** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Α	For the 2	2019 calendar year, or tax year beginning	and	ending		
В	Check if applicable:	C Name of organization			D Employer ident	tification number
Г	Address	Museum of Science and Industry				
F	Name change	Doing business as			36-216779	97
F	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone num	
F	Final	5700 S. Lake Shore Drive	voicu to stroot address)	110011/3ulto	773-684-14	
_	ireturn/ termin- ated	City or town, state or province, country, and 2	7ID or foreign poetal code		G Gross receipts \$	136,392,965.
Г	Amended return		in or foreign postar code		H(a) Is this a group	
F	Applica-	F Name and address of principal officer: David	R. Mosena		for subordinat	
_	pending	same as C above			H(b) Are all subordinate	—
$\overline{}$	Tax-exen	npt status: X 501(c)(3) 501(c) ()·		or 527	1	n a list. (see instructions)
		www.msichicago.org	(moore no.) 10 17 (a)(1)	01 021	H(c) Group exemp	
			sociation Other	1 Year	of formation: 1933	
		Summary		Ε τοαι	or formation,	141 Otato or logal dofficito.
		riefly describe the organization's mission or most	significant activities: MSI's	mission i	s to inspire th	ne
Se	i	nventive genius in everyone.				
Governance	2 C	heck this box	tinued its operations or dispos	sed of more	than 25% of its net a	assets.
Ver	3 N	umber of voting members of the governing body (3 102
ဗိ	4 N	umber of independent voting members of the gov				4 101
Š	5 To	otal number of individuals employed in calendar y				5 680
<u>i</u>	6 To	otal number of volunteers (estimate if necessary)				6 537
Activities &	7a To	otal unrelated business revenue from Part VIII, col				7a 1,723,621.
ď	b N	et unrelated business taxable income from Form 9				7b -149,778.
			,		Prior Year	Current Year
4	8 C	ontributions and grants (Part VIII, line 1h)			60,332,659	9. 35,955,854.
nue	9 P				21,100,308	8. 17,206,398.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4,			-919,525	
ă	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,			6,535,840	
	1	otal revenue - add lines 8 through 11 (must equal l			87,049,282	2. 66,856,512.
		rants and similar amounts paid (Part IX, column (A			7,700	0. 7,000.
	1	enefits paid to or for members (Part IX, column (A)			(0. 0.
S	45 0	alaries, other compensation, employee benefits (F			28,697,660	0. 28,958,218.
Expenses	16a Pi	rofessional fundraising fees (Part IX, column (A), li			(0. 0.
ē	b To	otal fundraising expenses (Part IX, column (D), line		741.		
û	17 0	ther expenses (Part IX, column (A), lines 11a-11d,			37,045,461	1. 33,583,544.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX	(, column (A), line 25)		65,750,821	, ,
	19 R	evenue less expenses. Subtract line 18 from line 1	2		21,298,461	1. 4,307,750.
20	g			Ве	ginning of Current Yea	ar End of Year
Net Assets	20 To	otal assets (Part X, line 16)			282,074,322	2. 290,584,839.
t As	21 To	otal liabilities (Part X, line 26)			67,527,526	6. 65,181,033.
	22 N	et assets or fund balances. Subtract line 21 from	ine 20		214,546,796	6. 225,403,806.
		Signature Block				
		es of perjury, I declare that I have examined this return,				my knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer			Data	
Sig	Ι,	· ·			Date	
He	re	Rose B. Fealy, VP Finance & Admin	istration/CFO			
		Type or print name and title		Tr	Oato akast	DTINI
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai		ebekuh Eley	Rebatuh	Eley	11.10.20 "self-em	
	· -	Firm's name RSM US LLP	0.0	1	Firm's EIN	42-0714325
Use	Only	irm's address 1 S. Wacker Drive, Ste 8	UU			12 624 2400
_		Chicago, IL 60606			Phone no. 3	12-634-3400
Ma	y the IRS	discuss this return with the preparer shown above	re? (see instructions)			X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	The Museum of Science and Industry (the Museum), a 501(c)(3)	
	corporation, is the largest science museum in the Western Hemisphere	
	and home to thousands of exhibits and artifacts. For 85 years, the	
	Museum has been a premier destination in Chicago, Illinois. The	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$32,452,816. including grants of \$) (Revenue \$	14,429,343.
	World-class permanent exhibitions include Science Storms, a	
	26,000-square-foot exhibit that reveals the extraordinary science	
	behind some of nature's most powerful and compelling phenomena; and	
	You! The Experience, a 15,000-square-foot exhibit that explores the	
	human mind, body and spirit. Other favorite experiences include the	
	U-505 Submarine, the only German U-boat captured during World War II,	
	surrounded by more than 30,000 square feet of artifacts and interactive	
	activities; the Coal Mine, a reproduction of an Illinois coal mine that	
	takes guest down 50 feet in a real hoist to the bottom of a mineshaft;	
	The Great Train Story, a dynamic model display that illustrates modern	
	rail operation; and the Giant Dome Theater, which features educational	
	films, rich in content and presented on Chicago's only five-story,	
4b	44 045 445	544,350.
70	Educational Programs and Activities. The Museum's Welcome to Science	
	Initiative impacts guests and students in the building and in their	
	communities in a variety of ways. MSI offers live science	
	demonstrations, facilitated learning labs for school groups, free	
	teacher development and training, online experiments and lesson plans,	
	after-school science club networks in underserved communities, and a	
	club for teens that helps them learn science skills as they prepare for	
	college.	
	correge.	
	7 000	1 (02 274
4c	(Code:) (Expenses \$	1,603,274.
	Museum and Operations, which include Program Support Services and	
	Exhibit Maintenance. These expenses support the Museum's vision of	
	inspiring and motivating children to achieve their full potential in	
	science, technology, and engineering by providing guests and teachers	
	with integrated learning experiences and programming that is centered	
	on exciting and interactive exhibits that help explain how science	
	directly impacts our daily lives.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 2,310,163. including grants of \$ 0.) (Revenue \$ 1,306,	905.)
4e		·
		Faura 990 (0010

36-2167797

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- -		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
_	Schedule D, Part III	8	Α	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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	Х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Form 990 (2019) Museum of Science and Indus Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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	Х	x
	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	24c		х
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Λ	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	100		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	Yes	No
	The first hamber reported in Box 6 of Ferri 1995. Enter 6 which approaches	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c	Х	
932004	4 01-20-20			(2019)

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	990 (2019) Museum of Science and Industry	36-216//9	/	Р	age ɔ								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1									
		1 1		Yes	No								
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,												
	filed for the calendar year ending with or within the year covered by this return	2a 680											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	_										
			3a	X									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	Х									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				l								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х								
b	If "Yes," enter the name of the foreign country												
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).	5a		Х								
5a	, , , , , , , , , , , , , , , , , , , ,												
b													
	, , , , , , , , , , , , , , , , , , , ,												
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit												
	•		6a		Х								
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts											
_	were not tax deductible?		6b										
7	Organizations that may receive deductible contributions under section 170(c).		_	v									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X									
b		and the state of	7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			x								
لم	to file Form 8282?		7c										
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		х								
e f													
g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?												
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained												
_			8										
9	Sponsoring organizations maintaining donor advised funds.												
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b										
10	Section 501(c)(7) organizations. Enter:												
а	Initiation fees and capital contributions included on Part VIII, line 12	10a											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b											
11	Section 501(c)(12) organizations. Enter:												
а	Gross income from members or shareholders	11a											
b	Gross income from other sources (Do not net amounts due or paid to other sources against												
	amounts due or received from them.)	11b											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.												
а	Is the organization licensed to issue qualified health plans in more than one state?		13a										
	Note: See the instructions for additional information the organization must report on Schedule O.												
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1											
	organization is licensed to issue qualified health plans	13b											
С	Enter the amount of reserves on hand	13c											
14a			14a		Х								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		_								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner												
	excess parachute payment(s) during the year?		15		Х								
	If "Yes," see instructions and file Form 4720, Schedule N.												

