Form **990**

Department of the Treasury

Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	e 2015 calendar year, or tax year beginning	and	ending			
В	Check if applicable	C Name of organization			D Employer identifi	cation number	
	Addres		Industry]		
L	Name change	Doing business as			36-2	167797	
L	Initial return	Number and street (or P.O. box if mail is not del	E Telephone number				
	Final return/	5700 S. Lake Shore Dri	ve		773-		
_	termin ated	City or town, state or province, country, and			G Gross receipts \$	237,993,847.	
L	Ameno	CIIICago, III 00037-209			H(a) Is this a group r		
	Applic tion pendir	' '	id Mosena		for subordinates	s? Yes X No	
		same as C above			H(b) Are all subordinates i	ncluded? Yes No	
				or 527	If "No," attach a	list. (see instructions)	
		e: ▶ www.msichicago.org					
			ssociation Other	L Year	of formation: 1933	M State of legal domicile: ${ t IL}$	
P	art I	Summary			~ ' 1	- 1 .	
e	1	Briefly describe the organization's mission or most	significant activities: Muse	um or	Science and	Industry	
Activities & Governance		seeks to further public u			-	<u> </u>	
eru	1	Check this box if the organization disco		sed of more	e than 25% of its net a		
હુ	1	Number of voting members of the governing body					
<u>«</u>		Number of independent voting members of the go					
ies		Total number of individuals employed in calendar y					
፷		Total number of volunteers (estimate if necessary)					
Act		Total unrelated business revenue from Part VIII, co					
	b	Net unrelated business taxable income from Form	990-T, line 34	······		-	
	l _			_	Prior Year	773-584-9844 s receipts \$ 237,993,847. this a group return or subordinates?	
ne	1	Contributions and grants (Part VIII, line 1h)					
Revenue	1					19,491,303.	
Be		Investment income (Part VIII, column (A), lines 3, 4				L 11, 1 / 1 , 1 9 4 •	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c					
		Total revenue - add lines 8 through 11 (must equal					
	1	Grants and similar amounts paid (Part IX, column (7,700.	
	1	Benefits paid to or for members (Part IX, column (A			• •	25 683 166	
ses		Salaries, other compensation, employee benefits (
Expenses	1	Professional fundraising fees (Part IX, column (A), I	. 4 400 0	22	3,001.	0.	
Ä		Total fundraising expenses (Part IX, column (D), lin			34,655,892.	34 649 960	
		Other expenses (Part IX, column (A), lines 11a-11d			59,619,485.		
		Total expenses. Add lines 13-17 (must equal Part I Revenue less expenses. Subtract line 18 from line					
J. Se		Tevenue less expenses. Subtract line to from line	14		eginning of Current Year		
ets (20	Total assets (Part X, line 16)			262,854,342.		
ASS(Bal	21	Total liabilities (Part X, line 16)		······· <u> </u>	74,835,916.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	ulino 20	······· 1	188,018,426.		
P	art II	Signature Block	1 III IE 20		200,020,1201		
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	nents, and to the best of m	y knowledge and belief, it is	
		t, and complete. Declaration of preparer (other than office				,	
	_		,				
Sig	n	Signature of officer			Date		
He		■ Rose Fealy, VP Finance	<pre>& Admin/CFO</pre>				
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature				
Pai	d	Wayne Harder					
Pre	parer	Firm's name ▶ RSM US LLP				42-0714325	
Use	Only	Firm's address 1 S. WACKER DRIV	E, STE 800				
_		CHICAGO, IL 6060	6		Phone no.31		
Ма	v the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No	

