** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

ΑI	For the	2020 calendar year, or tax year beginning	and	ending	_			
	Check if applicable	C Name of organization			D Employer ide	ntificati	ion number	
Г	Addres	Museum of Science and Industry						
F	Name change				- 36-2167	797		
F	□Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite				
F	return _Final	5700 S Lake Shore Drive	vereu to street address)	1100III/Suite	773-684-1			
	return/ termin-	_	VID or foreign postal and		G Gross receipts \$		121 1'	77,627.
	ated	City or town, state or province, country, and Z Chicago IL 60637-2093	ir or foreign postal code					,,,,,,,
F	return □Applica	_ ,	evv Humphrev		H(a) Is this a gro	•		X No
_	tion pendin	same as C above	cvy numpnicy		for subordir H(b) Are all subordin			
_	T		(inport no.) 4047(a)(1)	or	- · ·			
		empt status: X 501(c)(3) 501(c)()* te: www.msichicago.org	■ (insert no.) 4947(a)(1)	or 527	7		. See instructi	ions
			sociation Other	I Veen	H(c) Group exen	•		:-:I TT
	art I	organization: X Corporation Trust Ass	sociation Other	L Year	of formation: 1933	<u>M S1</u>	tate of legal dor	nicile: ++
			· ···· MCT'c	miaaion :	ia to inanino			
ø	1	Briefly describe the organization's mission or most	significant activities: MSI S	mission .	is to inspire	Lile		
Governance		inventive genius in everyone.						
ern	2	, <u>—</u>	tinued its operations or dispos			1 1	S.	105
Š	3	Number of voting members of the governing body (3		105
		Number of independent voting members of the government				4		104
es	5	Total number of individuals employed in calendar ye				5		485
ĭ	6	Total number of volunteers (estimate if necessary)				6		458
Activities &	7 a	Total unrelated business revenue from Part VIII, colo				7a	2	73,801.
	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	·····		7b		0.
					Prior Year		Current Y	
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			35,955,8			55,133.
Revenue	9				17,206,3			55,509.
ě	10	Investment income (Part VIII, column (A), lines 3, 4,			8,751,0			93,532.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		4,943,2	05.	61	88,808.
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		66,856,5	12.	51,6	92,982.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,0	00.		7,129.
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)			0.		0.
ģ	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		28,958,2	18.	24,2	30,044.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)			0.		0.
g	. b	Total fundraising expenses (Part IX, column (D), line	25) 3,100,	213.				
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		33,583,5	44.	22,3	64,698.
	18	Total expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		62,548,7	62.	46,6	01,871.
	19	Revenue less expenses. Subtract line 18 from line 1	2		4,307,7	50.	5,0	91,111.
Net Assets or	3			Ве	eginning of Current Y	ear	End of Ye	ear
sets	20	Total assets (Part X, line 16)			290,584,8	39.	301,0	79,614.
ASS	21	Total liabilities (Part X, line 26)			65,181,0	33.	66,3	04,709.
Ret	22	Net assets or fund balances. Subtract line 21 from I	ine 20		225,403,8	06.	234,7	74,905.
Pa	art II	Signature Block						
Und	ler pena	Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and statem	ents, and to the best	of my kn	owledge and be	lief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.			
Sig	n	Signature of officer			Date			
Her		A. Chevy Humphrey, President and (CEO					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN	
Paid	d :	Rebekuh Eley	Pekakuh	Eley 1	.0/25/21 if self-	-employed	P01247672	
Pre	parer	Firm's name RSM US LLP	10400-47	~~~	Firm's EIN		2-0714325	
	Only	Firm's address 30 South Wacker Dr, Suite	3300					
	- 1	Chicago, IL 60606-3392			Phone no	312-63	34-3400	
Ma	v the IF	RS discuss this return with the preparer shown above	e? See instructions		1 110113 110	-	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) in Chicago is the	
	largest science museum in the Western hemisphere and home to thousands	
	of exhibits and artifacts. For more than 80 years, the Museum has been	
	a premier destination in Chicago. The Museum's mission is to inspire	
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 as the organization of the	red hy expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	• •
		total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 24,631,613. including grants of \$ 0.) (Revenue \$	2,000,923.)
4a	(Code:) (Expenses \$24,631,613. including grants of \$0. (Revenue \$) (Revenue \$)	2,000,323.
	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	(Code:) (Expenses \$	173,081.)
	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.	
	1 000 500	000 545
4c		232,747.
	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.)	
-r u	1 (20 (22	1,226.)
40		,,
40	Total program service expenses ► 38,107,105.	Form 990 (2020)

Form 990 (2020) Museum of Science 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	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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	Х	
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	Х	
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		X
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		17	
	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		X

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Form 990 (2020) Museum of Science and Industry Part IV Checklist of Required Schedules (antiqued)

Pai	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	04-	х	
	Schedule K. If "No," go to line 25a	24a	Λ	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		Х
٨	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	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	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?	200		
	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	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2020) Museum of Science and Industry Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 36-2167797

b if Yes," enter the name of the foreign country P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of the organization filing for provided that it was or is a party to a prohibited tax sheter transaction? See S					Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 both the organization have unreaded business gross income of \$1000 or more during the year? 31 bit 1"ves, "has it filed a frorm 950°T for this year? If "No" to file 8b, provide an explanation on Schedule O 32 bit 1"ves," has it filed a frorm 950°T for this year? If "No" to file 8b, provide an explanation on Schedule O 33 bit 3 bit 1"ves," has it filed a frorm 950°T for this year? If "No" to file 8b, provide an explanation on Schedule O 34 At any time of the grant and the file of the school of	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_fig_ (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 41 A Lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a tark account, securities account, or other financial account?) 42 A Lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a tark account, securities account, or other financial account?) 43 Did 'Yes,' eriet the name of the foreign country 54 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 55 Was the organization a party to a prohibitised tax shelter transaction at any time during the tax year? 56 Did any experiments of the organization file Form 8886.7? 57 Did to the organization read organization file Form 8886.7? 58 Did was the organization read organization file Form 8886.7? 59 Did "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 59 Did 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 Did the organization reader approper this expect of the goods or services provided? 50 Did the organization readers approper the experiment that such contributions or gifts buse to file form 8282.7 and 1 Hz yes. The file form 8282 filed during the year 50 Did the organization experiment in excess of \$15 made party to great property for which it was required to the Form 8282.7 and 1 Hz yes. The organization experiment in excess of \$15 made party the file year. 50 Did the organization orga		filed for the calendar year ending with or within the year covered by this return	2a 485			
3a X M M M M M M M M M	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
b if "Yes," has it filed a Form 990-T for this yea?" It "No" to line 3b, provide an explanation on Schedule O 4 A 1 any time during the calendar year, did the organization have an intensit in, or a signature or other authority over, a financial accountly of the calendar year, did the organization have an intensit in, or a signature or other authority over, a financial accountly (a large of the country (such as a bank account; executies account, or other financial accountly (a large of the country of the securities account or other financial accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a bid any stashbe party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b bid any stashbe party notify the organization file Form 8896-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6 b if "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible or tax deductible or a contribution and partly for goods and services provided to the payor? 7 b if Yes," did the organization notify the donor of the value of the goods or services provided? 8 bid the organization review a payment in excess (375 made party as a contribution of upon a party organization review a payment in excess (375 made party as a contribution of year payment and the payment and the payment and party for goods and services provided to the payor? 7 b if the organization review a payment in excess (375 made party as a contribution of year payment paymen		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (*BAR). b if "Yes," enter the name of the foreign country ▶ 5a was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization party to a prohibited tax shelter transaction? 5b id if "Yes" (in les Sar of St, did the organization file form 88867? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? 6b if "Yes" (add the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization michig the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 7 Organization define organization and party for goods and services provided to the payor? 7 If If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882 filed during the year 7 If If If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-0? 8 Sponsoring organization make a distribution of understanding donor advised funds. 9 If If the organization have excess business holdings at any time during the year? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х	
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country cell the standard of the programments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any textable party notify the organization fine the was or a party to a prohibited tax shelter transaction? 6b Did not tax shelter transaction? 6c I "Yes" to line Sa or Sb, did the organization file Form 8886*17 6c Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess oil \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization shell any receive deductible contribution under section 170(c). 8 Did the organization shell any section of the value of the goods or services provided? 7 Did the organization receive a payment in excess oil \$75 made party as a contribution of quanty and party for which it was required to tile Form 8282? 7 Did the organization received a contribution of undersective to payment in excess of tangible personal property for which it was required to tile Form 8282? 1 Did the organization received an contribution of undersective organization organization free and contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-07 his payment in the organization file and payment in the organization received an admittaning donor advised funds. 1 Did the erganization receive an amintaning donor advised fund	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
b if Yes," enter the name of the foreign country > 5	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				15		Х
If "Yes," complete Form 4720, Schedule O.						
	16		income?	16		Х
		If "Yes," complete Form 4720, Schedule O.		_	000	(0000)