Form **990** (2019)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
		_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	102			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	101			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	•			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
	Dilli a series de la companya de la			40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch		·	406		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body		o filing the form?	10b 11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	beloi	e ming the form?	Ha		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12.0		
•	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	Х	
	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 arrangements	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA, FL, IL, MI, MY, PA, U					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-I (Section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website X Upon request Other (explain		,	c		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	τ interest policy, and	tinano	cial	
00	statements available to the public during the tax year.	- عاد	l vacavd-			
20	State the name, address, and telephone number of the person who possesses the organization's boo Jonathan Assell - 773-684-1414	ks and	records -			
	5700 S. Lake Shore Drive Chicago IL 60637-2093					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week		, unle: cer ar					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			seusa		(W-2/1099-MISC)		organization
	organizations	ıal tru	onal t		ploye	l mos				and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) David R. Mosena	35.00	드	=	0	ž	工品	<u> </u>			
President & CEO/Trustee		Х		х				735,834.	0.	27,932.
(2) Sheila M. Cawley	35.00							,		,
VP - External Affairs				х				273,188.	0.	36,979.
(3) Rose B. Fealy	35.00									
VP - Finance & Administration/CFO				х				266,701.	0.	31,888.
(4) Matthew C. Simpson	35.00									
VP - Strategy & Marketing/CMO				Х				248,341.	0.	37,413.
(5) Anthony Vitagliano	35.00									
VP - Exhibitions and Engagement				Х				244,139.	0.	36,467.
(6) Mary L. Krinock	35.00									
VP - Ops & Chief of Staff				Х				261,320.	0.	17,399.
(7) Yolanda Stephens	35.00									
Chief of People and Culture				Х				229,580.	0.	30,348.
(8) Rhonda Brown	35.00								_	
Director of Major Gifts						Х		191,365.	0.	16,324.
(9) Andrea J. Ingram	35.00							101 005		
VP of Education & Guest Experience	25.00			Х				181,225.	0.	5,018.
(10) Edward McDonald	35.00							454.056		06.045
Director of Facilities	25.00					Х		154,056.	0.	26,047.
(11) Steven Beasley	35.00							450.666	•	
Director of Digital Experience	25.00		_			Х		152,666.	0.	23,133.
(12) Anne Rashford	35.00					,,		140.006	0	16 400
Dir. Special Exhibits & Bus. Part. (13) Hsinghua Chen	35.00					Х		149,086.	0.	16,489.
(13) Hsinghua Chen General Counsel	35.00					x		145 454	0	9 204
(14) Samantha J. Lewis	35.00					Α_		145,454.	0.	8,204.
	35.00			X				70 508	0.	20 378
Secretary/Assistant to President (15) Rabiah Mayas, Ph.D.	35.00			Λ				70,508.	0.	20,378.
(15) Rabiah Mayas, Ph.D. VP of Education & Guest Experience	33.00			Х				26,682.	0.	2,042.
(16) David J. Vitale	1.00			Α.				20,002.	0,	2,042.
Treasurer/Trustee	1.00	X		Х				0.	0.	0.
(17) Christopher M. Crane	1.00			<u> </u>				· · ·	<u> </u>	•
Chairman/Trustee	1.00	Х		х				0.	0.	0.
	1						<u> </u>		٠.	Form 990 (2010)

Part VII Section A Officers Directors True						_			30-210773	7 Page 0
Section A. Officers, Directors, 1143	1	oloy	ees,			ghes	t Co			
(A)	(B)			((C) ition			(D)	(E)	(F)
Name and title	Average		not cl	neck i	more	than o		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation	compensation	amount of
	(list any	.o.					Ĺ	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,	organization
	organizations	ndividual trustee or director	Institutional trustee		Key employee	om pe		,		and related
	below	/idual	tutior	er	oldme	est co	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(18) Allan E. Bulley, Jr.	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(19) Frank M. Clark	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(20) Michelle L. Collins	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(21) Kent P. Dauten	1.00									
Vice Chairman/Trustee		х		Х				0.	0.	0.
(22) Michael W. Ferro, Jr.	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(23) David A. Fisher	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(24) James A. Gordon	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(25) Robert A. Livingston	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(26) Barry L. MacLean	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
1b Subtotal								3,330,145.	0.	336,061.
c Total from continuation sheets to Part VI	I, Section A		0.	0.	0.					
d Total (add lines 1b and 1c)							<u> </u>	3,330,145.	0.	336,061.

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

Programment of the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Berglund Construction Company		
8410 S. Chicago Avenue, Chicago, IL 60617	Construction	9,999,236.
Huen Electric Inc		
1801 W. 16th Street, Broadview, IL 60155	Electrical Contractor	4,642,164.
Engine Media LLC		
902 Carnegie Center, Princeton, NJ 08540	Advertising	2,959,060.
Midway Building Services		
1915 W. Hubbard Street, Chicago, IL 60622	Janitorial	1,857,120.
Securitas Security Services USA Inc		
150 S. Wacker Drive, Chicago, IL 60606	Security	1,241,582.
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	50	
		000

See Part VII, Section A Continuation sheets

Form **990** (2019)

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Form 990 Museum of Sc	lence and I	ndu	str	У					36-21677	197
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		ee/	n pen				organizations
	below	dualt	rtiona	_	m plo	stcol	70			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Sheila A. Penrose	1.00									
Vice Chairman/Trustee		х		х				0.	0.	0.
(28) E. Scott Santi	1.00									
Vice Chairman/Trustee		х		х				0.	0.	0.
(29) William C. Bartholomay	1.00									
Trustee		Х						0.	0.	0.
(30) George W. Bilicic	1.00									
Trustee (until 6/11/19)		х						0.	0.	0.
(31) David C. Bohnett	1.00									
Trustee		Х						0.	0.	0.
(32) Matthew J. Boler	1.00									
Trustee		Х						0.	0.	0.
(33) Barbara L. Bowles	1.00									
Trustee		Х						0.	0.	0.
(34) Stephanie Braming, CFA	1.00	-								
Trustee		Х						0.	0.	0.
(35) Byron T. Brazier, D.Min.	1.00									
Trustee		Х	_					0.	0.	0.
(36) John A. Canning, Jr.	1.00									
Trustee	1 00	Х						0.	0.	0.
(37) Douglas M. Cook	1.00	ł								
Trustee	1 00	Х						0.	0.	0.
(38) James S. Crown	1.00	.,							0	0
Trustee (39) Tony Davis	1.00	Х						0.	0.	0.
· · · •	1.00	x						0.	0	0
Trustee (40) Pedro DeJesus, Jr.	1.00	Λ						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(41) Katherine C. Doyle	1.00								•	•••
Trustee	1.00	х						0.	0.	0.
(42) Ann M. Drake	1.00									
Trustee		х						0.	0.	0.
(43) James J. Drury III	1.00									
Trustee		х						0.	0.	0.
(44) W. James Farrell	1.00									
Trustee		х						0.	0.	0.
(45) Ezequiel (Zeke) Flores	1.00									
Trustee		х						0.	0.	0.
(46) James J. Fuentes	1.00									
Trustee		Х						0.	0.	0.
				_	_	_				
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u> .		<u></u>	<u></u>				