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 24,972,607. including grants of \$
	Museum and Operations, which include guest 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.
	0 353 336
4b	(Code:) (Expenses \$ 9,353,336. including grants of \$) (Revenue \$ 5,135,336.) World-class permanent exhibitions, which include Science Storms, a
	26,000-square-foot exhibit that reveals the extraordinary science behind some of nature's most powerful and compelling phenomena; and
	You! The Experience, a 15,000-square-foot exhibit that explores the
	human mind, body and spirit. Other favorite experiences include the
	U-505 Submarine, the only German U-boat captured during World War II,
	surrounded by more than 30,000 square feet of artifacts and interactive
	activities; the Coal Mine, a reproduction of an Illinois coal mine that
	takes guests down 50 feet in a real hoist to the bottom of a mineshaft;
	Future Energy Chicago, a multi-player visual simulation where teams of
	guests work together to develop a greener city; and The Great Train
	Story, a dynamic model display that illustrates modern rail operation.
	(Code:) (Expenses \$ 5,906,960 • including grants of \$ 7,700 •) (Revenue \$ 563,654 •)
40	(Code:) (Expenses \$ 5,906,960. including grants of \$ 7,700.) (Revenue \$ 563,654.) Educational Programs and Activities, which include the Museum's Center
	for the Advancement of Science Education (CASE) 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.
4 _d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,734,627 • including grants of \$) (Revenue \$ 4,240,904 •)
	Total program service expenses \(\begin{array}{c} 43,967,530.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		х	
		1 1		I
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		Х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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			
а	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	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?	ا		Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	מדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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
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	X	
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	of any of these persons? It "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_		28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
		200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			$ _{\mathbf{x}}$
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		 ₩
	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			.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ _{3,7}
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

532005 12-16-15

Form 990 (2015) Museum of Science and Industry Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v					<u>ш</u>
		I .	1 1 4 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	114			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	bla mania n			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-			4	Х	
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1c	21	
Za		2a	448			
h	filed for the calendar year ending with or within the year covered by this return			2b	Х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			ZU		
3а	D. I.			За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?)	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
			d	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			7c		x
Ч	14 IV 4 IV	7d		70		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		±†?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	I	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	۔ دد ا				
	Gross income from members or shareholders	11a				
Ø	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
		12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		
				Form	990	(2015)

Form 990 (2015) Museum of Science and Industry 36-2167797 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a 8b or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
С		400	х	
12	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c 13	X	
13 14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	_ =	
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA , FL , IL , MI , NY , OH , WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Jonathan Assell - 773-947-3113			
	5700 S. Lake Shore Drive, Chicago, IL 60637-2093			

Form 990 (2015)

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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l	41 1126	((прсі	isai	(D)	(E)	(F)
Name and Title	Average	(do		Posi heck	ition		ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			Highest compensated employee		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	truste	al trus		yee	mper		(** 2. *********************************		and related
	below	ridual	Institutional trustee	er	Key employee	est co loyee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) John A. Canning, Jr.	1.00									
Chairman/Trustee		Х						0.	0.	0.
(2) Allan E. Bulley, Jr.	1.00									
Vice Chairman/Trustee		Х						0.	0.	0.
(3) Alison L. Chung	1.00									
Vice Chairman/Trustee		Х						0.	0.	0.
(4) Frank M. Clark	1.00									
Vice Chairman/Trustee		Х						0.	0.	0.
(5) Kent P. Dauten	1.00									
Vice Chairman/Trustee		Х						0.	0.	0.
(6) Michael W. Ferro, Jr.	1.00									
Vice Chairman/Trustee		Х						0.	0.	0.
(7) James A. Gordon	1.00									
Vice Chairman/Trustee		Х						0.	0.	0.
(8) Jay L. Henderson	1.00									
Vice Chairman/Trustee	1 00	Х						0.	0.	0.
(9) Robert A. Livingston	1.00									
Vice Chairman/Trustee	1 00	Х						0.	0.	0.
(10) Barry L. MacLean	1.00									
Vice Chairman/Trustee	1 00	Х						0.	0.	0.
(11) Sheila A. Penrose	1.00								•	
Vice Chairman/Trustee	1 00	Х						0.	0.	0.
(12) Jeffrey S. Aronin	1.00								0	0
Trustee	1 00	Х						0.	0.	0.
(13) William C. Bartholomay	1.00								0	0
Trustee	1 00	Х						0.	0.	0.
(14) Christopher B. Begy	1.00								0	0
Trustee	1 00	Х						0.	0.	0.
(15) Charles K. Bobrinskoy	1.00								0	0
Trustee	1 00	Х						0.	0.	0.
(16) David C. Bohnett	1.00	,,							^	•
Trustee	1 00	Х	_				_	0.	0.	0.
(17) Matthew J. Boler	1.00	٦,							_	0
Trustee		Х						0.	0.	0.

