲	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	<b>(f)</b> Total
9	A mounts from line 6	1,841,897	1,607,287	2,213,327	2,118,575	1,474,628	9,255,714
l0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	64,795	54,208	52,244	33,697	38,564	243,508
	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	64,795	54,208	52,244	33,697	38,564	243,508
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
4.0							
12	Other income Do not include						
12	gaın or loss from the sale of			38,724	35,511	2,057	76,292
12	gain or loss from the sale of capital assets (Explain in Part			38,724	35,511	2,057	76,292
12 13	gaın or loss from the sale of	1 906 692	1 661 405		·	·	
	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)	1,906,692	1,661,495	2,304,295	2,187,783	1,515,249	9,575,514
	gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c, 11, and 12 )  First five years. If the Form 990 is	, ,		2,304,295	2,187,783	1,515,249	9,575,514 lization,
13 14	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here	for the organization	on's first, second,	2,304,295	2,187,783	1,515,249	9,575,514
13 14 Se	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub	for the organization	on's first, second,	2,304,295 third, fourth, or f	2,187,783	1,515,249 501(c)(3) organ	9,575,514 lization, ▶┌
13 14 <u>Se</u> 15	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage for 2013	for the organization  lic Support Pe  (line 8, column (f	n's first, second, rcentage divided by line	2,304,295 third, fourth, or f	2,187,783	1,515,249	9,575,514 lization, ▶☐ 96 660 %
13 14 Se 15 16	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage for 2013	for the organization  lic Support Pe (line 8, column (for the state of	rcentage divided by line art III, line 15	2,304,295 third, fourth, or f 13, column (f))	2,187,783	1,515,249 501(c)(3) organ	9,575,514 lization, ▶┌
13 14 Se 15 16 Se	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage for 2013  Public support percentage from 201	for the organization  lic Support Pe (line 8, column (for a second secon	rcentage ) divided by line irt III, line 15 ne Percentage	2,304,295 third, fourth, or f 13, column (f))	2,187,783 Ifth tax year as a	1,515,249 501(c)(3) organ	9,575,514 lization, P 96 660 % 96 550 %
13 14 Se 15 16 Se 17	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage for 2013  Public support percentage from 2013  ction D. Computation of Inventore percentage for 2013	for the organization lic Support Pe (line 8, column (for the A, Pa 2 Schedule A, Pa estment Incompanion (line 10c, co	rcentage ) divided by line irt III, line 15 ne Percentag	2,304,295 third, fourth, or f  13, column (f))  je py line 13, column	2,187,783 Ifth tax year as a	1,515,249 501(c)(3) organ	9,575,514  Ization,  96 660 %  96 550 %  2 540 %
13 14 Se 15 16 Se 17	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public support percentage for 2013  Public support percentage from 201	for the organization  lic Support Pe (line 8, column (for the angle A, Pa estment Incompany (line 10c, column 2012 Schedule A	rcentage in trial divided by line art III, line 15 me Percentage lumn (f) divided by line art III, line 15	2,304,295 third, fourth, or f  13, column (f))  Je  by line 13, column	2,187,783  Ifth tax year as a	1,515,249 501(c)(3) organ  15 16  17 18	9,575,514  Ization,  96 660 %  96 550 %  2 540 %  2 730 %

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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> 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					
Retu	Return Reference Explanation					
		Schodulo A / Form 000 o	000 E7) 201			