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 104			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	77	
a	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 reached at the	_		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	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, UT, WI, MN, OH, VA			h.l.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website Another's website X Upon request Other (explain on Schedule O)	fines	sia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	imano	iai	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Jonathan Assell - 773-684-1414			
	5700 S. Lake Shore Drive, Chicago, IL 60637-2093			
	i = i			

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) Name and title	(B) Average hours per week	(do box	not c		c) ition more rson i	1 than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) David R. Mosena	35.00									
President & CEO/Trustee		х		Х				493,055.	0.	27,518.
(2) Sheila M. Cawley	35.00									
VP - External Affairs				Х				258,142.	0.	34,480.
(3) Rose B. Fealy	35.00									
VP - Finance & Administration/CFO				Х				256,349.	0.	32,904.
(4) Matthew C. Simpson	35.00									
<pre>VP - Strategy & Marketing/CMO</pre>				Х				230,631.	0.	34,536.
(5) Mary L. Krinock	35.00									
VP - Operations & Chief of Staff		1		х				242,041.	0.	17,804.
(6) Anthony Vitagliano	35.00									
VP - Exhibitions and Engagement				Х				222,762.	0.	32,547.
(7) Yolanda Stephens	35.00									
Chief of People and Culture				Х				221,185.	0.	31,790.
(8) Rabiah Mayas, Ph.D.	35.00									
VP of Education & Guest Experience				Х				177,020.	0.	17,644.
(9) Steven Beasley	35.00									
Sr. Director of Digital Experience						Х		154,379.	0.	22,384.
(10) Edward McDonald	35.00									
Director of Facilities						Х		149,554.	0.	25,164.
(11) Jonathan Assell	35.00									
Controller						Х		122,890.	0.	39,381.
(12) Anne Rashford	35.00									
Dir. Special Exhibits & Bus. Part.						Х		146,780.	0.	8,787.
(13) Hsinghua Chen	35.00									
General Counsel						Х		141,817.	0.	7,867.
(14) Samantha Lewis	35.00									
Secretary/Assistant to President				х				72,858.	0.	21,693.
(15) David J. Vitale	1.00									
Treasurer/Trustee		х		х				0.	0.	0.
(16) Christopher M. Crane	1.00									
Chairman/Trustee		х		х				0.	0.	0.
(17) Allan E. Bulley, Jr.	1.00									
Vice Chairman/Trustee		х		х				0.	0.	0.

Part VII Section A. Officers, Directors (A)	(B)			(0				(D)	(E)	(F)
Name and title							one an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) Frank M. Clark	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(19) Michelle L. Collins	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(20) Kent P. Dauten	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(21) Michael W. Ferro, Jr.	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(22) David A. Fisher	1.00									
Vice Chairman/Trustee		Х		Х				0.	0.	0.
(23) James A. Gordon	1.00									
Vice Chairman/Trustee		х		Х				0.	0.	0 .
(24) Robert A. Livingston	1.00									
Vice Chairman/Trustee		х		х				0.	0.	0.
(25) Barry L. MacLean	1.00									
Vice Chairman/Trustee		х		х				0.	0.	0.
(26) Sheila A. Penrose	1.00									
Vice Chairman/Trustee		х		х				0.	0.	0.
1b Subtotal							•	2,889,463.	0.	354,499.
c Total from continuation sheets to F							▶	0.	0.	0.
d Total (add lines 1b and 1c)	•						•	2,889,463.	0.	354,499.

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

Did 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

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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
Oslo Builders, 664 W. Hubbard Street, Ste.		
3F, Chicago, IL 60654	Construction	2,634,810.
Berglund Construction Company		
8410 S. Chicago Avenue, Chicago, IL 60617	Construction	2,114,925.
Elens & Maichin Roofing & Sheet Metal Inc,		
1621 Manhattan Rd, PO Box 877, Joliet, IL	Roofing Contractor	1,975,285.
Midway Building Services		
1915 W. Hubbard Street, Chicago, IL 60622	Janitorial	1,175,304.
Securitas Security Services USA Inc		
150 S. Wacker Drive, Chicago, IL 60606	Security	1,111,171.
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	35	
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See Part VII, Section A Continuation sheets

Form **990** (2020)

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Form 990 Museum of So	cience and I								36-21677	
Occion A. Onicers, Directors, in		nplo	yee			ligh	est		` ,	(=)
(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(c	heck	all	that	арр	ly)	compensation from	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) E. Scott Santi	1.00									
Vice Chairman/Trustee		х		х				0.	0.	0
(28) Jeffrey R. Applebaum	1.00									
Trustee (as of 3/11/20)		Х						0.	0.	0
(29) William C. Bartholomay	1.00									
Trustee (until 3/25/20)		Х						0.	0.	0
(30) Matthew J. Boler	1.00									
Trustee		Х						0.	0.	0
(31) Barbara L. Bowles	1.00									
Trustee		Х						0.	0.	0
(32) Stephanie Braming, CFA	1.00									
Trustee		Х						0.	0.	0
(33) Byron T. Brazier, D.Min.	1.00	-								
Trustee		Х						0.	0.	0
(34) John A. Canning, Jr.	1.00									_
Trustee	1 00	Х						0.	0.	0
(35) Piyush Chaudhari Trustee (as of 6/17/20)	1.00							0	0	0
(36) Douglas M. Cook	1.00	X						0.	0.	0
Trustee	1.00	Х						0.	0.	0
(37) James S. Crown	1.00							0.	٠.	0
Trustee	1,00	x						0.	0.	0
(38) Tony Davis	1.00								••	
Trustee		x						0.	0.	0
(39) Pedro DeJesus, Jr.	1.00									
Trustee		x						0.	0.	0
(40) Katherine C. Doyle	1.00									
Trustee		х						0.	0.	0
(41) Ann M. Drake	1.00									
Trustee		х						0.	0.	0
(42) James J. Drury III	1.00									
Trustee		х						0.	0.	0
(43) W. James Farrell	1.00									
Trustee		Х						0.	0.	0
(44) Ezequiel (Zeke) Flores	1.00									
Trustee		Х						0.	0.	0
(45) James J. Fuentes	1.00									
Trustee		Х						0.	0.	0
(46) Matthew R. Gibson	1.00									
Trustee	1	X	1		1	1	1	0.	0.	0

Part VII Section A. Officers, Directors, Tr	ustees. Kev Er	nplo	vee	s. aı	nd H	liahe	est (Compensated Employe	es (continued)	
(A)	(B)		ycc		C)	iigiii		(D)	(E)	(F)
Name and title	Average hours	(6)	heck	Pos	ition		LΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) James T. Glerum, Jr.	1.00									
Trustee		Х						0.	0.	0
(48) William M. Goodyear	1.00									
Trustee		Х						0.	0.	0
(49) Benjamin S. Graham	1.00									
Trustee (as of 6/17/20)		Х						0.	0.	0
(50) James A. Gray	1.00									
Trustee		Х						0.	0.	0
(51) Catherine P. Greenspon	1.00									
Trustee		х						0.	0.	0
(52) Douglas C. Grissom	1.00									
Trustee		х						0.	0.	0
(53) Stephanie J. Hickman	1.00									
Trustee (as of 6/17/20)		х						0.	0.	0
(54) Gregory L. Hyslop	1.00									
Trustee		х						0.	0.	0
(55) Justin Ishbia	1.00									
Trustee		х						0.	0.	0
(56) Rashad R. Johnson, P.E.	1.00									
Trustee		х						0.	0.	0
(57) Edward L. Kaplan	1.00									
Trustee		х						0.	0.	0
(58) Michael P. Krasny	1.00									
Trustee		х						0.	0.	0
(59) Avis LaVelle	1.00									
Trustee		х						0.	0.	0
(60) Eric P. Lefkofsky	1.00									
Trustee		х						0.	0.	0
(61) Charles A. Lewis	1.00									
Trustee		х						0.	0.	0
(62) H. John Livingston	1.00									
Trustee		x						0.	0.	0
(63) Christopher B. Lorenzen	1.00								-	
Trustee (until 10/28/20)		х						0.	0.	0
(64) Duncan A. L. MacLean	1.00								-	
Trustee		х						0.	0.	0
(65) DG Macpherson	1.00								-	
Trustee		x						0.	0.	0
(66) Matthew M. Maloney	1.00									
		x	1					0.	0.	0