								_		
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	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) Barbara L. Bowles	1.00									_
Trustee		Х						0.	0.	0.
(19) Byron T. Brazier, D.Min. Trustee	1.00	х						0.	0.	0.
(20) Martin Cabrera, Jr.	1.00									
Trustee		Х						0.	0.	0.
(21) Michelle L. Collins Trustee	1.00	Х						0.	0.	0.
(22) Christopher M. Crane	1.00	^						0.	0.	0.
Trustee		х						0.	0.	0.
(23) James S. Crown Trustee	1.00	Х						0.	0.	0.
(24) Deborah L. DeHaas	1.00	x						0.	0.	0.
Trustee (25) David E. Donovan	1.00	^						0.	0.	0.
Trustee	1.00	Х						0.	0.	0.
(26) Kenneth K. Dort	1.00									
Trustee		Х						0.	0.	0.
1b Sub-total							▶	0.	0.	0.
c Total from continuation sheets to Part							>	2,845,241.	0.	197,695.
d Total (add lines 1b and 1c)								2,845,241.	0.	197,695.
2 Total number of individuals (including bu	t not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0.000 of reportable	

compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Berglund Construction Co.		
	Construction	1,913,115.
Midway Building Services		
1915 W. Hubbard Street, Chicago, IL 60622	Janitorial	1,638,825.
Hoffman York Connect, 142 E. Ontario		
Street, Suite 13, Chicago, IL 60611	Advertising	1,493,938.
AlliedBarton Security Services LLC		
	Security	1,163,362.
Sodexo America LLC, 9801 Washingtonian		
Boulevard, Gaithersburg, MA 20878	Catering	1,114,088.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

\$100,000 of compensation from the organization
See Part VII, Section A Continuation sheets

Form **990** (2015)

	of Scienc	ce	ar	<u>ıd</u>	ΙI	ndı	<u>15</u> 1	try	36-216	7797
Part VII Section A. Officers, Directors	s, Trustees, Key Ei	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Posi		1		Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١				oyee		the	organizations	compensation
	(list any	director				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee.			sated		(W-2/1099-MISC)		organization
	related organizations	Individual trustee or	Institutional trustee		ee	npen				and related organizations
	below	dualt	ıtiona		nplo)	st cor	<u></u>			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(27) Ann M. Drake	1.00									
Trustee		Х						0.	0.	0.
(28) James J. Drury III	1.00									
Trustee		Х						0.	0.	0.
(29) Adrienne Elsner	1.00									
Trustee		Х						0.	0.	0.
(30) W. James Farrell	1.00									
Trustee		Х						0.	0.	0.
(31) David A. Fisher	1.00									
Trustee		Х						0.	0.	0.
(32) Dennis J. FitzSimons	1.00									
Trustee		Х						0.	0.	0.
(33) Jeffrey T. Foland	1.00									
Trustee		Х						0.	0.	0.
(34) James J. Fuentes	1.00									
Trustee		Х						0.	0.	0.
(35) Matthew R. Gibson	1.00								_	_
Trustee		Х						0.	0.	0.
(36) Ronald J. Gidwitz	1.00	l								
Trustee		Х						0.	0.	0.
(37) James T. Glerum, Jr.	1.00	١								
Trustee	1 00	Х						0.	0.	0.
(38) William M. Goodyear	1.00	,,								•
Trustee	1 00	Х						0.	0.	0.
(39) James A. Gordon	1.00	x							0	•
Trustee	1 00	Δ						0.	0.	0.
(40) James A. Gray	1.00	X						0.	0.	^
Trustee	1 00	^						0.	0.	0.
(41) Catherine P. Greenspon	1.00	x						0.	0.	0.
Trustee	1.00	^						0.	0.	0.
(42) Richard P. Grimley Trustee	1.00	x						0.	0.	0.
(43) Doug C. Grissom	1.00	^						0.	0.	0.
Trustee	1.00	X						0.	0.	0.
(44) Roberto R. Herencia	1.00							0.	0.	•
Trustee	1.00	Х						0.	0.	0.
(45) Betsy D. Holden	1.00	 ``			 	\vdash	 		.	•
Trustee	1.00	x						0.	0.	0.
(46) David R. Hopping	1.00				 	\vdash	\vdash		J •	
Trustee	1.00	Х						0.	0.	0.
									<u> </u>	•
Total to Part VII, Section A, line 1c										
TOTAL TO LAIL VII, OCCHOITA, IIIIC IC								I .	l	