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493043013505

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

## **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)

Open to Public

al Revenue Service and its inst	ructions is at <u>www.irs.gov/10/111990</u> .		Inspection
nme of the organization E CHILDREN'S MUSEUM INC		Employer identifica	tion number
E CHIEDREN'S PROSECULING		06-0896043	
ITT I Organizations Maintaining Donor	Advised Funds or Other Similar F		. Complete if the
organization answered "Yes" to Form 9	· · · · · · · · · · · · · · · · · · ·		
	(a) Donor advised funds	(b) Funds and o	other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor adfunds are the organization's property, subject to the		nor advised	┌ Yes ┌ No
Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the bo conferring impermissible private benefit?			□Yes □No
rt II Conservation Easements. Complet	e if the organization answered "Yes" t	o Form 990. Part IV	7. line 7.
Purpose(s) of conservation easements held by the	<del>-</del>	.o romi 330, raic 14	<i>/</i>
Preservation of land for public use (e.g., recrea		n historically important	land area
Protection of natural habitat	Preservation of a	certified historic struc	ture
Preservation of open space			
Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conserva	ion
easement on the last day of the tax year	·		
		Held at the	End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easemen	ts	2b	
Number of conservation easements on a certified h	ustoric structure included in (a)	2c	
Number of conservation easements included in (c) historic structure listed in the National Register	acquired after 8/17/06, and not on a	2d	
Number of conservation easements modified, trans	ferred, released, extinguished, or terminate	ed by the organization	during
the tax year 🛌			
Number of states where property subject to conser	vation easement is located 🗠		
Does the organization have a written policy regards enforcement of the conservation easements it hold	ng the periodic monitoring, inspection, han		┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation easer	ments during the year	
Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easement	s during the year	
<b>▶</b> \$			
Does each conservation easement reported on line and section $170(h)(4)(B)(II)$ ?	e 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(ı)	┌ Yes ┌ No
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	f the footnote to the organization's financia		
Complete if the organization answered		or Other Similar	Assets.
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide, in Part XIII, the text of the footnot	ssets held for public exhibition, education,	or research in furthera	
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a service, provide the following amounts relating to t	S 116 (ASC 958), to report in its revenue ssets held for public exhibition, education,	statement and balance	
(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$	
(ii) Assets included in Form 990, Part X			
If the organization received or held works of art, his following amounts required to be reported under SF		or financial gain, provid	
Revenues included in Form 990, Part VIII, line 1			
Assets included in Form 990, Part X		<b>►</b> \$	