Form 990 Museum of S	cience and I	ndu	str	У					36-21677	197
Part VII Section A. Officers, Directors, T	rustees, Key Eı	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	ubeus				and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) Matthew R. Gibson	1.00	 -	 		_	<u> </u>	_			
Trustee	1.00	x						0.	0.	0.
(48) James T. Glerum, Jr.	1.00								•	
Trustee	1.00	x						0.	0.	0.
(49) William M. Goodyear	1.00	 							•	•
Trustee	1.00	x						0.	0.	0.
(50) James A. Gray	1.00	1						· ·	••	••
Trustee	1.00	x						0.	0.	0.
(51) Catherine P. Greenspon	1.00	1						· ·	••	· ·
Trustee	1.00	x						0.	0.	0.
(52) Douglas C. Grissom	1.00							· · ·	٠.	0.
Trustee	1.00	x						0.	0.	0.
(53) Gregory L. Hyslop	1.00							0.	٠.	٠.
Trustee	1.00	x						0.	0.	0.
(54) Justin Ishbia	1.00	^						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(55) Rashad R. Johnson, P.E.	1.00	_						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(56) Edward L. Kaplan	1.00	^						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(57) Michael P. Krasny	1.00	^						0.	0.	٠.
Trustee	1.00	x						0.	0.	0.
(58) Avis LaVelle	1.00	^						0.	0.	٠.
, ,	1.00	x							0	0
Trustee (59) Eric P. Lefkofsky	1.00	^						0.	0.	0.
· · ·	1.00	x							0	
Trustee	1 00	^						0.	0.	0.
(60) Charles A. Lewis	1.00	x							0	0
Trustee (61) W. John Livingston	1 00	^						0.	0.	0.
(61) H. John Livingston	1.00	x							0	0
Trustee	1 00	^						0.	0.	0.
(62) Christopher B. Lorenzen	1.00	٠,,							0	0
Trustee	1 00	Х						0.	0.	0.
(63) Duncan A. L. MacLean	1.00	٠,,							0	0
Trustee (CA) PG Warehauser	1 00	Х						0.	0.	0.
(64) DG Macpherson	1.00	x							_	^
Trustee Malanay	1 00	^				\vdash		0.	0.	0.
(65) Matthew M. Maloney	1.00	↓							_	_
Trustee (66) Hom McCuinness	1 00	Х						0.	0.	0.
(66) Tom McGuinness	1.00	х							_	^
Trustee		Y						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 Museum of So	cience and I	ndu	str	У					36-21677	197
Part VII Section A. Officers, Directors, To	ustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee.			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	ubeus				and related
	below	dual tr	tional	١.	n ploy	stcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) Andrew J. McKenna	1.00	 -	 		_	-	_			
Trustee	1.00	x						0.	0.	0.
(68) Oscar Munoz	1.00								•	<u> </u>
Trustee	1.00	x						0.	0.	0.
(69) Robert S. Murley	1.00	 						· ·	•	••
Trustee	1.00	x						0.	0.	0.
(70) William A. Mynatt, Jr.	1.00	1						· ·	••	••
Trustee	1.00	x						0.	0.	0.
(71) Daniela O'Leary-Gill	1.00	1						· ·	••	••
Trustee	1.00	x						0.	0.	0.
(72) Robert F. Pasin	1.00								٠.	0.
Trustee	1.00	x						0.	0.	0.
(73) James M. Peck	1.00	^						0.	0.	0.
Trustee (until 6/25/19)	1.00	x						0.	0.	0.
(74) John F. Podjasek III	1.00	^						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(75) Jason Pritzker	1.00	_						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(76) Michael A. Reinsdorf	1.00	^						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(77) J. Christopher Reyes	1.00	^						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(78) Larry D. Richman	1.00	^						0.	0.	0.
Trustee	1.00	x						0.	0.	0
(79) Jesse H. Ruiz	1.00	^						· ·	0.	0.
	1.00	x							0	0
Trustee (until 3/20/19) (80) Michael J. Sacks	1 00	^						0.	0.	0.
Trustee (until 10/02/19)	1.00	x						_	0	0
	1 00	^						0.	0.	0.
(81) Manuel Sanchez	1.00	-						,	0	0
Trustee Candner	1 00	Х	-					0.	0.	0.
(82) John F. Sandner	1.00	х							_	•
Trustee (92) Crite N. Gheb	1 00	^						0.	0.	0.
(83) Smita N. Shah	1.00	↓							_	•
Trustee (94) Then I Shalit	1 00	Х				\vdash		0.	0.	0.
(84) Ilan J. Shalit	1.00	x							_	•
Trustee (SE) Vinginia V Simmons	1 00	^				\vdash		0.	0.	0.
(85) Virginia K. Simmons	1.00	↓							_	•
Trustee Canan Cooper	1 00	Х						0.	0.	0.
(86) Melody A. Spann-Cooper	1.00	х							_	•
Trustee		Y						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 Museum of So	ience and I	ndu	str	У					36-21677	197
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	ee.			sated		(W-2/1099-MISC)		organization
	organizations	ustee.	trust		99	n pen s				and related organizations
	below	dual tr	tiona		nploy	stcor	_			Organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) J. Douglas Sparkman	1.00	┢	 	_	-	_				
Trustee	1.00	x						0.	0.	0.
(88) Byron O. Spruell	1.00									
Trustee		x						0.	0.	0.
(89) Shundrawn A. Thomas	1.00									
Trustee		x						0.	0.	0.
(90) Ralph Wanger	1.00									
Trustee	1.00	x						0.	0.	0.
(91) Michelle M. Warner	1.00								•	
Trustee		x						0.	0.	0.
(92) Gregory D. Wasson	1.00									
Trustee		x						0.	0.	0.
(93) Ann C. Williams	1.00									
Trustee		x						0.	0.	0.
(94) Peng Zhao	1.00									
Trustee		x						0.	0.	0.
(95) Elizabeth Ziegler	1.00							-		
Trustee		х						0.	0.	0.
(96) Charles K. Bobrinskoy	1.00									
Life Trustee		х						0.	0.	0.
(97) Peter R. Carney	1.00									
Life Trustee (until 1/11/19)		х						0.	0.	0.
(98) Lester Crown	1.00									
Life Trustee		х						0.	0.	0.
(99) Robert J. Darnall	1.00									
Life Trustee		х						0.	0.	0.
(100) William J. Devers, Jr.	1.00									
Life Trustee		х						0.	0.	0.
(101) Dennis J. FitzSimons	1.00									
Life Trustee		х						0.	0.	0.
(102) Jere D. Fluno	1.00									
Life Trustee		х						0.	0.	0.
(103) J. Ira Harris	1.00									
Life Trustee		х						0.	0.	0.
(104) Jay L. Henderson	1.00									
Life Trustee		х	L	L		L	L	0.	0.	0.
(105) James R. Kackley	1.00									
Life Trustee		х	L	L	L	L		0.	0.	0.
(106) John P. Keller	1.00									
Life Trustee		х						0.	0.	0.
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u> .	<u></u> .	<u></u> .				