	of Scien	ce	aı	ıa	ΤI	ıaı	1S (try	36-216	1191
Part VII Section A. Officers, Directors,	Trustees, Key E	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi	ition	ı		Reportable	Reportable	Estimated
	hours	(c	(check all tl			арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	<u>_</u>				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	ıl frus		ee/	mpen				organizations
	below	Individual trustee or director	Institutional trustee	Ji.	Key employee	Highest compensated employee	er			3
	line)	Indiv	Instit	Officer	Key e	High	Former			
(47) Edward L. Kaplan	1.00									
Trustee		Х						0.	0.	0
(48) John P. Keller	1.00									
Trustee		Х						0.	0.	0
(49) Michael P. Krasny	1.00									
Trustee		Х						0.	0.	0
(50) Avis LaVelle	1.00									
Trustee		Х						0.	0.	0
(51) Eric P. Lefkofsky	1.00									
Trustee		Х						0.	0.	0
(52) Charles A. Lewis	1.00	ļ								
Trustee		Х						0.	0.	0
(53) H. John Livingston	1.00	۱								•
Trustee	1 00	Х						0.	0.	0 .
(54) Duncan A. L. MacLean	1.00	ļ ,,							0	0
Trustee	1 00	Х						0.	0.	0
(55) Matthew M. Maloney	1.00	x						0.	0.	0
Trustee	1.00	^						0.	0.	U .
(56) Walter E. Massey, Ph.D. Trustee	1.00	X						0.	0.	0
(57) Andrew J. McKenna	1.00	^						0.	· ·	0
Trustee	1.00	X						0.	0.	0
(58) Robert S. Morrison	1.00	122						0.	•	0
Trustee	1.00	x						0.	0.	0
(59) William L. Morrison	1.00									
Trustee		x						0.	0.	0
(60) Robert S. Murley	1.00	 						•		
Trustee		x						0.	0.	0
(61) William A. Mynatt, Jr.	1.00									
Trustee		X						0.	0.	0
(62) Jason Pritzker	1.00									
Trustee		X						0.	0.	0
(63) Scott A. Rafferty	1.00									
Trustee		Х						0.	0.	0
(64) J. Christopher Reyes	1.00									
Trustee		Х	$L_{\!\scriptscriptstyle{-}}$		L_	L	L	0.	0.	0
(65) Larry D. Richman	1.00									
Trustee		Х	L		L	L		0.	0.	0
(66) Desire Rogers	1.00									
Trustee		Х						0.	0.	0

	t Scienc							<u>- 7</u>	36-216	,,,,,
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	ъ				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	Individual trustee or director				d emp		(W-2/1099-MISC)	(44-2/1099-141190)	organization
	related	ee or	stee			nsate		(** 27 1033 141100)		and related
	organizations	trust	Institutional trustee		yee	ompe				organizations
	below	/id ual	tution	er	Key employee	est co	Jer.			
	line)	lpdi	Insti	Officer	Key	High	Former			
(67) Jesse H. Ruiz	1.00									
Trustee		Х						0.	0.	0
(68) James T. Ryan	1.00									
Trustee		Х						0.	0.	0
(69) Michael J. Sacks	1.00									
Trustee		Х						0.	0.	0
(70) Juan Salgado	1.00									
Trustee		Х						0.	0.	0
(71) John F. Sandner	1.00								_	_
Trustee	1	Х						0.	0.	0
(72) E. Scott Santi	1.00								•	•
Trustee	1 00	Х						0.	0.	0
(73) Ronald M. Saslow	1.00	,,							0	•
Trustee	1 00	Х						0.	0.	0
(74) James A. Skinner	1.00	Ι.,						0.	0.	0
Trustee	1.00	Х						0.	0.	0
(75) Gregory D. Smith	1.00	х						0.	0.	0
Trustee (76) Melody A. Spann-Cooper	1.00	^						0.	0.	0
Trustee	1.00	Х						0.	0.	0
(77) J. Douglas Sparkman	1.00							0.	0.	0
Trustee	1.00	Х						0.	0.	0
(78) Byron O. Spruell	1.00								•	
Trustee		x						0.	0.	0
(79) Michael Tang	1.00									
Trustee		х						0.	0.	0
(80) Mark Thierer	1.00									
Trustee		Х						0.	0.	0
(81) Elizabeth M. Thompson	1.00									
Trustee		Х						0.	0.	0
(82) Ralph Wanger	1.00									
Trustee		Х						0.	0.	0
(83) Gregory D. Wasson	1.00									
Trustee		Х						0.	0.	0
(84) Ann C. Williams	1.00									
Trustee		Х						0.	0.	0
(85) Thomas J. Wilson	1.00								_	_
Trustee		Х						0.	0.	0
(86) Neal S. Zucker	1.00							0.	0.	0
Trustee		Х								