Par	Organizations Maintaining Co	llections of Art, H	<u>listori</u>	cal Treas	ures, or O	ther	· Similar Ass	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	, check a	iny of the fol	llowing that a	are a	significant use o	fıts	
а	Public exhibition	C	d 厂	Loan or exc	change progr	ams			
b	Scholarly research	•	е Г	Other					
C	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and explain h	how they	further the	organızatıor	's ex	empt purpose ın		
5	During the year, did the organization solicit		,						<b>-</b>
Dav	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang							Yes	l No
Pal	Part IV, line 9, or reported an ar				iii aliswele	u it	es to Form 99	υ,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				or other ass	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the fol	lowing t	able	_				
							Amo	unt	
с	Beginning balance				_	1c			
d	Additions during the year				-	1d			
e •	Distributions during the year				-	1e			
f	Ending balance		1.3		L	1f		· .v	
2a	Did the organization include an amount on F	orm 990, Part X, line 2	17				ı	Yes	Г No
ь	If "Yes," explain the arrangement in Part XI								<u>'</u>
Pa	rt V Endowment Funds. Complete		nswere (b)Prior ye		Form 990, wo years back			e <b>)</b> Four v	ears back
1a	Beginning of year balance	1,017,985		65,878	1,395,527	(4)	1,211,789	c) our y	1,126,368
b	Contributions								
c	Net investment earnings, gains, and losses	153,143	1	20,254	-35,019		238,738		135,421
d	Grants or scholarships	202,213							
e	Other expenditures for facilities and programs	438,419		58,822	384,459		55,000		50,000
f	Administrative expenses	6,883		9,325	10,171				
g	End of year balance	725,826	1,0	17,985	965,878		1,395,527		1,211,789
2	Provide the estimated percentage of the cur	rent year end balance (	(lıne 1g,	column (a))	held as				
а	Board designated or quasi-endowment ►								
b	Permanent endowment ► 100 000 %								
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organization	on that a	re held and	admınıstere	d for t	the		
							3a(i)	Yes	No No
	organization by								
	(i) unrelated organizations					٠.		_	No
b			· · · · · · · · · · · · · · · · · · ·	 ule R? .	· · · · ·	· .	3a(ii)	_	<del>                                     </del>
ь 4	(i) unrelated organizations	ns listed as required on ne organization's endov	wment fu	ınds		· ·	3a(ii)		No
4	(i) unrelated organizations	ns listed as required of ne organization's endov ent. Complete if the	wment fu	ınds			3a(ii)		No
4	(i) unrelated organizations	ns listed as required of ne organization's endov ent. Complete if the	wment fu e organ (a	ınds	wered 'Yes	other	3a(ii)	t IV, lı	No
4 Par	(i) unrelated organizations	ns listed as required of ne organization's endov ent. Complete if the	wment fu e organ (a	inds ization ans ) Cost or other	wered 'Yes	other	3a(ii) 3b  Form 990, Par	t IV, lı	No ne
Par	(i) unrelated organizations	ns listed as required of ne organization's endov ent. Complete if the	wment fu e organ (a	inds ization ans ) Cost or other	wered 'Yes  (b)Cost or or basis (oth	other	3a(ii) 3b  Form 990, Par	(d) B	No ne
Par	(i) unrelated organizations	ns listed as required of ne organization's endov ent. Complete if the	wment fu e organ (a	inds ization ans ) Cost or other	(b)Cost or obasis (oth	other er)	3a(ii) 3b  Form 990, Part  (c) Accumulated depreciation	(d) B	ne pok value
1a b	(i) unrelated organizations	ns listed as required of ne organization's endov ent. Complete if the	wment fu e organ (a	inds ization ans ) Cost or other	(b)Cost or basis (oth	other er)	Go Accumulated depreciation	(d) B	No ne pok value
1a b c d e	(i) unrelated organizations	ns listed as required one organization's endowent. Complete if the 10.	e organ	inds  ization ans  ) Cost or other is (investment	(b)Cost or obasis (oth	5,441 5,815	3a(ii) 3b  Form 990, Par  (c) Accumulated depreciation  230,291	(d) B	No  No  No  No  26,150  34,670

<b>Part VII Investments—Other Securities.</b> Co See Form 990, Part X, line 12.	emplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII Investments—Program Related. C	Complete if the organizatio	n 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
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>	
Part IX Other Assets. Complete if the organizati		
(a) Desc		(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS		348,117
(2) SECURITY DEPOSIT		27,200
T. b. I. (Column (I))	45.)	275 245
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the ord		
Form 990, Part X, line 25.	janization answered 165 t	.o rothi 990, raitiv, ille tie di III. See
1 (a) Description of liability	(b) Book value	
Federal Income taxes		
DUE TO DECD	17,395	
	, -	
Total (Column (h) must a real farm 200 Dark V 1/10) (a 27)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	17,395	on organization's financial statements that