A A A A A A A A A A	D 1 1/4	cience and I								36-21677	97
Name and title		rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est	Compensated Employe	es (continued)	
Nours Private Privat											
Week Week Wistary Phours for granulations Warring organizations Wa	Traine and the	hours	(c					ly)	compensation	compensation	amount of
Trustee		week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related organizations
Columb	(67) Tom McGuinness	1.00									
Trustee	Trustee		Х						0.	0.	0
Trustee	(68) Andrew J. McKenna	1.00									
Trustee	Trustee		Х						0.	0.	0
Trustee	(69) Oscar Munoz	1.00									
Trustee	Trustee		Х						0.	0.	0
Trustee (until 6/17/20)	(70) Robert S. Murley	1.00									
Trustee (until 6/17/20)	Trustee		Х						0.	0.	0
Trustee	(71) William A. Mynatt, Jr.	1.00									
Trustee	Trustee (until 6/17/20)		Х						0.	0.	0
Trustee	(72) Daniela O'Leary-Gill	1.00									
Trustee	Trustee		Х						0.	0.	0
Trustee	(73) Robert F. Pasin	1.00									
Trustee	Trustee		х						0.	0.	0
Trustee	(74) John F. Podjasek III	1.00									
Trustee	Trustee		х						0.	0.	0
Trustee	(75) Jason Pritzker	1.00									
Trustee	Trustee		х						0.	0.	0
Trustee	(76) Michael A. Reinsdorf	1.00									
Trustee	Trustee		х						0.	0.	0
(78) Larry D. Richman 1.00 Trustee X 0. 0. (79) Manuel Sanchez 1.00 0. 0. Trustee X 0. 0. (80) John F. Sandner 1.00 0. 0. Trustee X 0. 0. (81) Smita N. Shah 1.00 0. 0. Trustee X 0. 0. (82) Ilan J. Shalit 1.00 0. 0. Trustee (until 10/15/20) X 0. 0. (83) Virginia K. Simmons 1.00 0. 0. Trustee X 0. 0. (84) Melody A. Spann-Cooper 1.00 0. 0. Trustee X 0. 0. (85) J. Douglas Sparkman 1.00 0. 0. Trustee (until 7/1/20) X 0. 0. (86) Byron O. Spruell 1.00 0. 0.	(77) J. Christopher Reyes	1.00									
Trustee	Trustee		х						0.	0.	0
Trustee	(78) Larry D. Richman	1.00									
Trustee	Trustee		х						0.	0.	0
(80) John F. Sandner 1.00 Trustee X (81) Smita N. Shah 1.00 Trustee X (82) Ilan J. Shalit 1.00 Trustee (until 10/15/20) X (83) Virginia K. Simmons 1.00 Trustee X (84) Melody A. Spann-Cooper 1.00 Trustee X (85) J. Douglas Sparkman 1.00 Trustee (until 7/1/20) X (86) Byron O. Spruell 1.00	(79) Manuel Sanchez	1.00									
(80) John F. Sandner 1.00 Trustee X (81) Smita N. Shah 1.00 Trustee X (82) Ilan J. Shalit 1.00 Trustee (until 10/15/20) X (83) Virginia K. Simmons 1.00 Trustee X (84) Melody A. Spann-Cooper 1.00 Trustee X (85) J. Douglas Sparkman 1.00 Trustee (until 7/1/20) X (86) Byron O. Spruell 1.00	Trustee		x						0.	0.	0
Trustee		1.00									
(81) Smita N. Shah 1.00 Trustee X (82) Ilan J. Shalit 1.00 Trustee (until 10/15/20) X (83) Virginia K. Simmons 1.00 Trustee X (84) Melody A. Spann-Cooper 1.00 Trustee X (85) J. Douglas Sparkman 1.00 Trustee (until 7/1/20) X (86) Byron O. Spruell 1.00			x						0.	0.	0
(82) Ilan J. Shalit 1.00 Trustee (until 10/15/20) X (83) Virginia K. Simmons 1.00 Trustee X (84) Melody A. Spann-Cooper 1.00 Trustee X (85) J. Douglas Sparkman 1.00 Trustee (until 7/1/20) X (86) Byron O. Spruell 1.00	(81) Smita N. Shah	1.00									
(82) Ilan J. Shalit 1.00 Trustee (until 10/15/20) X (83) Virginia K. Simmons 1.00 Trustee X (84) Melody A. Spann-Cooper 1.00 Trustee X (85) J. Douglas Sparkman 1.00 Trustee (until 7/1/20) X (86) Byron O. Spruell 1.00	Trustee		x						0.	0.	0
Trustee (until 10/15/20)		1.00									
(83) Virginia K. Simmons 1.00 Trustee X (84) Melody A. Spann-Cooper 1.00 Trustee X (85) J. Douglas Sparkman 1.00 Trustee (until 7/1/20) X (86) Byron O. Spruell 1.00	Trustee (until 10/15/20)		x						0.	0.	0
Trustee		1.00									
(84) Melody A. Spann-Cooper 1.00 Trustee X (85) J. Douglas Sparkman 1.00 Trustee (until 7/1/20) X (86) Byron O. Spruell 1.00			x						0.	0.	0
Trustee		1.00									
(85) J. Douglas Sparkman 1.00 Trustee (until 7/1/20) X (86) Byron O. Spruell 1.00			x						0.	0.	0
Trustee (until 7/1/20) X 0. 0. (86) Byron O. Spruell 1.00		1.00									
(86) Byron O. Spruell 1.00			x						0.	0.	0
		1.00									
	Trustee		x						0.	0.	0

Form 990 Museum of Sc	ience and I	ndu	str	У					36-21677	197
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	nstitutional trustee		99/	n pen				organizations
	below	dualt	rtiona	_	m p(o)	stcol	 			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(87) Shundrawn A. Thomas	1.00									
Trustee	-	x						0.	0.	0.
(88) Ralph Wanger	1.00									
Trustee		х						0.	0.	0.
(89) Michelle M. Warner	1.00									
Trustee (until 12/31/20)		х						0.	0.	0.
(90) Gregory D. Wasson	1.00									
Trustee (until 1/27/20)		x						0.	0.	0.
(91) Ann C. Williams	1.00									
Trustee		х						0.	0.	0.
(92) Peng Zhao	1.00									
Trustee		х						0.	0.	0.
(93) Elizabeth Ziegler	1.00									
Trustee		х						0.	0.	0.
(94) Charles K. Bobrinskoy	1.00									
Life Trustee		х						0.	0.	0.
(95) Lester Crown	1.00									
Life Trustee		х						0.	0.	0.
(96) Robert J. Darnall	1.00									
Life Trustee		х						0.	0.	0.
(97) William J. Devers, Jr.	1.00									
Life Trustee		х						0.	0.	0.
(98) Dennis J. FitzSimons	1.00									
Life Trustee		х						0.	0.	0.
(99) Jere D. Fluno	1.00									
Life Trustee		х						0.	0.	0.
(100) J. Ira Harris	1.00									
Life Trustee		х						0.	0.	0.
(101) Jay L. Henderson	1.00									
Life Trustee		х						0.	0.	0.
(102) James R. Kackley	1.00									
Life Trustee		x						0.	0.	0.
(103) John P. Keller	1.00									
Life Trustee		x						0.	0.	0.
(104) Frederick A. Krehbiel	1.00									
Life Trustee		х			L_			0.	0.	0.
(105) Richard H. Lenny	1.00									
Life Trustee		х			L_			0.	0.	0.
(106) Edward M. Liddy	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> .				