Form 990 Museum of Sc	cience and I	nau	SUL	У					36-2167	191
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old we		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director	9.			Highest compensated employee		(W-2/1099-MISC)		organization
	related	stee	truste		ao	bens				and related
	organizations	al tru	Institutional trustee		Key employee	moo				organizations
	below	lividu	ittuti	Officer	y em	hest	Former			
	line)	Pi.	Su.	JJ0	Ke	≟	For			
(107) Frederick A. Krehbiel	1.00									
Life Trustee		Х						0.	0.	0.
(108) Richard H. Lenny	1.00									
Life Trustee		Х						0.	0.	0.
(109) Edward M. Liddy	1.00									
Life Trustee		Х						0.	0.	0.
(110) Charles S. Locke	1.00									
Life Trustee (until 8/4/19)		Х						0.	0.	0.
(111) Walter E. Massey, Ph.D.	1.00									
Life Trustee		Х						0.	0.	0.
(112) Robert S. Morrison	1.00									
Life Trustee		Х						0.	0.	0.
(113) Terry E. Newman	1.00									
Life Trustee		Х						0.	0.	0.
(114) James J. O'Connor	1.00							-		
Life Trustee		Х						0.	0.	0.
(115) Wlliam A. Osborn	1.00								•	
Life Trustee	1.00	x						0.	0.	0.
(116) Cindy Pritzker	1.00							· ·	••	
Life Trustee	1.00	х						0.	0.	0.
(117) Louis A. Simpson	1.00	Λ						0.	٠.	0.
Life Trustee	1.00								0	_
	1 00	Х	_					0.	0.	0.
(118) James A. Skinner	1.00								•	
Life Trustee	ļ	Х						0.	0.	0.
(119) S. Jay Stewart	1.00									
Life Trustee		Х						0.	0.	0.
(120) Eugene A. Tracy	1.00									
Life Trustee		Х						0.	0.	0.
(121) Arthur R. Velasquez	1.00									
Life Trustee		Х						0.	0.	0.
(122) Arnold R. Weber, Ph.D.	1.00									
Life Trustee		Х						0.	0.	0.
			L			L	L			
			L			L	L			<u> </u>
		1								
		1								
						•				

Form 990 (2019) Museum of 8
Part VIII Statement of Revenue

		Check if Schedule O co	ntains a	response o	or note to any lin	e in this Part VIII			
				•	j	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
ran		Membership dues		1b	3,204,612.				
<u>2</u> 8		Fundraising events		1c	1,860,198.				
ifts ar A		Related organizations		1d					
s, Biši		Government grants (contribu		1e	5,887,636.				
Sign		All other contributions, gifts, gra							
ber		similar amounts not included at		1f	25,003,408.				
Ę Z	g	Noncash contributions included in line	es 1a-1f	1g \$	9,651,680.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				35,955,854.			
					Business Code				
ø	2 a	General Admissions			900099	10,769,178.	10,769,178.		
r vic	b	U-505 Exhibit			900099	1,687,332.	1,687,332.		
Se	С	Giant Dome Theater			900099	1,484,366.	1,484,366.		
am	d	Coal Mine Exhibit			900099	1,009,102.	1,009,102.		
Program Service Revenue	е	Special Exhibits			900099	982,553.	982,553.		
P	f	All other program service re-	venue .		900099	1,273,867.	1,273,867.		
	g	Total. Add lines 2a-2f			>	17,206,398.			
	3	Investment income (includin	ng divide	ends, intere	st, and				
		other similar amounts)			>	3,509,964.			3,509,964.
	4	Income from investment of t	tax-exen	npt bond pr	roceeds				
	5	Royalties			>	591.			591.
				(i) Real	(ii) Personal				
	6 a	Gross rents6	,	164,215.					
	b	Less: rental expenses		763,023.					
		` ' _	oc	401,192.					
		Net rental income or (loss)				401,192.		401,192.	
	7 a	Gross amount from sales of		Securities	(ii) Other				
		,	7a ⁷² ,	844,669.					
	b	Less: cost or other basis		464 000	420 506				
une		and sales expenses							
Revenue		. ,		379,687.	-138,596.	F 241 001			F 241 001
		Net gain or (loss)				5,241,091.			5,241,091.
ther	8 a	Gross income from fundraising	•	I					
ð			0,198.	-					
		contributions reported on lin	,	I	57,700.				
	h	Part IV, line 18 Less: direct expenses		I	815,166.				
		Net income or (loss) from ful			>	-757,466.			-757,466.
		Gross income from gaming				, , , , , , , , , , , , , , , , , , , ,			, , , , ,
	o u	Part IV, line 19		I .	2,525.				
	h			ام.	4,900.				
		Net income or (loss) from ga			>	-2,375.			-2,375.
		Gross sales of inventory, les				,			,
		and allowances		I	999,071.				
	b	Less: cost of goods sold		I .	0.10 -0.1				
		Net income or (loss) from sa				649,285.		618,633.	30,652.
		· · ·			Business Code				
sno	11 a	Parking & Guest Srvs			900099	2,132,761.			2,132,761.
ane Duc	b	Food Court			722514	1,137,947.			1,137,947.
Miscellaneous Revenue	С								
Λisc B	d	All other revenue			900099	1,381,270.	677,474.	703,796.	
	е	Total. Add lines 11a-11d			>	4,651,978.			
	12	Total revenue. See instructions	s			66,856,512.	17,883,872.	1,723,621.	11,293,165.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a res Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization	ons		<u>J</u> 2.,p3.,1000	
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	7,000.	7,000.		
3 Grants and other assistance to foreign		·		
organizations, foreign governments, and foreign	gn			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	2,856,726.	1,511,624.	611,601.	733,501
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	21,251,967.	16,587,628.	2,433,492.	2,230,847
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	524,280.	393,596.	66,220.	64,464
9 Other employee benefits	2,654,457.	1,944,380.	379,130.	330,947
10 Payroll taxes		1,254,320.	211,032.	205,436
11 Fees for services (nonemployees):				
a Management				
b Legal	227,386.		176,640.	50,746
c Accounting			108,799.	
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees	193,046.		193,046.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch (5,611,079.	4,754,050.	642,119.	214,910
12 Advertising and promotion	3,053,238.	3,045,020.		8,218
13 Office expenses		818,161.	46,892.	92,278
14 Information technology		973,053.	383,324.	200,989
15 Royalties				
16 Occupancy		1,206,915.	105,568.	
17 Travel	727 020	603,460.	83,408.	50,171
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,710,650.	1,710,650.		
21 Payments to affiliates				
Depreciation, depletion, and amortization		10,301,498.	278,839.	
23 Insurance	463,417.	426,142.	37,275.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A amount, list line 24e expenses on Schedule O.))			
a Building Maintenance	2,525,267.	2,322,600.	202,211.	456
b Program Development	1,812,292.	1,458,019.	0.	354,273
c Exhibit Fab. & Maint.	1,704,710.	1,704,710.	0.	0
d Bank & Credit Card Fees	153,947.	123,273.	30,674.	0
e All other expenses	875,157.	599,547.	193,105.	82,505
25 Total functional expenses. Add lines 1 through 24	e 62,548,762.	51,745,646.	6,183,375.	4,619,741
Joint costs. Complete this line only if the organizati	on			
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Part X Balance Sheet