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

Par		Revenue per Audited Financial Statements With Revenue pe wered 'Yes' to Form 990, Part IV, line 12a.	r Re	<b>turn</b> Complete If
1		· · · · · · · · · · · · · · · · · · ·	1	1,826,856
2		ut not on Form 990, Part VIII, line 12	_	
– a		tments		
b	-	facilities		
c		s		
d		)		
e	Add lines <b>2a</b> through <b>2d</b> .		2e	170,451
3	J	<b>—</b>	3	1,656,405
4		00, Part VIII, line 12, but not on line <b>1</b>		, ,
а		luded on Form 990, Part VIII, line 7b . 4a		
ь	·	)		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total revenue Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	1,656,405
Par		xpenses per Audited Financial Statements With Expenses p	er l	Return. Complete
		swered 'Yes' to Form 990, Part IV, line 12a.	—	
1	·	r audited financial statements	1	2,125,645
2		ut not on Form 990, Part IX, line 25		
a		acilities		
Ь				
С				
d		2d 100,912		
е		<u> </u>	2e	120,745
3			3	2,004,900
4		0, Part IX, line 25, but not on line 1:		
a		uded on Form 990, Part VIII, line 7b 4a		
Ь			_	_
_ C		<u> </u>	4c	0
5	Total expenses Add lines 3 a  t XIII Supplemental Inf	nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	2,004,900
P rov Part	ride the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, , lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pr	rovid	e any additional
	Return Reference	Explanation		
PART	X, LINE 2	THE MUSEUM ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCOUNTS OF FASB ASC 740, "INCOME TAXES," WHICH PROVIDE ACCOMPANIES SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLO POSITIONS IN THEIR FINANCIAL STATEMENTS UNDER FASB ASC 74 RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UP THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUC MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE MUSEUM DOUNCERTAIN TAX POSITIONS AS OF JUNE 30, 2014 AND 2013 AS OF 2013, THE MUSEUM DID NOT RECORD ANY PENALTIES OR INTEREST UNCERTAIN TAX POSITIONS THE MUSUEM'S PRIOR THREE TAX YEARS HERECT TO EXAMINATION BY THE INTERNAL PEVENILE SERVICE.	A FR. SE U 40, T ON E THE I H PC THA DES JUN ASS	AMEWORK FOR HOW NCERTAIN TAX HE MUSEUM MAY Y IF IT IS MORE EXAMINATION BY POSITION THE TAX OSITION ARE N 50% LIKELIHOOD NOT HAVE ANY E 30, 2014 AND

COST OF GOODS SOLD 33,823 FUNDRAISING EVENTS EXPENSE 67,089 NET ASSETS

RELEASED FROM RESTRICTIONS FOR OPERATIONS 16,835

COST OF GOODS SOLD 33,823 FUNDRAISING EVENTS EXPENSE 67,089

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493043013505

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**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.

**Supplemental Information Regarding** 

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

Name of the organization THE CHILDREN'S MUSEUM INC

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

06-0896043 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

<b>a  </b> Mail solicitations			е	Solicitation of non	n-government grants	
<b>b</b> Internet and email soli	citations					
<b>c</b> Phone solicitations						
<b>d</b> In-person solicitations						
<b>2a</b> Did the organization have a or key employees listed in						Г Yes Г No
<b>b</b> If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		<u></u> .	<b>&gt;</b>			
3 List all states in which the registration or licensing	organization is regis	tered or li	censed to	o solicit contributions o	r has been notified it is	exempt from

		G (Form 990 or 990-EZ) 2013				Page <b>2</b>
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribut			
			(a) Event #1  GALA DINNER &	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			AUCTION (event type)	(event type)	(total number)	
₽	1	Gross receipts	243,230	0		243,230
Revenue	2	Less Contributions	87,50	0		87,500
œ	3	Gross income (line 1 minus line 2)	155,730	0		155,730
	4	Cash prizes	7,120			7,120
	5	Noncash prizes				
Expenses	6	Rent/facility costs	30,44	9		30,449
<u>8</u>	7	Food and beverages .	12,90	0		12,900
Direct E	8	Entertainment				
훕	9	Other direct expenses .	9,37	6		9,376
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)		(59,845)
	11	Net income summary Subtract li	_			95,885
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	·
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
Expen	3	Non-cash prizes				
ញ ប៊ូ	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % % No	Г Yes		
	7	Direct expense summary Add line	s 2 through 5 in column (	(d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Ent Is t	er the state(s) in which the organization licensed to operate No," explain	ation operates gaming ac e gaming activities in eac	tivitiesh of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspei	nded or terminated during	the tax year?	· · 「Yes 「No