Calculation	Form 990 Museum of Sc	cience and I	ndu	str	У					36-2167	797
Name and title	Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
Nours Check all that apply) compensation chock all that apply) compensation from mensation from the organizations check (list any below list any below list) from the organizations from the organizations (W.2/1099-MISC) (W.2/1099-MISC) (W.2/1099-MISC) from the organizations from the organi	(A)	(B)			(0	C)			(D)	(E)	(F)
Per Week (ist any hours for related organization (W2/1099-MISC) W2/1099-MISC) W2/1099-		Average			Pos	ition	ı		Reportable		
week (list any particular) Fig. week (list any pours for related organizations) week (list any pours for related organizations) week week		hours	(c	heck	call	that	арр	ly)	compensation	compensation	amount of
107) Walter E. Massey, Ph.D. 1.00 16 Trustee 108) Robert S. Morrison 1.00 1109) Terry E. Newman 1.00 16 Trustee 1		week (list any	rdirector				ed employee		the organization	organizations	compensation
107) Walter E. Massey, Ph.D. 1.00 16 Trustee 108) Robert S. Morrison 1.00 1109) Terry E. Newman 1.00 16 Trustee 1		organizations below	ndividual trustee o	nstitutional trustee	Officer	cey employee	lighest compensat	ormer			and related organizations
108 Robert S. Morrison 1.00	(107) Walter E. Massey, Ph.D.	· ·	-	_			_				
ife Trustee	Life Trustee		х						0.	0.	0.
109) Terry E. Newman	(108) Robert S. Morrison	1.00									
1.90 Terry E. Newman 1.00 X	Life Trustee		х						0.	0.	0.
Internation	(109) Terry E. Newman	1.00									
110 James J. O'Connor 1.00	Life Trustee		х						0.	0.	0.
ife Trustee	(110) James J. O'Connor	1.00									
111) William A. Osborn ife Trustee	Life Trustee		x						0.	0.	0.
Ife Trustee		1.00									
112) Cindy Pritzker ife Trustee			x						0.	0.	0.
113 Louis A. Simpson 1,00 114 James A. Skinner 1,00 115 S. Jay Stewart 1,00 16 Trustee X 0. 0. 0. 17 17 17 17 17 17 17 1		1 00									
113) Louis A. Simpson		2.00	x						0	0	0
Internation		1 00								••	
114) James A. Skinner ife Trustee X	· · · •	1.00	x						0	0	0
ife Trustee X 0. 0. 115) S. Jay Stewart 1.00 X 0. 0. ife Trustee X 0. 0. 0. 116) Eugene A. Tracy 1.00 0. 0. 0. ife Trustee X 0. 0. 0. 117) Arthur R. Velasquez 1.00 0. 0. 0. ife Trustee X 0. 0. 0. ife Trustee (until 8/20/20) X 0. 0. 0.		1 00								· ·	0
115) S. Jay Stewart ife Trustee X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1.00	y						0	0	0
Ife Trustee		1 00								· ·	0
116) Eugene A. Tracy ife Trustee X		1.00	v						0	0	0
ife Trustee		1 00								••	0
117) Arthur R. Velasquez		1.00	v						0	0	0
ife Trustee		1 00								•	
118) Arnold R. Weber, Ph.D. ife Trustee (until 8/20/20) X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1.00	v						0	0	0
ife Trustee (until 8/20/20) X 0. 0. 0.		1 00	^						0.	••	0
	•	1.00	v						0	0	0
otal to Part VII, Section A, line 1c			^						0.	0.	0
otal to Part VII, Section A, line 1c			1								
otal to Part VII, Section A, line 1c											
otal to Part VII, Section A, line 1c			1								
otal to Part VII, Section A, line 1c											
otal to Part VII, Section A, line 1c			-								
otal to Part VII, Section A, line 1c											
otal to Part VII, Section A, line 1c			-								
otal to Part VII, Section A, line 1c											
otal to Part VII, Section A, line 1c			-								
otal to Part VII, Section A, line 1c											
otal to Part VII, Section A, line 1c			-								
otal to Part VII, Section A, line 1c						-	-				
otal to Part VII, Section A, line 1c			-								
otal to Part VII, Section A, line 1c						-	-				
otal to Part VII, Section A, line 1c			-								
otal to Part VII, Section A, line 1c											
otal to Part VII, Section A, line 1c											
	otal to Part VII, Section A, line 1c										

Form 990 (2020) Museum of S Part VIII Statement of Revenue

		1111	Statement of Revenue Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Check it Schedule O Contains a response t	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t s	1 :	а	Federated campaigns 1a					
		b	Membership dues 1b	1,337,544.				
Ĕ		С	Fundraising events 1c	1,294,908.				
ar /			Related organizations 1d					
Ę,		е	Government grants (contributions) 1e	5,598,940.				
Š	1	f	All other contributions, gifts, grants, and					
and Other Similar Amounts			similar amounts not included above 1f	38,723,741.				
Ö		g	Noncash contributions included in lines 1a-1f 1g \$	9,274,459.				
au		h	Total. Add lines 1a-1f	>	46,955,133.			
				Business Code				
2	2	а	General Admissions	900099	1,705,424.	1,705,424.		
		b	U-505 Exhibit	900099	218,418.	218,418.		
Revenue		С	Coal Mine Exhibit	900099	127,368.	127,368.		
ě		d	Giant Dome Theater	900099	87,527.	87,527.		
		е	Special Exhibits	900099	82,338.	82,338.		
:	1	f	All other program service revenue	900099	234,434.	234,434.		
			Total. Add lines 2a-2f	>	2,455,509.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)	>	2,927,658.			2,927,658
	4		Income from investment of tax-exempt bond p					
	5		Royalties	>	14,023.			14,023
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 170,758.					
		b	Less: rental expenses 6b 110,942.					
		С	Rental income or (loss) 6c 59,816.					
		d	Net rental income or (loss)	>	59,816.		59,816.	
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 67,344,461.					
		b	Less: cost or other basis					
e l			and sales expenses 7b 68,479,439.	199,148.				
Revenue		С	Gain or (loss)	-199,148.				
å.		d	Net gain or (loss)		-1,334,126.			-1,334,126
ਭੂ	8	а	Gross income from fundraising events (not					
ĕ			including \$ 1,294,908. of					
			contributions reported on line 1c). See					
			Part IV, line 18	44,400.				
	-	b	Less: direct expenses8b	603,225.				
		С	Net income or (loss) from fundraising events	>	-558,825.			-558,825
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a	2,950.				
	-	b	Less: direct expenses9b	24,500.				
		С	Net income or (loss) from gaming activities		-21,550.			-21,550
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
	-	b	Less: cost of goods sold10b	67,391.				
		С	Net income or (loss) from sales of inventory		119,452.		107,866.	11,586
,				Business Code				
0 S			Parking & Guest Srvs	900099	529,936.			529,936
į į	-	b	Food Court	722514	177,369.			177,369
e K		С						
Miscellaneous Revenue		d	All other revenue	900099	368,587.	262,468.	106,119.	
_		е	Total. Add lines 11a-11d	>	1,075,892.			
	12		Total revenue. See instructions	>	51,692,982.	2,717,977.	273,801.	1,746,071

032009 12-23-20

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).

Do no	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	7 120	7 120		
	ndividuals. See Part IV, line 22	7,129.	7,129.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	1,742,405.	939,909.	491,078.	311,418
	rustees, and key employees	1,742,405.	333,303.	451,070.	311,410
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	17,907,828.	13,785,346.	2,426,412.	1,696,070
	Other salaries and wages	17,307,020.	15,705,540.	2,420,412.	1,030,070
	Pension plan accruals and contributions (include	552,281.	413,861.	81,998.	56,422
	ection 401(k) and 403(b) employer contributions)	2,646,555.	2,075,346.	230,630.	340,579
	Other employee benefits	1,380,975.	1,034,859.	205,034.	141,082
	Payroll taxes	1,300,373.	1,031,033.	203,034.	141,002
	Fees for services (nonemployees):				
	Management	124,056.		124,056.	
	Legal	102,651.		102,651.	
	Accounting	202,002.		102,002.	
	Cobbying Professional fundraising services. See Part IV, line 17				
	nvestment management fees	244,303.		244,303.	
	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	3,344,389.	2,713,917.	269,291.	361,181
	Advertising and promotion	533,041.	533,041.		
	Office expenses	591,011.	529,200.	31,592.	30,219
	nformation technology	1,246,107.	793,434.	387,510.	65,163
	Royalties	, , ,	,	, -	,
	Decupancy	991,723.	911,955.	79,768.	
	ravel	127,734.	94,095.	26,761.	6,878
	Payments of travel or entertainment expenses	,	,		· · ·
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest	975,028.	975,028.		
	Payments to affiliates		·		
	Depreciation, depletion, and amortization	9,850,162.	9,537,647.	312,515.	
	nsurance	483,708.	444,801.	38,907.	
24 C a li	Other expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule O.)				
	Building Maintenance	2,278,201.	2,114,890.	163,311.	
b E	Program Development	537,264.	506,968.	722.	29,574
c E	Exhibit Fab. & Maint.	493,138.	493,138.		
d E	Bank & Credit Card Fees	70,143.	39,123.	31,020.	
e A	All other expenses	372,039.	163,418.	146,994.	61,627
25 T	otal functional expenses. Add lines 1 through 24e	46,601,871.	38,107,105.	5,394,553.	3,100,213
2 6 J	oint costs. Complete this line only if the organization				
r	eported in column (B) joint costs from a combined				
е	ducational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X | Balance Sheet