Par	τχ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,436,049.	1	3,156,104
	2	Savings and temporary cash investments			9,343,444.	2	6,454,238
	3	Pledges and grants receivable, net			47,645,207.	3	39,456,64
	4	Accounts receivable, net			2,379,422.	4	1,863,10
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua	lified pers				
		under section 4958(f)(1)), and persons describ		6			
က္က	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use	79,792.	8	85,00		
₹	9	B			1,007,582.	9	586,49
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	376,855,445.			
	b	Less: accumulated depreciation	10b	247,272,382.	119,805,127.	10c	129,583,06
	11	Investments - publicly traded securities	69,950,076.	11	81,319,08		
	12	Investments - other securities. See Part IV, line	25,319,900.	12	26,848,43		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,107,723.	15	1,232,67
	16	Total assets. Add lines 1 through 15 (must ed	ual line 33	3)	282,074,322.	16	290,584,83
	17	Accounts payable and accrued expenses		7,712,950.	17	6,542,67	
	18	Grants payable		18			
	19	Deferred revenue	819,145.	19	2,541,02		
	20	Tax-exempt bond liabilities			56,332,772.	20	54,614,14
	21	Escrow or custodial account liability. Complete	e Part IV o	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or for	mer office	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ns		22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, p	oayables to	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			2,662,659.	25	1,483,194
_	26				67,527,526.	26	65,181,03
,		Organizations that follow FASB ASC 958, cl	neck here	X X			
š		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27				128,562,691.	27	156,407,112
<u>8</u>	28	Net assets with donor restrictions			85,984,105.	28	68,996,694
<u> </u>		Organizations that do not follow FASB ASC	958, ched	ck here 🕨 📖			
[and complete lines 29 through 33.					
13 C	29	Capital stock or trust principal, or current fund				29	
Sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
<u>8</u>	32	Total net assets or fund balances		·····	214,546,796.	32	225,403,806
	33	Total liabilities and net assets/fund balances			282,074,322.	33	290,584,839 Form 990 (201

36-2167797

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		66,85	56,5	512.
2	Total expenses (must equal Part IX, column (A), line 25)	2		62,54	18,7	162.
3	Revenue less expenses. Subtract line 2 from line 1	3		4,30	_	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	14,54	46,7	796.
5	5 Net unrealized gains (losses) on investments 5					620.
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 on Schedule O)	9		-1,92	26,3	360.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2:	25,40	03,8	306.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (D.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b 3	2	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c 3	2	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	lit			
	Act and OMB Circular A-133?		I	a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it		T	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		з	b		
				rm 9 9	90 ₍₂	2019)

932012 01-20-20

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** Museum of Science and Industry 36-2167797 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	47,923,500.	27,598,744.	20,640,157.	54,923,379.	30,378,394.	181,464,174.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	5,717,121.	5,686,336.	5,483,968.	5,409,280.	5,577,460.	27,874,165.
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	53,640,621.	33,285,080.	26,124,125.	60,332,659.	35,955,854.	209,338,339.
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)						39,672,227.
6	Public support. Subtract line 5 from line 4.						169,666,112.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	53,640,621.	33,285,080.	26,124,125.	60,332,659.	35,955,854.	209,338,339.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,243,107.	2,592,270.	2,298,818.	2,875,304.	3,510,555.	13,520,054.
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 VI.)	779,920.	2,039,521.	972,738.	1,882,375.	677,474.	6,352,028.
11	Total support. Add lines 7 through 10						229,210,421.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	116,307,558.
13	First five years. If the Form 990 is for	the organization's				501(c)(3)	
	organization, check this box and stop						>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	74.02 %
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	72.19 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c				
	and if the organization meets the "fac	ts-and-circumstand	es" test, check thi	s box and stop h	ere. Explain in Pa	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	e
	organization meets the "facts-and-circ	umetanece" toet 7	The ergonization a	udifica ca a public	lu aumantad araar	ization	▶ □
	organization modes the hades and one	umstances test.	rrie organization qu	aillies as a public	iy supported organ	11Zatiori	▶□

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
(Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)						<u> </u>	
	ction B. Total Support		1	Γ	T	1	T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
"	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
10	regularly carried on Other income. Do not include gain						-	
12	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504()(0)	<u>.</u>	
14	First five years. If the Form 990 is for	-			-			
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				P	
	Public support percentage for 2019 (I			oolumn (f))		15	%	
	Public support percentage from 2018					16		
	ction D. Computation of Inves					1 10 1	70	
	Investment income percentage for 20			ne 13 column (fl)		17	%	
18		m 2018 Schedule A, Part III, line 17						
	a 33 1/3% support tests - 2019. If the							
130	more than 33 1/3%, check this box ar						s.not	
	33 1/3% support tests - 2018. If the							
•	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
-		
2		
За		
3b		
3с		
4a		
16		
4b		
10		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40.		
10b		

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	,	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1]
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	That those determines constituted careful than your or no determines.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	asimilas sucremental in organization of mornand	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second secon	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must con	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting orga	nization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2019

	1 1 Type in Non 1 anotionally integrated 505(ajtoj oupporting orga	(continuea)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
<u>d</u>	Excess from 2018			
6	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Miscellaneous Revenue
2015 Amount: \$ 528,685.
2016 Amount: \$ 1,715,032.
2017 Amount: \$ 944,328.
2018 Amount: \$ 1,882,087.
2019 Amount: \$ 676,733.
Film Lease Revenue
2016 Amount: \$ 29,489.
2017 Amount: \$ 28,410.
2018 Amount: \$ 288.
2019 Amount: \$ 741.
Film Product Revenue
2015 Amount: \$ 2,200.
Sponsorship Revenue
2015 Amount: \$ 249,035.
2016 Amount: \$ 295,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Museum of Science and Industry 36-2167797					
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•			
Special Rules					
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from			
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a stions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled mothere the total contributions that were received during the year for an exclusively religious explete any of the parts unless the General Rule applies to this organization because it re, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., eceived <i>nonexclusively</i>			
out it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 17). Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 18). The filing requirements of Schedule B (Form 190, 190-EZ, or 1900-PF).	•			

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

Museum of Science and Industry

36-2167797

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,577,460	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$5,025,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions - \$ 2,130,099.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Name, audiess, and ZIF + +	\$1,500,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	*\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Museum of Science and Industry

36-2167797

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		l ¢	Ī

Name of or	rganization		Employer identification number
Museum o	f Science and Industry		36-2167797
Part III) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	lift
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- Faiti			
		(e) Transfer of git	jift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	 yift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ļ		(e) Transfer of gif	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Museum of Science and Industry

Employer identification number

36-2167797

Par	t I Organizations Maintaining Donor Advised Fund	ds or Other Similar F	unds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing t	nat the assets held in dono	r advised fund	ls
	are the organization's property, subject to the organization's exclusive	e legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds o	can be used or	nly
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other pu	ırpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization	on answered "Yes" on Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (chec			
	Preservation of land for public use (for example, recreation or e	ducation) Preserva	ation of a histo	rically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the	e form of a cor	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic structure in			2c
d	Number of conservation easements included in (c) acquired after 7/2			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated	by the organiz	zation during the tax
	year >			
4	Number of states where property subject to conservation easement i			
5	Does the organization have a written policy regarding the periodic moving the periodic			Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling	a of violations, and onforcin		
U	Start and volunteer flours devoted to monitoring, inspecting, flanding	g or violations, and emorein	ig conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations and enforcing co	nservation eas	sements during the year
•	S	iolations, and emoroting oc	noci valion cac	ornanta danng tria yadi
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section	on 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ease			
	balance sheet, and include, if applicable, the text of the footnote to the		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of Art, F	listorical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue state	ment and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public exhil	oition, education, or resear	ch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial star	tements that describes the	se items.	
b	If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibiti	on, education, or research	in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, historical treasures, $% \left(1\right) =\left(1\right) \left(1\right) \left$	or other similar assets for fi	nancial gain, p	provide
	the following amounts required to be reported under FASB ASC 958 $$	relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Schedule D (Form 990) 2019