						11	
Does	s the organization operate gaming activi	ties with nonmembers	s?	· · · · · · · /	Yes $\Gamma_{No}$		
12	Is the organization a grantor, beneficia						
	formed to administer charitable gamin	g <sup>,</sup>			┌ Yes ┌	No	
13	Indicate the percentage of gaming act	ıvıty operated ın					
а	The organization's facility					%	
b	An outside facility			13b		%	
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special eve	nts books and record	ls		
	Name 🟲						
	Address 🟲						
15a b	Does the organization have a contract revenue?	evenue received by the	he organization 🟲 \$		· 「Yes 「	No	
	amount of gaming revenue retained by the third party 🟲 \$						
C	If "Yes," enter name and address of th	e third party					
	Name 🕨						
	Address ►						
16	Gaming manager information						
	Name <b>▶</b>						
	Gaming manager compensation ► \$						
	Description of services provided						
	Director/officer	Employee	☐ Independent contr	actor			
17	Mandatory distributions						
а	Is the organization required under stat	:e law to make charita	able distributions from the gaming p	proceeds to			
	retain the state gaming license?				$\Gamma_{ m Yes}$ $\Gamma$	No	
b	Enter the amount of distributions requ	red under state law d	distributed to other exempt organiza	ations or spent			
	ın the organızatıon's own exempt actıv	ities during the tax y	ear 🟲 💲				
Pai		5b, 15c, 16, and 17	planations required by Part I, 7b, as applicable. Also complet			nd	
	Return Reference		Explanation	n			
		<u> </u>	·	Schodulo G /Forn	- 000 000 F7\	2012	

DLN: 93493043013505

OMB No 1545-0047

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#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► 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.

Name of the organization THE CHILDREN'S MUSEUM INC **Employer identification number** 

06-0896043

Pai	t I Questions Regarding Compensation	1				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	$\sqcap$	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec			2		
				_		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all thused by a related organization to establish compens	at apply	y Do not check any boxes for methods			
	▼ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	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, For a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
a	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, dıd the organızatıon pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p	aid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	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 com		SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)ROBERT R GRIESMER CEO	(i) (ii)	158,630 0	0 0	0 0	0 0	13,230 0	171,860 0	0

Schedule J (Form 990) 2013

### 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 (Form 990) 2013

DLN: 93493043013505

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶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.

**Noncash Contributions** 

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ar	ne	of	the	org	janı	zat	ıon
HF	CH	ITI D	RFN	'S M	USF	UM	TNC