Par	t X	Balance Sheet					
		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			3,156,104.	1	3,982,083
	2	Savings and temporary cash investments			6,454,238.	2	5,257,17
	3	Pledges and grants receivable, net			39,456,643.	3	33,273,04
	4	Accounts receivable, net			1,863,102.	4	194,07
	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	alified pers	sons (as defined			
ပ္သ		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			85,006.	8	78,26
₹	9	Donat and a superior and all forms of all answers			586,493.	9	1,077,07
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	383,035,894.			
	b	Less: accumulated depreciation	129,583,063.	10c	129,515,72		
	11	Investments - publicly traded securities	81,319,088.	11	61,878,00		
	12	Investments - other securities. See Part IV, line	26,848,432.	12	64,765,03		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,232,670.	15	1,059,13
	16	Total assets. Add lines 1 through 15 (must ed	290,584,839.	16	301,079,61		
	17	Accounts payable and accrued expenses			6,542,672.	17	4,000,24
	18	Grants payable		18			
	19	Deferred revenue	2,541,022.	19	1,569,40		
	20	Tax-exempt bond liabilities	54,614,145.	20	52,815,51		
	21	Escrow or custodial account liability. Complete		21			
ري	22	Loans and other payables to any current or for	mer office	er, director,			
<u> </u>		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ns		22	
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡	23	Secured mortgages and notes payable to unre	elated thire	d parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	arties	0.	24	4,923,90
	25	Other liabilities (including federal income tax, p	oayables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			1,483,194.	25	2,995,64
	26	T			65,181,033.	26	66,304,70
		Organizations that follow FASB ASC 958, cl	neck here	X			
Se		and complete lines 27, 28, 32, and 33.					
ä	27	Net assets without donor restrictions			156,407,112.	27	163,557,38
ga	28	Net assets with donor restrictions			68,996,694.	28	71,217,52
<u> </u>		Organizations that do not follow FASB ASC					
ᄀ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	s			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			225,403,806.	32	234,774,90
-	33	Total liabilities and net assets/fund balances			290,584,839.	33	301,079,614

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)		51,	692,	982.
2	Total expenses (must equal Part IX, column (A), line 25)		46,	601,	871.
3	Revenue less expenses. Subtract line 2 from line 1		5,	091,	111.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	:	225,	403,	806.
5	Net unrealized gains (losses) on investments		6,	459,	224.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments 8				
9	Other changes in net assets or fund balances (explain on Schedule O)		-2,	179,	236.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	:	234,	774,	905.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	۶,			
	consolidated basis, or both:				
	X Separate 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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule	O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single At				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		F	orm 9	990 ((2020)

SCHEDULE A

(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

Open to Public Inspection

Internal Revenue Service 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27,598,744.	20,640,157.	54,923,379.	30,378,394.	41,515,795.	175,056,469.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	5,686,336.	5,483,968.	5,409,280.	5,577,460.	5,439,338.	27,596,382.
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	33,285,080.	26,124,125.	60,332,659.	35,955,854.	46,955,133.	202,652,851.
	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)						25,463,373.
6	Public support. Subtract line 5 from line 4.						177,189,478.
Sec	ction B. Total Support			'			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	33,285,080.	26,124,125.	60,332,659.	35,955,854.	46,955,133.	202,652,851.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,592,270.	2,298,818.	2,875,304.	3,510,555.	2,941,681.	14,218,628.
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.)	2,039,521.	972,738.	1,882,375.	677,474.	262,468.	5,834,576.
11	Total support. Add lines 7 through 10						222,706,055.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	95,750,005.
13	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	79.56 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	74.02 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2019. 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 thi	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box a	nd see instructions	<u>▶</u>

Schedule A (Form 990 or 990-EZ) 2020

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	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4							
•	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						
ŀ	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.)						
	ction B. Total Support			I	1		
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	a 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 regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
							>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage			T T	
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18						18	<u>%</u>
19	a 33 1/3% support tests - 2020. If the						7 is not
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						>
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

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Schedule A (Form 990 or 990-EZ) 2020

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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		
_		
0-		
3a		
3b		
3с		
4a		
та		
4b		
4c		
_		
5a		
5b		
5с		
6		
_		
7		
8		
9a		
9b		
9с		
30		
40		
10a		
10b		

Par	t IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described in line 11a above?	b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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.	<u>:</u>		
Sec	tion C. Type II Supporting Organizations			
		\rightarrow	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).			
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?			
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 line 2, above, 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 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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 governmental entity (see instruc	tions	s).	
2	Activities Test. Answer lines 2a and 2b 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 these activities constituted substantially all of its activities.	а		
b	Did the activities described in line 2a, above, 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 activities but for the organization's involvement.	o		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	а		
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.	<u> </u>		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 0.015 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 0.035.	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 0.85 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-functional	ally integrate	ed Type III supporting orga	nization (see
	instructions)	, 5	,, ,, ,,	,

Schedule A (Form 990 or 990-EZ) 2020

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	on D - Distributions		·		Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported								
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3						
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
6	Other distributions (describe in Part VI). See instructions.			6						
_7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the	e organization is responsive								
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2020 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount			10						
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2020 (reason-									
	able cause required - explain in Part VI). See instructions.									
_3	Excess distributions carryover, if any, to 2020									
a	From 2015									
b	From 2016									
C	From 2017									
d	From 2018									
е	From 2019									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2020 distributable amount									
i_	Carryover from 2015 not applied (see instructions)									
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2020 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2020 distributable amount									
C	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2021. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2016									
	Excess from 2017									
	Excess from 2018									
	Excess from 2019									
e	Excess from 2020									

Schedule A (Form 990 or 990-EZ) 2020

line 1; Pa	art 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, D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. ructions.)
Schedule A, Part	II, Line 10, Explanation for Other Income:
Miscellaneous Re	venue
2016 Amount: \$	1,715,032.
2017 Amount: \$	944,328.
2018 Amount: \$	1,882,087.
2019 Amount: \$	676,733.
2020 Amount: \$	256,139.
Film Lease Reven	ue
2016 Amount: \$	29,489.
2017 Amount: \$	28,410.
2018 Amount: \$	288.
2019 Amount: \$	741.
2020 Amount: \$	6,329.
Sponsorship Rever	nue
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

2020

Mu	seum 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						
Note: Only a section 501(c	is 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, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (10), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (10),					
	one contributor. Complete Parts I and II. See instructions for determining a contributor's	s total contributions.				
Special Rules						
sections 509(a)(1) any one contribut	on 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				
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a g the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (end) instead of the contributor name and address), II, and III.	entific,				
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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 addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Total contributions 5,439,338.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,008,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ \$ 3,892,625.	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	* \$ 2,000,000.	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
6 <u>6</u>	Ivaine, auuress, anu Zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

30110 daile 2 (1 01111 000) 000 <u>11</u> , 01 000 1 1 / (1200)	. 49
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 additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$\$.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 10	Name, address, and ZIP + 4	* 1,000,000.	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			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

Museum of Science and Industry

36-2167797

Part II	Noticasti Property (see instructions). Use duplicate copies of Pa	irt ii it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	8,793 shares of Dover Corp		
		\$	09/16/20
(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
		 \$	

Name of or	rganization		Employer identification number
Museum o	f Science and Industry		36-2167797
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) through completing Part III, enter the total of exclusively religious, charit Use duplicate copies of Part III if additional space.	ough (e) and the following line er table, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year arry. For organizations less for the year. (Enter this info. once.) \$\Bigsir \bigsir
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gi	ft 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
		(e) Transfer of gi	ft
-	Transferee's name, address, and Z	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
		(e) Transfer of gi	ft
-	Transferee's name, address, and Z	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
		(e) Transfer of gi	ft
	Transferee's name, address, and Z	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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Museum of Science and Industry

Employer identification number 36-2167797

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Funds o	r Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	e 6.		·	
		(a) Donor ad	vised 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 w	vriting that the asset	s held in donor advised	l funds	
	are the organization's property, subject to the organization's e	exclusive legal contro	ol?	Yes No	
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing tha	grant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fo	r any other purpose co	nferring	
_	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	anization answered	"Yes" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	historically important land area	
	Protection of natural habitat		Preservation of a	certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation con	tribution in the form of		
	day of the tax year.			Held at the End of the Tax Year	
a					
b					
C	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired at				
•	listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the of	rganization during the tax	
	year				
4	Number of states where property subject to conservation ease		action bandling of		
5	Does the organization have a written policy regarding the peri- violations, and enforcement of the conservation easements it			Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, h		and enforcing conser		
Ū	b	landing of violations	, and chioroling consci	vation casements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and	l enforcina conservatio	n easements during the year	
-	▶ \$	g or moralione, and	. oo.og oooouuio	caccinionic daining and year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiren	nents of section 170(h)((4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservatio				
	balance sheet, and include, if applicable, the text of the footnote		· · · · · · · · · · · · · · · · · · ·		
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of	Art, Historical	reasures, or Oth	er Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its	revenue statement and	d balance sheet works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, educa	ion, or research in furth	nerance of public	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its reve	enue statement and bal	lance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in further	rance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			• \$	
	The state of the s			. .	
2	If the organization received or held works of art, historical trea	asures, or other simil	ar assets for financial g	ain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to th	ese 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 Form 990.		Schedule D (Form 990) 2020	