Form 990 Museum o	t Scienc	ce	ar	<u>nd</u>	Ιr	ndı	<u>18</u> 1	try	36-216	7797
Part VII Section A. Officers, Directors, Tru	ustees, Key Ei	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)								(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	director				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	or di	tee			sated		(W-2/1099-MISC)		organization
	organizations	ruste	l frus		ee	npen				and related organizations
	below	Individual trustee or	Institutional trustee	٦	mplo	st co	 			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(87) Rhett W. Butler	1.00									
Life Trustee		Х						0.	0.	0.
(88) Peter R. Carney	1.00									
Life Trustee		Х						0.	0.	0.
(89) Frank W. Considine	1.00									
Life Trustee		Х						0.	0.	0.
(90) Lester Crown	1.00									
Life Trustee		Х						0.	0.	0.
(91) Victor J. Danilov, Ed.D.	1.00									
Life Trustee	1 00	Х						0.	0.	0.
(92) Robert J. Darnall	1.00	,,							0	•
Life Trustee	1 00	Х						0.	0.	0.
(93) William J. Devers, Jr.	1.00	. ,							0	0
Life Trustee	1.00	Х						0.	0.	0.
(94) Jere D. Fluno	1.00	X						0.	0.	0.
Life Trustee (95) David W. Grainger	1.00	^						0.	0.	0.
Life Trustee	1.00	X						0.	0.	0.
(96) J. Ira Harris	1.00							0.	0.	0.
Life Trustee	1.00	x						0.	0.	0.
(97) Richard M. Jaffee	1.00									
Life Trustee		x						0.	0.	0.
(98) James R. Kackley	1.00	 						•		
Life Trustee		х						0.	0.	0.
(99) Fredrick A. Krehbiel	1.00							-		
Life Trustee		х						0.	0.	0.
(100) Leon M. Lederman, Ph.D.	1.00									
Life Trustee		Х						0.	0.	0.
(101) Richard H. Lenny	1.00									
Life Trustee		Х						0.	0.	0.
(102) Edward M. Liddy	1.00									
Life Trustee		Х						0.	0.	0.
(103) Charles S. Locke	1.00									
Life Trustee		Х						0.	0.	0.
(104) Thomas L. Martin, Jr., Ph.D.	1.00									
Life Trustee		Х						0.	0.	0.
(105) Terry E. Newman	1.00]_ [_	_	_
Life Trustee		Х						0.	0.	0.
(106) John D. Nichols	1.00									_
Life Trustee		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		-	Posi	ition	l		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					ao		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r di rec				ed em		(W-2/1099-MISC)	(11 2/ 1000 111100)	organization
	related	stee o	nstee			ensat				and related
	organizations	al tru	onal tr		oloyee	comp				organizations
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) James J. O'Connor	1.00	_	-		_	_	ш.			
Life Trustee		Х						0.	0.	0.
(108) Wlliam A. Osborn	1.00									
Life Trustee		Х						0.	0.	0.
(109) Walter R. Peirson	1.00									
Life Trustee		Х						0.	0.	0.
(110) Cindy Pritzker	1.00									
Life Trustee		Х						0.	0.	0.
(111) Louis A. Simpson	1.00									
Life Trustee		Х						0.	0.	0.
(112) S. Jay Stewart	1.00							_	_	_
Life Trustee		Х						0.	0.	0.
(113) Eugene A. Tracy	1.00									
Life Trustee	1 00	Х	Ш					0.	0.	0.
(114) Arthur R. Velasquez	1.00									•
Life Trustee	1 00	Х	Ш					0.	0.	0.
(115) Arnold R. Weber, Ph.D.	1.00	\ \							0	0
Life Trustee	1.00	Х						0.	0.	0.
(116) William L. Weiss Life Trustee	1.00	Х						0.	0.	0.
(117) David R. Mosena	35.00							0.	•	<u> </u>
President/Trustee	33.00	x		Х				591,633.	0.	20,549.
(118) David J. Vitale	1.00							332,0000		20,0101
Treasurer/Trustee		x						0.	0.	0.
(119) Eileen M. Cabrera	35.00		Н							
Secretary/Trustee/Asst. to President				х				89,173.	0.	13,966.
(120) Kurt E. Haunfelner	35.00							,		-
VP - Exhibits and Collections				Х				239,315.	0.	13,966.
(121) Matthew C. Simpson	35.00									
VP - Marketing/Public Relations				X				165,166.	0.	23,668.
(122) Andrea J. Ingram	35.00									
VP - Education and Guest Services				Х				214,923.	0.	14,781.
(123) Sheila M. Cawley	35.00									
VP - External Affairs				Х				232,639.	0.	7,754.
(124) Rose B. Fealy	35.00								_	
VP - Finance & Administration/CFO	0 - 0 0		Ш	Х				165,125.	0.	10,350.
(125) Allyson Laackman	35.00							62 500	•	E
Past VP - Finance & Admin./CFO	25 00		Ш	X				63,709.	0.	7,553.
(126) Stacey Kraft	35.00	ļ		ς,				176 000		2 004
Past VP - Human Resources				X				176,990.	0.	3,904.
Total to Part VII, Section A, line 1c										
								ı		