**Employer identification number** 

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?	Pε	Tt I Types of Property			1				
1 Art—Works of art			Check If	Number of contributions	Noncash contribution amounts reported on Form 990, Part VIII, line	Method of d	- etermı		ts
3 Art—Fractional interests .	1	Art—Works of art			- 9				
4. Books and publications 5. Clothing and household goods 6. Class and other vehicles 7. Boats and planes 8. Intellectual property 9. Securities—Publicity traded 10. Securities—Publicity traded 10. Securities—Partnership, LLC, or ritust interests 11. Securities—Partnership, LLC, or ritust interests 12. Securities—Miscellaneous 13. Qualified conservation contribution—Uniter 14. Qualified conservation 15. Real estate—Cession ties 16. Real estate—Cession ties 17. Real estate—Commercial 18. Collectibles 19. Food inventory 19. Food inventory 20. Drugs and medical supplies 21. Taxidermy 22. Historical artifacts 23. Scientific specimens 24. Archeological artifacts 25. Schertific specimens 26. Archeological artifacts 27. Real estate—Offer (S. C.	2	Art—Historical treasures .							
5 Clothing and household goods 6 Cars and other vehicles	3	Art—Fractional interests							
goods	4	Books and publications							
6 Cars and other vehicles	5	<del>-</del>	Х		125	COST			
8 Intellectual property . 9 9 Securities—Publicity traded . 9 10 Securities—Closely held stock . 9 11 Securities—Partnership, LLC, or trust interests	6								
9 Securities—Publicity traded	7	Boats and planes							
10 Securities—Closely held stock	8	Intellectual property							
11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Other . 14 Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . 18 Collectibles 19 Food inventory . 20 Drugs and medical supplies . 21 Taxidermy 21 Historical artifacts 22 Historical artifacts 23 Scientific specimens . X 4 49,930 COST  24 Archeological artifacts 25 Other ► () 26 Other ► () 27 Other ► () 28 Other ► () 39 During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . 29 Yes No. 20 Drugs have of Forms 8283 received by the organization during the tax year for contributions for exempt purposes for the entire holding period?	9	Securities—Publicly traded .							
or trust interests	10	Securities—Closely held stock .							
Qualified conservation contribution—Historic structures	11								
contribution—Historic structures	12	Securities—Miscellaneous							
Qualified conservation contribution—Other	13	contribution—Historic							
contribution—Other	14								
16 Real estate—Commercial		contribution—Other							
Real estate—Other									
Collectibles									
Drugs and medical supplies .  Taxidermy									
Taxidermy									
Taxidermy									
22 Historical artifacts									
23 Scientific specimens X 4 4 49,930 COST  24 Archeological artifacts									
24 Archeological artifacts			×	4	49 930	COST			
25 Other ► () 26 Other ► () 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 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?		•		'	13,330				
26 Other ► () 27 Other ► () 28 Other ► () 29 Number of Forms 8 283 received by the organization during the tax year for contributions for which the organization completed Form 8 283, Part IV, Donee Acknowledgement									
Other \( \begin{array}{c} \) Other \(									
Other (									
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									
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?		·	by the orga	nızatıon durıng the tax yea	r for contributions				
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?		for which the organization comple	eted Form 8	283, Part IV, Donee Acknow	owledgement	29			
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?								Yes	No
for exempt purposes for the entire holding period?	30a								
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?  32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32 No  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,					ition, and which is not requi	red to be used			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  31 No not standard contributions?  32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  33 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,							30a		Νo
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Ь	If "Yes," describe the arrangem	ent in Part 1	I					
contributions?	31	Does the organization have a gif	ft acceptand	ce policy that requires the	review of any non-standard	contributions?	31		Νo
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,	32a		e third parti	es or related organizations	to solicit, process, or sell	noncash 	32a		No
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	h	If "Yes " describe in Part II						-+	110
			t an amount	ın column (c) for a type of	property for which column (	a) is checked,			

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 (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493043013505

OMB No 1545-0047

2013

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# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(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.

Name of the organization THE CHILDREN'S MUSEUM INC

Employer identification number

06-0896043

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, BOARD MEMBERS ARE SENT STATEMENTS REQUIRING THEM TO DISCLOSE ANY CONFLICTS OF IN TEREST, REGARDLESS OF MATERIALITY THE STATEMENTS ARE RETURNED TO THE OFFICE MANAGER, REVIEWED BY THE BOARD CHAIR, AND FILED
FORM 990, PART VI, SECTION B, LINE 15A	THE SEARCH COMMITTEE OF THE BOARD USES SURVEY DATA ON COMPARABLE SALARIES FROM THE AMERICA  N ASSOCIATION OF MUSEUMS, AS WELL AS DATA COLLECTED BY NON-PROFIT CONSULTANTS, TO DETERMIN  E THE CHIEF EXECUTIVE OFFICER'S SALARY THIS IS PRESENTED AND CONFIRMED BY THE FULL BOARD  THE LAST COMPENSATION REVIEW OCCURRED ON 8/14/12
FORM 990, PART VI, SECTION C, LINE 19	THE MUSEUM MAKES THE AMENDED CERTIFICATE OF INCORPORATION, BY-LAWS, WHISTLEBLOWER POLICY A ND PRIVACY PROTECTION POLICY AVAILABLE ON THE MUSEUM'S WEBSITE. OTHER DOCUMENTS AND POLICI ES ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	INCREASE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 29,287
FORM 990, PART XI, LINE 2C	THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF AN INDEPENDENT ACCO UNTANT AS WELL AS OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT THESE PROCESSES HAVE NOT CHA NGED FROM THE PRIOR YEAR