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tense (check all that apply): a	Par	rt III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Othe	r Similar	Assets	(contin	ued)	
a	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant u	se of its	•	,	
b Scholarly research ∈		collection items (check all that apply):								
c	а	X Public exhibition	d	Loan or excl	nange program					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Society of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization's collection?	b	b Scholarly research e Other								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organizations collection? Part IV	С	c Preservation for future generations								
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpos	se in Part X	Ш.		
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or other simila	r assets				_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	_								Х	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the organization	n answered "Yes" or	n Form 990	, Part IV, lir	ne 9, or		
on Form 990, Part X? □ Beginning balance □ Beginning balance □ Distributions during the year □ Distributions □ Distributions □ Dark XIII III III III III III III III III I		<u> </u>	·							
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Seginning balance	1a									7
C Beginning balance C C Id C Id Id		on Form 990, Part X?						Yes		」No
C Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
d Additions during the year Elistifibutions during the year 1 1 1 1 1 1 1 1 1						_		Amount		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? — Yes — No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII — Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 20, 406, 762, 16, 493, 417, 27, 625, 481, 18, 883, 483, 10, 868, 470, b Contributions 22, 257, 080, 1, 15, 10, 904, 7, 111, 825, 6, 471, 181, 72, 72, 22, 229, c Net investment earnings, gains, and losses 1, 538, 151, 2, 867, 405, -1, 288, 612, 3, 132, 501, 1, 201, 831, d Grants or scholarships e Other expenditures for facilities and programs 659, 848, 464, 964, 16, 955, 304, 862, 021, 407, 047, f Administrative expenses 23, 542, 145, 20, 406, 762, 16, 493, 417, 27, 625, 481, 18, 883, 483, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 94, 0000 % c Term endowment ▶ 6, 0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Related organizations 2a(iv) x x x x x x x x x x x x x x x x x x x										
Testing balance Testing b										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability	e									
Description of property Endowment Funds. Complete if the organization answered "Yes" on Form '990, Part IV, line 10. 18 Beginning of year balance (20, Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Contributions (20, 406, 762, 16, 493, 417, 27, 625, 481, 18, 883, 483, 10, 868, 470, b) Contributions (20, 406, 762, 16, 493, 417, 27, 625, 481, 18, 883, 483, 10, 868, 470, b) Contributions (20, 506, 762, 16, 493, 417, 127, 625, 481, 18, 883, 483, 10, 868, 470, 10, 888, 470, 10, 888, 470, 10, 888, 470, 10, 888, 470, 10, 888, 470, 10, 888, 470, 10, 888, 470, 10, 888, 488, 10, 888, 488, 10, 888, 488, 10, 888, 488, 10, 888, 488, 10, 888, 488, 10, 888, 488, 10, 8	7							V		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Tirree years back (e) Four year back (e) Four years back (e) Four years back (e) Four year back (e) Four years back (e) Four years back (e) Four year back (e) Four years back (e) Four year back								res] NO]
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years (
1a Beginning of year balance 20,406,762, 16,493,417, 27,625,481, 18,883,483, 10,868,470, 2,257,080, 1,510,904, 7,111,852, 6,471,518, 7,220,229. c Net investment earnings, gains, and losses of Grants or scholarships 1,538,151, 2,867,405, -1,288,612, 3,132,501, 1,201,831, 407,047,047, 407,047,047, 407,047,047, 407,047,047, 407,047,047, 407,047,047,047,047,047,047,04		Onipicte i				1	eare hack	(a) Four	Veare	hack
b Contributions	12	Reginning of year balance	. ,							
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs for Administrative expenses g End of year balance 23,542,145. 20,406,762. 16,493,417. 27,625,481. 18,883,483. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	h									
d Grants or scholarships										
e Other expenditures for facilities and programs and programs 659,848. 464,964. 16,955,304. 862,021. 407,047. f Administrative expenses g End of year balance 23,542,145. 20,406,762. 16,493,417. 27,625,481. 18,883,483. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d		, , -	, , ,	, , -					
and programs 659,848. 464,964. 16,955,304. 862,021. 407,047. f Administrative expenses g End of year balance 23,542,145. 20,406,762. 16,493,417. 27,625,481. 18,883,483. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 94.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) x 3a(i) x 3a(i) x 3a(i) x 3a(i) x 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
f Administrative expenses g End of year balance 23,542,145, 20,406,762, 16,493,417, 27,625,481, 18,883,483. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			659,848.	464,964.	16,955,304.	86	52,021.		407,	047.
g End of year balance	f		,	·			,			
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part X, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (b) Buildings Complete if the organization answered "Yes" on Form 990, Part X, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings Counter the estimated percentage of the current year end balance (line 1g, column (a)) held as:	g		23,542,145.	20,406,762.	16,493,417.	27,62	25,481.	18,	883,	483.
a Board designated or quasi-endowment ▶	2		ent year end balance	(line 1g, column (a)) held as:					
b Permanent endowment ▶ 94.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 5 Buildings 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements 4 Equipment 18,156,922. 12,808,370. 5,348,552. e Other 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c. 129,515,728.	а									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) In the intended uses of the organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation 1a Land b Buildings 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements d Equipment 4 Equipment 5 Squipment 6 Equipment 7 Squipment 7 Squipment 8 Squipment 8 Squipment 9 Squipment 18,156,922. 12,808,370. 5,348,552. 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 129,515,728.	b	Permanent endowment > 94.0000	%	_						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Secretary on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements d Equipment 18,156,922. 12,808,370. 5,348,552. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 129,515,728.	С	Term endowment 6.0000	%							
Second S		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1a Land b Buildings 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements d Equipment 18,156,922. 12,808,370. 5,348,552. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 129,515,728.	За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered for the	he organiza	tion	_		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1a Land b Buildings 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements d Equipment 218,156,922. 12,808,370. 5,348,552. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 129,515,728.		by:							Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements d Equipment 2 Description of property 18,156,922. 12,808,370. 5,348,552. 170,544,776. 133,152,312. 129,515,728.		(i) Unrelated organizations						3a(i)		X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements d Equipment 18,156,922. 12,808,370. 5,348,552. e Other 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								3a(ii)		X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings 194,334,196. 107,559,484. 6,774,712. c Leasehold improvements d Equipment 90, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) 107,559,484. 86,774,712. 18,156,922. 12,808,370. 5,348,552. 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	b							3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings 194,334,196. 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements d Equipment 90, Part X, line 10. (b) Cost or other basis (other) 107,559,484. 86,774,712. 18,156,922. 12,808,370. 5,348,552. 9 Other 170,544,776. 133,152,312. 37,392,464.				wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements 18,156,922. 12,808,370. 5,348,552. e Other 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) ▶ 129,515,728.	Par									
basis (investment) basis (other) depreciation 1a Land 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements 2 18,156,922. 12,808,370. 5,348,552. e Other 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 129,515,728.		_								
1a Land 194,334,196. 107,559,484. 86,774,712. b Buildings 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements 18,156,922. 12,808,370. 5,348,552. e Other 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 129,515,728.		Description of property	* *	' '			d	(d) Book	c value	€
b Buildings 194,334,196. 107,559,484. 86,774,712. c Leasehold improvements 18,156,922. 12,808,370. 5,348,552. e Other 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 129,515,728.			,	Dasis ((Ourier) GE	epreciation				
c Leasehold improvements 18,156,922. 12,808,370. 5,348,552. e Other 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 129,515,728.				104	334 196	107 550	19.1	0.6	774	712
d Equipment 18,156,922. 12,808,370. 5,348,552. e Other 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 129,515,728.				194	, 554, 190.	101,335,4		00,	,,4,	114.
e Other 170,544,776. 133,152,312. 37,392,464. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) ▶ 129,515,728.				1 Ω	156 922	12 808 1	370	5	348	 552
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					· · · · · · · · · · · · · · · · · · ·					
			<u> </u>							
	ıotal		quai ruiii 990, Paft /	<u> . column (b), line 10</u>	<i>.</i>		Schedule I			

Schedule D (Form 990) 2020 Museum of Science	and Industry	36	-2167797 Page
Part VII Investments - Other Securities.	5 000 B 1 N/ II 4	141 O E 000 D 1 V II 40	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line 1 (b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	20 (50 500	The distance when the training	
(A) Equity Funds	38,650,569.	End-of-Year Market Value	
(B) Fixed Income Funds	26,114,470.	End-of-Year Market Value	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	64,765,039.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(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" o	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	>	
Part X Other Liabilities.		· · ·	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Asset Retirement Obligation			541,076

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Asset Retirement Obligation	541,076.
(3)	Funds on Deposit	176,988.
(4)	Purchase Agreement	337,308.
(5)	Interest Rate Swap	1,940,272.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,995,644.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