Par	t III	Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	Simila	Assets	(conti	nued)	
3	Using t	the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that	make si	gnificant ι	use of its			
	collecti	ion items (check all that apply):									
а	X	Public exhibition	d	Loan or excl	hange progra	ım					
b		Scholarly research	е	Other							
С	F	Preservation for future generations									
4	Provide	e a description of the organization's co	llections and explain	how they further th	e organizatio	n's exen	npt purpo	se in Part I	XIII.		
5	During	the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or othe	r similar	assets				
		old to raise funds rather than to be ma							Yes	X	No
Par	t IV	Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.								
1a	Is the c	organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other ass	ets not i	ncluded		_		_
	on For	m 990, Part X?							Yes		No
b	If "Yes,	," explain the arrangement in Part XIII a	and complete the foll	owing table:							
									Amoun	t	
С	Beginn	ing balance					. 1c				
d	Additio	ons during the year					. 1d				
е	Distribu	utions during the year					. 1e				
f	Ending	balance					. 1f		_		
2 a	Did the	e organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial accou	ınt liabili	ty?	L	Yes		No
		," explain the arrangement in Part XIII.									
Par	t V	Endowment Funds. Complete it	the organization ans				0.				
			(a) Current year	(b) Prior year	(c) Two year			ears back			
1a		ing of year balance	16,493,417.	27,625,481.	18,883			68,470.			
b	Contrib	outions	1,510,904.	7,111,852.				20,229.			679.
С		restment earnings, gains, and losses	2,867,405.	-1,288,612.	3,132	,501.	1,2	01,831.		-293,	255.
d		or scholarships				-					
е	Other e	expenditures for facilities	464 064	46 055 004	0.50					224	
	-	ograms	464,964.	16,955,304.	862	,021.	4	07,047.		334,	700.
f		strative expenses	00 406 560	16 402 415	07.605	401	10.0	02 402	1.0	10,868,470.	
g		year balance		16,493,417.	-	,481.	18,8	83,483.	10	,868,	4/0.
2		e the estimated percentage of the curre	ent year end balance) held as:						
а		designated or quasi-endowment		_%							
b		nent endowment 100.00	%								
С		· · · · · · · · · · · · · · · · · · ·	%								
0-	•	rcentages on lines 2a, 2b, and 2c shou	•	Para dia akama ing lalah an	al and a factors	6					
Sa		ere endowment funds not in the posses	ssion of the organiza	tion that are neid an	ia administere	ed for the	e organiza	ation	ĺ	Yes	Na
	by:	related examinations							3a(i)	res	X
		related organizations									X
h		lated organizations							3a(ii) 3b		
4		oe in Part XIII the intended uses of the							_ JD		<u> </u>
Par		Land, Buildings, and Equipme		villent lunus.							
		Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X	line 10				
		Description of property	(a) Cost or of	í í	Ť		ccumulate	-d	(d) Boo	ık valıı	
		besomption of property	basis (investm	, , , , , ,		٠,	oreciation	.	(u) 500	n valu	C
	Land		· · ·	,	` '						
		gs	I	171	,777,804.	1	05,264,	590.	66	,513.	214.
		nold improvements			, ,		, ,			. ,	
		nent		18	,414,212.		12,144,	649.	6	,269,	563.
	Other .				,663,429.		29,863,			, 800,	
		nes 1a through 1e. (Column (d) must ed						ightharpoonup		,583,	
. otal	. , 111	ios ia tinoagri io. (Columni (a) must et	juai FUIIII 330, Fd[l/	<u>, colultili (D), IIIIe 10</u>	<i>/</i> (.,)					, ,	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Museum of Science	e and Industry		36-2167797 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Equity Funds	17,946,650.	End-of-Year Market Value	
(B) Fixed Income Funds	8,901,782.	End-of-Year Market Value	
(C)	, ,		
(D)			
(E)			
(F)			
(G)			
(H)			
	26,848,432.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	20,040,432.		
	F 000 B-+ IV I' 4	1 - O - Farm 000 Bart V Fra 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and of year market value
·	(b) book value	(C) Method of Valuation. Cost of e	ilu-oi-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities.	e 15.)		>
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 000 Port V line (05
. (a) Description of liability	on rollingso, Fait IV, ille I	TO OF THE OCCUPANT 950, FAIL A, IIIIe 2	(b) Book value
1			(b) Dook value
(1) Federal income taxes			602.974
(2) Asset Retirement Obligation (3) Funds on Deposit			602,874.
			27,577.
(4) Purchase Agreement			852,743.
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) lin	e 25 l	ì	1,483,194.

Schedule D (Form 990) 2019

X

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

36-2167797

Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		, 1	77 077 400
			1	77,877,483.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments		8,475,620.		
b Donated services and use of facilities		385,335.		
c Recoveries of prior year grants		0.105.100		
d Other (Describe in Part XIII.)	2d	2,125,102.		10 006 055
e Add lines 2a through 2d			2e	10,986,057.
3 Subtract line 2e from line 1			3	66,891,426.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	102.046		
	4a	193,046.		
b Other (Describe in Part XIII.)	4b	-227,960.		24 014
c Add lines 4a and 4b			4c	-34,914.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Part XII Reconciliation of Expenses per Audited Financial St	tatements With	Evnances ner E	5 Poturn	66,856,512.
Complete if the organization answered "Yes" on Form 990, Part IV, I		Expenses per i	ietuiii.	
			1	64,673,927.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				, -, -, -, -, -, -, -, -, -, -, -, -,
a Donated services and use of facilities	2a	414,062.		
b Prior year adjustments		,		
c Other losses				
d Other (Describe in Part XIII.)		1,904,149.		
e Add lines 2a through 2d	·		2e	2,318,211.
3 Subtract line 2e from line 1			3	62,355,716.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				•
	4a	193,046.		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	193,046.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			5	62,548,762.
Part XIII Supplemental Information.	•			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional inform	ation.		
Dank TTT 1ing 1				
Part III, line 1a:				
The Museum's permanent collections, which were acquired since	e the Museum's			
inception through purchases and contributions from benefactor	ors, are not			
	•			
recognized as assets on the statements of financial position	. Purchases of			
collection items are recorded as decreases in net assets wit	hout donor			
collection items are recorded as decreases in net assets wit	hout donor			
restrictions in the year in which the items are acquired or				
restrictions in the year in which the items are acquired or	as decreases			
	as decreases			
restrictions in the year in which the items are acquired or in net assets with donor restrictions if the assets used to	as decreases			
restrictions in the year in which the items are acquired or	as decreases			
restrictions in the year in which the items are acquired or in net assets with donor restrictions if the assets used to	as decreases			
restrictions in the year in which the items are acquired or in net assets with donor restrictions if the assets used to	as decreases			
restrictions in the year in which the items are acquired or in net assets with donor restrictions if the assets used to	as decreases			
restrictions in the year in which the items are acquired or in net assets with donor restrictions if the assets used to items were restricted by donors.	as decreases			
restrictions in the year in which the items are acquired or in net assets with donor restrictions if the assets used to items were restricted by donors.	as decreases purchase the			
restrictions in the year in which the items are acquired or in net assets with donor restrictions if the assets used to items were restricted by donors. The Museum's collections are made up of artifacts of historical documents are made up of artifacts of historical documents.	as decreases purchase the cal			

Schedule D (Form 990) 2019

tax effects from uncertain tax positions to be recognized in the financial

-11,522.