Par	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12		revenue per Re	turn.	
1	Takaharan and albaharan and al			1	56,641,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	, , -
	Net unrealized gains (losses) on investments	2a	6,459,224.		
b	Donated services and use of facilities		158,524.	-	
С	Recoveries of prior year grants		•		
d	Other (Describe in Part XIII.)		769,081.		
е	Add lines 2a through 2d			2e	7,386,829.
3	Subtract line 2e from line 1			3	49,254,419.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	244,303.		
b	Other (Describe in Part XIII.)	4b	2,194,260.		
	Add lines 4a and 4b			4c	2,438,563.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	51,692,982.
Par	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	łeturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				47,270,149.
1	Total expenses and losses per audited financial statements			1	47,270,149.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-	154,274.		
a	Donated services and use of facilities		134,274.	_	
b	Prior year adjustments			_	
c d	Other losses Other (Describe in Part XIII.)		758,307.	-	
	Add lines 2a through 2d			2e	912,581.
3	Subtract line 2e from line 1			3	46,357,568.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	244,303.		
b	Other (Describe in Part XIII.)		, -		
	Add lines 4a and 4b			4c	244,303.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	46,601,871.
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				
The	Museum's permanent collections, which were acquired since the	e Museum's			
ince	ption through purchases and contributions from benefactors, a	are not			
reco	gnized as assets on the statements of financial position. Pur	chases of			
coll	ection items are recorded as decreases in net assets without	donor			
rest	rictions in the year in which the items are acquired or as de	ecreases			
in n	et assets with donor restrictions if the assets used to purch	nase the			
item	s were restricted by donors.				
The	Museum's collections are made up of artifacts of historical				
sign	ificance, scientific specimens and art objects that are held	for			
	ational, research, scientific and curatorial purposes. Each o	of the			
	12-01-20				a D (Form 990) 2020

Part X, Line 2:

The Financial Accounting Standards Board (FASB) issued guidance requiring

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Museum of Schedule and Tr	idustry	30-2107737	Page 5
Part XIII Supplemental Information (continued)			
tax effects from uncertain tax positions to be recogni	ized in the financial		
statements only if the position is more likely than no	ot to be sustained		
should the position be challenged by a taxing authority	ty. Management has		
determined that there are no material uncertain posit	ions that require		
recognition in the financial statements. There are no	tax positions for		
which a material change in any unrecognized tax benef	it or liability is		
reasonably possible in the next twelve months.			
The Museum has federal net operating loss carryforward	ds available to		
offset future unrelated business taxable income. The	net operating loss		
carryforwards expire through 2040 and total approximate	tely \$2,558,000 and		
\$2,483,000 at December 31, 2020 and 2019, respectivel	y. As of December 31,		
2020 and 2019, management has determined the likelihoo	od of realizing the		
benefit from a future reversal of the net operating lo	oss carryforwards is		
uncertain. Therefore, a 100% allowance has been appli	ed to the deferred		
tax assets associated with the net operating loss carr	ryforwards of		
approximately \$691,000 and \$670,000 at December 31, 20	020 and 2019,		
respectively.			
The Museum files Form 990 in the U.S. federal jurisdic	ction and the State		
of Illinois.			
Part XI, Line 2d - Other Adjustments:			
Gaming Expenses	24,500.		
Rental Expenses	110,942.		
Cost of Goods Sold	67,390.		
Fundraising Expenses	603,225.		
Change in Value of Life Insurance Policy	21,621.		
20075 10 11 10		Schedule D (Form	990) 2020

Schedule D (Form 990) 2020 Museum of Science and Industr	су	36-2167797	Page 5
Part XIII Supplemental Information (continued)			
Loss on Film Consortium Investment	-9,567.		
Change in Value of Asset Retirement Obligation	-49,030.		
Total to Schedule D, Part XI, Line 2d	769,081.		
Part XI, Line 4b - Other Adjustments:			
Change in Value of Interest Rate Swap	2,194,260.		
Part XII, Line 2d - Other Adjustments:			
Rental Expenses	110,942.		
Cost of Goods Sold	67,390.		
Fundraising Expenses	579,975.		
Total to Schedule D, Part XII, Line 2d	758,307.		
	·		

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

2020

Open to Public Inspection

Museum of S	Science and Industry				36-216779	7		
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
Total 3 List all states in which the organization or licensing.		ontrib	utions	or has been notified	it is exempt from re	gistration		

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

Schedule G (Form 990 or 990-EZ) 2020

2 Less: Contributions	Га	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
Stack Creat tytely Colubrian Ball College Colleg				(a) Event #1	(b) Event #2		' '
Gevent type Gevent type Gotal number				Black Creativity	Columbian Ball		
2 Less: Contributions	a)			(event type)	(event type)	(total number)	COI. (c))
2 Less: Contributions	nue						
2 Less: Contributions	Reve	1	Gross receipts	282,588.	1,056,720.		1,339,308.
4. Cash prizes		2	Less: Contributions	274,088.	1,020,820.		1,294,908.
S Noncash prizes		3	Gross income (line 1 minus line 2)	8,500.	35,900.		44,400.
6 Rent/facility costs		4	Cash prizes				
8 Entertainment 187,891. 68,773. 256,644 9 Other direct expenses 15,689. 27,977. 43,666 10 Direct expenses summary. Add lines 4 through 9 in column (d)		5	Noncash prizes	24,500.	23,250.		47,750.
8 Entertainment 187,891. 68,773. 256,644 9 Other direct expenses 15,689. 27,977. 43,666 10 Direct expenses summary. Add lines 4 through 9 in column (d)	sesuec	6	Rent/facility costs				
8 Entertainment 187,891. 68,773. 256,644 9 Other direct expenses 15,689. 27,977. 43,666 10 Direct expenses summary. Add lines 4 through 9 in column (d)	ect Exp	7	Food and beverages	223,534.	31,611.		255,145.
9 Other direct expenses 15,689, 27,977, 43,660, 225 10 Direct expense summary. Add lines 4 through 9 in column (d)	ä	ρ	Entertainment	187 891	68 773		256 664
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Ves							· · · · · · · · · · · · · · · · · · ·
11 Net income summary. Subtract line 10 from line 3, column (d) -558,825						•	603,225.
Caming Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Caming Cam							-558,825.
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue (c) Other gaming (add col. (a) through col. (c) 2 Cash prizes (2 Cash prizes (3 Noncash prizes (4 Rent/facility costs (5 Other direct expenses (6 Volunteer labor (7 Direct expenses summary. Add lines 2 through 5 in column (d) (8 Net gaming income summary. Subtract line 7 from line 1, column (d) (8 Net gaming income summary. Subtract line 7 from line 1, column (d) (9 If "No," explain: (10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? (10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? (10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? (10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? (10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? (10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? (10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? (10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Pa						
1 Gross revenue 1 Gross revenue 2 Cash prizes 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Yes % Yes Yes			\$15,000 on Form 990-EZ, line 6a.				
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No No No No Yes No Yes No	enne			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Rev	1	Gross revenue				
5 Other direct expenses	se	2	Cash prizes				
5 Other direct expenses	=xpens	3	Noncash prizes				
5 Other direct expenses	Direct E	4	Rent/facility costs				
Yes	_	5	Other direct expenses				
7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:			1	Yes %	Yes %	Yes %	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:		6	Volunteer labor	No	□ No	☐ No	
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? D Yes No D If "Yes," explain:		7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 15 If "Yes," explain:		8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 15 If "Yes," explain:	_	_					
b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:			•	_			Yes No
b If "Yes," explain:							
b If "Yes," explain:	100	\Mc	are any of the organization's gaming licenses r	evoked suspended orts	erminated during the tay v	10ar?	Ves No
32082 11-25-20 Schedule G (Form 990 or 990-F7) 202				· · · · · · · · · · · · · · · · · · ·	-		
32082 11-25-20 Schedule G (Form 990 or 990-F7) 202							
	1320	2 11	1-25-20			Schedule G (Fo	rm 990 or 990-F7) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 Museum of Science and Industry	36-216	7797	7	Page 3
11	Does the organization conduct gaming activities with nonmembers?		<u></u>	/es	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	Г	\neg	es (No
12	Indicate the percentage of gaming activity conducted in:				
		م ا	0-		0/
	ı The organization's facility		3a		<u>%</u>
	An outside facility		3b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	C	<u></u> \	/es	☐ No
k	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t			
	of gaming revenue retained by the third party > \$				
	Fig. If "Yes," enter name and address of the third party:				
	· · · · · · · · · · · · · · · · · · ·				
	Name				
			-		
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_			
	retain the state gaming license?	L	\	es/	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е			
	organization's own exempt activities during the tax year ▶ \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III	, line	s 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
	, , , , , , , , , , , , , , , , , , , ,				

Schedule G	(Form 990 or 990-EZ)	Museum of Science and Industry	36-2167797	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)		
	• • • • • • • • • • • • • • • • • • • •	(continued)		
				_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2020 Open to Public

Inspection

Schedule I (Form 990) 2020

Name of the organization	_					Employer identification number
Museum of Science and	-					36-2167797
Part I General Information on Grants and Assist						
1 Does the organization maintain records to substar		or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assistance?						Yes No
2 Describe in Part IV the organization's procedures f						
Part II Grants and Other Assistance to Domestic				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than \$5,000. Pa				(f) Mothed of	T	
1 (a) Name and address of organization or government (b) I	EIN (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and govern	ment organizations listed in th	e line 1 table				>
3 Enter total number of other organizations listed in	the line 1 table					

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

(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 assistant
nce Achievers - Welcome to Science Initiative	25	0.	7,129.	FMV	Chromebook Laptops
IV Supplemental Information. Provide the information req	uirod in Dort L lin	o 2: Dort III. oolumn	(b); and any other se	Iditional information	
	julieu III Fait I, III i	e 2, Fait III, Coluiliii	(b), and any other ac	iditional information.	
I, Line 2:					
op computers are provided to high school stude:					
um's Science Achievers program. The students e	lected to rec	eive the			
nters were graduating from high school and pre	paring to att	end college.			

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number Museum of Science and Industry 36-2167797

Pa	art I 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		
2	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		
3	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			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		77
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		v
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		ĺ

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

Schedule J (Form 990) 2020

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	(D) Nontaxable	(E) Total of columns			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
(1) David R. Mosena	(i)	493,055.	0.	0.	9,975.	17,543.	520,573.	0.		
President & CEO/Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) Sheila M. Cawley	(i)	257,243.	0.	899.	8,382.	26,098.	292,622.	0.		
VP - External Affairs	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) Rose B. Fealy	(i)	256,349.	0.	0.	9,034.	23,870.	289,253.	0.		
VP - Finance & Administration/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(4) Matthew C. Simpson	(i)	230,631.	0.	0.	7,176.	27,360.	265,167.	0.		
<pre>VP - Strategy & Marketing/CMO</pre>	(ii)	0.	0.	0.	0.	0.	0.	0.		
(5) Mary L. Krinock	(i)	242,041.	0.	0.	8,269.	9,535.	259,845.	0.		
VP - Operations & Chief of Staff	(ii)	0.	0.	0.	0.	0.	0.	0.		
(6) Anthony Vitagliano	(i)	222,762.	0.	0.	5,838.	26,709.	255,309.	0.		
VP - Exhibitions and Engagement	(ii)	0.	0.	0.	0.	0.	0.	0.		
(7) Yolanda Stephens	(i)	221,185.	0.	0.	7,809.	23,981.	252,975.	0.		
Chief of People and Culture	(ii)	0.	0.	0.	0.	0.	0.	0.		
(8) Rabiah Mayas, Ph.D.	(i)	176,757.	0.	263.	6,125.	11,519.	194,664.	0.		
VP of Education & Guest Experience	(ii)	0.	0.	0.	0.	0.	0.	0.		
(9) Steven Beasley	(i)	154,379.	0.	0.	5,376.	17,008.	176,763.	0.		
Sr. Director of Digital Experience	(ii)	0.	0.	0.	0.	0.	0.	0.		
(10) Edward McDonald	(i)	146,811.	0.	2,743.	5,220.	19,944.	174,718.	0.		
Director of Facilities	(ii)	0.	0.	0.	0.	0.	0.	0.		
(11) Jonathan Assell	(i)	122,890.	0.	0.	4,668.	34,713.	162,271.	0.		
Controller	(ii)	0.	0.	0.	0.	0.	0.	0.		
(12) Anne Rashford	(i)	145,394.	0.	1,386.	4,964.	3,823.	155,567.	0.		
Dir. Special Exhibits & Bus. Part.	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(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.

SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization

Bond Issues

Museum of Science and Industry

Employer identification number 36-2167797

(a) Issuer name	er name (b) Issuer EIN (c) CUSIP #			(d) Date issued (e) Issue price			(f) Description of purpose				behalf suer	If (i) Pooled financing		
								Yes	No	Yes		Yes	$\overline{}$	
					5	Series 2009	Bond						T	
\ IFA Series 2017A-B 86	5-1091967	NoneAvail	05/30/17	60,0	00,000.	Redemption			х		Х			
3													+	
													T	
art II Proceeds					1									
				١		В	С				D			
1 Amount of bonds retired				,818,000.										
2 Amount of bonds legally defeased														
3 Total proceeds of issue			•••	,000,000.										
Gross proceeds in reserve funds													_	
5 Capitalized interest from proceeds													_	
				,600,000.									_	
				400,000.									_	
													_	
Working capital expenditures from proceeds													_	
Capital expenditures from proceeds													_	
1 Other spent proceeds														
2 Other unspent proceeds													—	
3 Year of substantial completion			··· Yes	No	Yes	No	Yes	No		Yes		No	_	
Were the bonds issued as part of a refunding issue	e of tax-exempt	honds (or	res	NO	162	NO	162	NO		162		NO		
if issued prior to 2018, a current refunding issue)?	-	• •	x											
Were the bonds issued as part of a refunding issue													_	
issued prior to 2018, an advance refunding issue)		• •		Х										
Has the final allocation of proceeds been made?													_	
7 Does the organization maintain adequate books a													_	
final allegation of museus also			x											

Pai	rt III Private Business Use								
		ı	Α		3	(c	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						
3a	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	<u>%</u>		%			%	9	
7			X		,,		,,,		,,
	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?		x						
h	of "Yes" to line 8a, enter the percentage of bond-financed property sold or								
-	disposed of		%		%		%		%
	: If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		7,5		,,		,,,		,,
	sections 1.141-12 and 1.145-2?								
9									
·	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		x						
Pai	rt IV Arbitrage				<u> </u>				
			A		3		c)
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		1		1		<u>'</u>		1
	performed								
3	Is the bond issue a variable rate issue?	Х							

Part	t IV Arbitrage (continued)								
		1	4	В	}	()
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								
С	Term of hedge								
	Was the hedge superintegrated?								
	Was the hedge terminated?								
	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
	Term of GIC								
	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	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?		X						
Part	V Procedures To Undertake Corrective Action								
			4	В	}))
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?	Х							
Part	Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.					
Part	IV, Line 2c:								
Bond	Counsel performed the rebate calculation for the period December								
17,	2009 through December 17, 2014.								

Page 3

Schedule K (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization Employer identification number Museum of Science and Industry 36-2167797

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
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	21	9,173,142.	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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			00.206	a . /a 11 '			
25	Other (Projectors)	X	1	<u>'</u>	Cost/Selling Pric			
26	Other (Fabric)	X	1	2,921.	Cost/Selling Pric	ce		
27	Other ()							
28	Other ()	a Atlanta allocations	414					
29	Number of Forms 8283 received by the organization appropriate of Forms 8283	•	•				0	
	for which the organization completed Form 828	33, Part V, L	onee Acknowleag	ement 29				Na
202	During the year did the organization receive by	contributio	n any proporty rop	orted in Part I lines 1 throug	h 28 that it		Yes	No
SUA	During the year, did the organization receive by must hold for at least three years from the date							
	exempt purposes for the entire holding period?		,	•		30a		Х
b						Sua		
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties of					01		
JŁU	contributions?		_			32a		х
b	If "Yes," describe in Part II.					o_u		
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	cked.			
	describe in Part II.	(5) 101	, -, p = -, p opolity	men seisimi (a) io onoc				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service **Employer identification number** Name of the organization Museum of Science and Industry 36-2167797 Part III, Line 1, Description of Organization Mission: 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. The Museum typically welcomes over 1.4 million guests annually and is the top Chicago museum field trip destination for students. Through it's Welcome to Science Initiative, the Museum engages over half a million 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 \$ 1,620,632. including grants of \$ 0. Revenue \$ 311,226. 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,

James S. Crown and Lester Crown have a business relationship outside of the LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization Museum of Science and Industry	Employer identification number 36-2167797
Museum.	
Douglas C. Grissom and John A. Canning, Jr. have a business relationship	
outside of the Museum.	
Avis LaVelle and Jesse H. Ruiz have a business relationship outside of the	
Museum.	
Kent P. Dauten and Larry D. Richman have a business relationship outside of	
the Museum.	
J. Christopher Reyes, Michael W. Ferro, Jr., and Andrew J. McKenna, and	
John F. Sander serve on a board outside of the Museum.	
James A. Gray, William M. Goodyear, and David A. Fisher serve on a board	
outside of the Museum.	
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.	
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	
board outside of the Museum.	

Name of the organization Museum of Science and Industry	36-2167797
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	
companies at which certain Museum board members have an employment or board	

Name of the organization Museum of Science and Industry	Employer identification number 36-2167797						
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 number 36-2167797
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	and made copies of	
Form 990 and 990-T publicly available upon request. As the	he Museum filed the	
application for recognition of exemption, Form 1023 before	re 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	are made available	
to the public via the Museum's website and upon request,	respectively.	
Governing documents and conflict of interest policy are a	available 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	21,621.	
Loss on Film Consortium Investment	-9,567.	
Change in Value of Asset Retirement Obligation	-49,030.	
Change in Value of Interest Rate Swap	-2,194,260.	
In-Kind Gifts Reclassed to Prepaids	52,000.	
Total to Form 990, Part XI, Line 9	-2,179,236.	