Schedule D (Form 990) 2019

Loss on Film Consortium Investment

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Museum of	Science and Industry					Employer ide 36-216779	ntification number
Part I Fundraising Activities	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par 1 Indicate whether the organization rais a	sed funds through any of the following sed funds through any of the following Solicita for oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includation)	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
T.1.1							
Total List all states in which the organization or licensing.	on is registered or licensed to solicit o		utions	or has been notified	it is	exempt from re	gistration
or incertaing.							
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form 9	90 or 990-EZ) 2019

	rt I					
		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					None	(add col. (a) through
				Columbian Ball		col. (c))
Φ			(event type)	(event type)	(total number)	, , ,
nue						
Revenue	1	Gross receipts	485,450.	1,432,448.		1,917,898.
_						
	2	Less: Contributions	471,950.	1,388,248.		1,860,198.
			40.500	44 000		55.500
	3	Gross income (line 1 minus line 2)	13,500.	44,200.		57,700.
	_					
	4	Cash prizes				
	_	Name and profession	4 900	22 026		20 726
S	5	Noncash prizes	4,900.	23,826.		28,726.
)Se		Dont/facility agets				
(bei	6	Rent/facility costs				
Direct Expenses	_	Food and however	193,797.	134,913.		328,710.
irec	7	Food and beverages	133,737.	134,313.		320,710.
Ω	۰	Entertainment	155 848	144,799.		300,647.
	8 9	Other direct expenses		61,765.		157,083.
	10			,	•	815,166.
		Net income summary. Subtract line 10 from I				-757,466.
Pa	rt I					, -
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
			(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
	1	Gross revenue				
Ś	2	Cash prizes				
irect Expenses						
xpe	3	Noncash prizes				
St E						
Jire	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
			Yes %		Yes %	
	6	Volunteer labor	∟ No	No No	No	
	_	Direct consequence Add live a Other add	la E la callaciana (al)		_	
	7	Direct expense summary. Add lines 2 through	n 5 in column (a)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_	
	U	Net garning income summary. Subtract line 7	nom line 1, column (a)			
9	Fn	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
~						
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:				
	_					
						

Schedule G (Form 990 or 990-EZ) 2019 Museum of Science and Industry	36-216//9/	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other experiences and the state of		
to administer charitable gaming?		☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events b		, -
Name ▶		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gamine	g revenue? Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶\$	_ and the amount	
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming procee	ds to	
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	tions or spent in the	
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu	mns (iii) and (v): and Part III, lines 9.	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction		,,

Schedule G (Form 990 or 990-EZ)	Museum of Science and Industry	36-2167797	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	rmation (continued)		
<u> </u>			
-			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	Museum of Sci	ence and Indus	stry					36-2167797
Part I	General Information on Grants a	nd Assistance					·	
1 Doe	es the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	n
crite	eria used to award the grants or assis	stance?						X Yes No
2 Des	cribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II	Grants and Other Assistance to	=			•	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
	recipient that received more than S					(f) Method of	T	
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er total number of section 501(c)(3) a	-	•	e line 1 table				>
	er total number of other organizations							
LHA Fo	r Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
cience Achievers - Welcome to Science Initiative					
elebration	28	0.	7,000.	FMV	Chromebook Laptops
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
art I, Line 2:					
aptop computers are provided to high school stude	nts enrolled	in the			
useum's Science Achievers program. The students e	lected to rec	eive the			
omputers were graduating from high school and pre	naring to att	end college			
ompations in the graduation of the second se	paring to acc	one correge.			

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Employer identification number

36-2167797

Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Museum of Science and Industry

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

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 on 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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) David R. Mosena	(i)	585,834.	150,000.	0.	9,800.	18,132.	763,766.	0.	
President & CEO/Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) Sheila M. Cawley	(i)	272,222.	0.	966.	8,532.	28,447.	310,167.	0.	
VP - External Affairs	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) Rose B. Fealy	(i)	266,701.	0.	0.	8,894.	22,994.	298,589.	0.	
<pre>VP - Finance & Administration/CFO</pre>	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) Matthew C. Simpson	(i)	248,341.	0.	0.	7,723.	29,690.	285,754.	0.	
<pre>VP - Strategy & Marketing/CMO</pre>	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) Anthony Vitagliano	(i)	244,139.	0.	0.	8,788.	27,679.	280,606.	0.	
VP - Exhibitions and Engagement	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) Mary L. Krinock	(i)	261,320.	0.	0.	6,755.	10,644.	278,719.	0.	
VP - Ops & Chief of Staff	- 109		0.	0.	0.	0.	0.	0.	
1.7		229,580.	0.	0.	8,369.	21,979.	259,928.	0.	
Chief of People and Culture			0.	0.	0.	0.	0.	0.	
(8) Rhonda Brown	(i)	96,567.	0.	94,798.	0.	16,324.	207,689.	0.	
Director of Major Gifts	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) Andrea J. Ingram	(i)	81,037.	0.	100,188.	2,257.	2,761.	186,243.	0.	
VP of Education & Guest Experience	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) Edward McDonald	(i)	151,187.	0.	2,869.	5,555.	20,492.	180,103.	0.	
Director of Facilities	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) Steven Beasley	(i)	152,666.	0.	0.	5,506.	17,627.	175,799.	0.	
Director of Digital Experience	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) Anne Rashford	(i)	147,690.	0.	1,396.	5,282.	11,207.	165,575.	0.	
Dir. Special Exhibits & Bus. Part.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) Hsinghua Chen	(i)	145,454.	0.	0.	5,185.	3,019.	153,658.	0.	
General Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)	_							
	(i)								
	(ii)								

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.
Part I, Line 4a:
Andrea J. Ingram and Rhonda Brown both individually received payments
during the calendar year. The payments are included in Part VII, Column (d)
and Schedule J, Part II, Column (B)(iii). The terms and conditions of the
confidential agreements are available to the Internal Revenue Service upon
request.
Part I, Line 7:
The compensation committee reviewed and approved variable compensation for
certain employees due to outstanding performance.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Part I Bond Issues

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

Museum of Science and Industry

Employer identification number
36-2167797

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	e price	(f) Descript	ion of purpose	(g) De	efeased	(h) On of is		(i) Po	
								Yes	No	Yes	No	Yes	No
					5	Series 2009	Bond	1.55		100			1.10
A IFA Series 2017A-B	86-1091967	NoneAvail	05/30/17	60,0	00,000.	Redemption			х		х		Х
В													
С													
D													
Part II Proceeds													
			A			В	С				D		
1 Amount of bonds retired			5	,000,000.									
2 Amount of bonds legally defeased													
3 Total proceeds of issue			60	,000,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows			59	,600,000.									
7 Issuance costs from proceeds				400,000.									
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceed													
10 Capital expenditures from proceeds													
• • •													
12 Other unspent proceeds													
13 Year of substantial completion						T			-				
			Yes	No	Yes	No	Yes	No		Yes	_	No	—
14 Were the bonds issued as part of a refund	-	•	77										
if issued prior to 2018, a current refunding			Х										
Were the bonds issued as part of a refund	-	• •		х									
issued prior to 2018, an advance refunding				Λ		+			+		+		
Has the final allocation of proceeds been r			A			+			+		+		
17 Does the organization maintain adequate to final ellectrics of precede?		* *	x										
final allocation of proceeds?										dule K			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

Pai	t III Private Business Use								
			A	l	В	(2	I	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
	Are there any research agreements that may result in private business use of								
	bond-financed property?		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by		•		•		•		•
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of				-		-		
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7			Х						
	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		•		•		•		·I
_	of		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections				<u> </u>		1		7.0
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
·	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?		x						
Pai	t IV Arbitrage		1				·	l	
			A		В		 C	ı	 D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
2	If "No" to line 1, did the following apply?		•		•		•		
	Rebate not due yet?	Х							
	Exception to rebate?		Х						
	No rebate due?		х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was				•				
	performed								
3	Is the bond issue a variable rate issue?	Х							
			•						

36-2167797

Schedule K (Form 990) 2019 Museum of Science and Industry 36-2167797 Page 3

Part IV Arbitrage (continued)									
			A	Е	3))
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?		Х						
b	Name of provider								
	Term of hedge								
	Was the hedge superintegrated?								
е	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of								
	section 148?		Х						
Par	rt V Procedures To Undertake Corrective Action								
			A	Е	3))
	Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
	federal tax requirements are timely identified and corrected through the voluntary								
	closing agreement program if self-remediation isn't available under applicable								
	regulations?	Х							
Par	rt VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions					
	t IV, Line 2c:								
Bono	d Counsel performed the rebate calculation for the period December								
17,	2009 through December 17, 2014.								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Museum of Science and Industry 36-2167797

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	•
		applicable		Form 990, Part VIII, line 1g	Horicasii contribu	ilion ai	Hounts	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	22	9,596,622.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	80,004	38,058.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (3D Printer)	Х	1	10,000.	Cost/Selling Pri	ce		
26	Other (Chromebooks)	Х	28	7,000.	Cost/Selling Pri	ce		
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	-						
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po				tions?	31	Х	
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash				
_	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	tor which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

Co to www.irs.gov/Form990 for the latest information.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Museum of Science and Industry 36-2167797 Line 1, Description of Organization Mission: Museum's mission is to inspire the inventive genius in everyone and its vision is to inspire and motivate children to achieve their full potential in science, technology, medicine and engineering. Nearly 300,000 students are among the nearly 1,400,000 guests that visit each year, making the Museum the number one Chicago museum field trip destination for the eleventh consecutive year. Through its Welcome to Science Initiative, the Museum engages over 700,000 participants annually in science education programs, Form 990, Part III, Line 4a, Program Service Accomplishments: domed wrap-around movie screen. Form 990, Part III, Line 4d, Other Program Services: Retail and supporting services represent various program offerings that enhance the guest experience. These include the musuem store, food services, and parking services. Expenses \$ 2,310,163. including grants of \$ 0. Revenue \$ 1,306,905. Form 990, Part VI, Section A, line 2: James S. Crown and Lester Crown have a family relationship. Jason Pritzker and Cindy Pritzker have a family relationship, Barry L. MacLean and Duncan A. L. MacLean have a family relationship,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Edward M. Liddy and William A. Osborn serve on a board outside of the

Museum.

Jay L. Henderson and Shundrawn A. Thomas serve on a board outside of the

Museum.

Douglas C. Grissom and John A. Canning, Jr. serve on a board outside of the

Museum.

J. Christopher Reyes, Andrew J. McKenna, and James A. Gordon serve on a

Name of the organization Museum of Science and Industry	36-2167797
board outside of the Museum.	
Barry L. Maclean, Duncan A. L. Maclean have a business relationship outside	
of the Museum.	
David A. Fisher and Matthew M. Maloney serve on a board outside of the	
Museum.	
Barry L. Maclean, Duncan A. L. Maclean serve on a board outside of the	
Museum.	
E. Scott Santi and DG Macpherson serve on a board outside of the Museum.	
Form 990, Part VI, Section B, line 11b:	
The Museum's Form 990 is prepared by an external public accounting firm who	
provides drafts for internal review. After the internal review, these	
drafts are updated, and a final draft is reviewed by the Chairperson of the	
Audit Committee and is made available to the Trustees electronically for	
their review, prior to electronically filing with the Internal Revenue	
Service.	
Form 990, Part VI, Section B, Line 12c:	
The Museum formally sends a conflict of interest questionnaire annually to	
trustees, officers and employees. The Museum's compliance officer reviews	
the results of the questionnaires and investigates any reported potential	
conflicts for resolution as necessary.	

From time to time, the Museum conducts business with publicly traded

Name of the organization Museum of Science and Industry	36-2167797
companies at which certain Museum board members have an employment or board	
relationship. Business with these companies is entered into at arms-length	
and through the Museum's standard procurement process without influence	
from the interested board member(s). Any conflicts are resolved when	
interested board members excuse themselves when voting on matters related	
to the public company in which they serve.	
Form 990, Part VI, Section B, Line 15:	
The Compensation Committee of the Board of Directors oversees and approves	
the compensation for the executive staff of the Museum. Individual	
performance is evaluated by established goals and objectives which support	
MSI's mission and priorities. These goals and objectives are reviewed	
annually as part of the Museum's performance management process. The	_
process consists of:	
1. The Compensation Committee meets annually to review and make decisions	
on all executive (CEO and VP's) compensation.	
2. Individual performance is evaluated against goals and objectives that	
support MSI's mission and strategic priorities.	
3. From time to time, HR prepares a compensation benchmark analysis	
consisting of peer institutions to ensure executive compensation remains	
competitive within industry and reasonable.	
4. Each year, MSI leadership team determines if merit increases will be	
awarded to Museum staff. The Chief of People and Culture facilitates and	
drives this process to ensure consistency and fairness across the Museum.	

Name of the organization Museum of Science and Industry		Employer identification numbe
_		
5. The process is contemporaneously documented.		
Form 990, Part VI, Section C, Line 18:		
The Museum posted a copy of its Form 990 on its website a		
Form 990 and 990-T publicly available upon request. As the	e Museum filed the	
application for recognition of exemption, Form 1023 before	e July 15, 1987,	
it need not be made publicly available.		
Form 990, Part VI, Section C, Line 19:		
The Museum's annual report and the financial statements a	re made available	
to the public via the Museum's website and upon request, :	respectively.	
Governing documents and conflict of interest policy are a	vailable to the	
public upon request for the same period of disclosure as	set forth in IRC	
section 6104(d).		
Form 990, Part XI, line 9, Changes in Net Assets:		
Change in Value of Life Insurance Policy	21,998.	
Loss on Film Consortium Investment	-11,522.	
Change in Value of Asset Retirement Obligation	-53,350.	
Gain on Pension Plan	235,100.	
Change in Value of Interest Rate Swap	227,960.	
Implementation of Accounting Standards Update (ASU)		
2014-09, Topic 606	-2,346,546.	
Total to Form 990, Part XI, Line 9	-1,926,360.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	Museum of Science and	d Industry					36-2167797		
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total inco	me End-of-year		Direct o	(f) controlling ntity	9
				_					
Part II	Identification of Related Tax-Exempt Organizations organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, t	because it had one	or more r	elated tax-exe	mpt 	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	contr ent	g) 512(b)(13) rolled :ity?
					501(c)(3))			Yes	No
For Pape	rwork Reduction Act Notice, see the Instructions	s for Form 990.					Schedule R	(Form 99	90) 2019

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	tion b)(13) rolled tity?
			Museum of					Yes	No
Charitable Remainder Trust	Trust		Science and Industry	TRUST	0.	438,141.	100%	х	
-									
									<u> </u>

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions wi	rith one or more rel	lated organizations listed in	n Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
	Gift, grant, or capital contribution to related organization(s)				1b		Х		
	Gift, grant, or capital contribution from related organization(s)		1c		Х				
d	Loans or loan guarantees to or for related organization(s)		1d		Х				
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
•	, , , , , , , , , , , , , , , , , , , ,				-				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
1	Performance of services or membership or fundraising solicitations for related organiza	ation(s)			11		Х		
Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)									
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s				1n		Х		
	Sharing of paid employees with related organization(s)				10		Х		
	3 · Fact 2 ·								
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
a	Reimbursement paid by related organization(s) for expenses				1a		Х		
٦									
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				1s		Х		
	If the answer to any of the above is "Yes," see the instructions for information on who								
_									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	ivolved				
1)									
•									
2)									
3)									
•									
4)									
•									
5)									
•									
٠.									

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040