Form 990 Museum O	of Science	ce	ar	nd	Ιı	ndı	ısı	try	36-216	7797
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	k all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any					ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				ma p		(W-2/1099-MISC)	(***2/1099****130)	organization
	related	tee or	ıstee			en sate		(** = **** = **** = ***		and related
	organizations	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	/ emp	hesto	Former			
	line)	Pu	lns	₩	, Ke	ij	윤			
(127) Mary Krinock	35.00			l				160 544		40 045
Chief of Staff	1 25 00			Х				160,544.	0.	13,047.
(128) Katherine Garant	35.00							161 170		10 000
Director of Finance/Controller	25 00					Х		161,172.	0.	12,988.
(129) Duncan Harris	35.00	-				3,7		100 000	0	2 207
Gen. Counsel & Dir. of Retail Ops.	35 00					Х		182,092.	0.	3,287.
(130) Edward McDonald	35.00	1				x		126 700	0.	16 660
Director of Facilities (131) Anne Rashford	35.00	\vdash	\vdash	\vdash		┝	-	136,700.	0.	16,669.
	33.00	-				x		139,655.	0.	12 079
Director of Temporary Exhibits (132) Bryan Wunar	35.00					^		139,033.	0.	12,078.
Director of Community Initiatives	33.00	-				x		126,405.	0.	23,135.
Director of Community Initiatives						^		120,403.	0.	23,133.
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		1								
						<u> </u>				
Tatal to Dart VIII. Continue A. Vinne die								2,845,241.		197,695.
Total to Part VII, Section A, line 1c								7,04J,44I.		±91,090•

I a	rt VI							
		Check if Schedule O cor	ntains a response	or note to any lin	e in this Part VIII	/B\	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 6	a Federated campaigns	1a					012 011
iran			1b	3,098,504.				
Ę,		c Fundraising events		2,263,640.				
a it			1d					
s, e	•	e Government grants (contribu	······	6,662,982.				
ioi	f	f All other contributions, gifts, gra	· -					
the		similar amounts not included ab		41,615,495.				
Contributions, Gifts, Grants and Other Similar Amounts	g	g Noncash contributions included in line	es 1a-1f: \$	5,904,808.				
a S	ŀ	h Total. Add lines 1a-1f		>	53,640,621.			
				Business Code				
e	2 8	a General Admissions		900099	9,866,554.	9,866,554.		
و چَ	ŀ	b Special Exhibits		900099	2,061,133.	2,061,133.		
S c	(C Omnimax Theater		900099	1,751,527.	1,751,527.		
ev ev	(d Membership Fees		900099	1,346,258.	1,346,258.		
Program Service Revenue	•	e U-505 Permanent Exhib	its	900099	1,275,690.	1,275,690.		
۵	f	f All other program service rev			2,996,201.	2,996,201.		
_	9	g Total. Add lines 2a-2f			19,297,363.			
	3	Investment income (includin						
		other similar amounts)			2,201,110.			2,201,110.
	4	Income from investment of t			41 005			41 000
	5	Royalties			41,997.			41,997.
	•	- 0	(i) Real	(ii) Personal				
	6 a							
	,	b Less: rental expensesc Rental income or (loss)						
	,		,		234,123.		234,123.	
		a Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	155,239,726	· ' '				
	ŀ	b Less: cost or other basis	, ,	<u> </u>				
		and sales expenses	146,661,342	. 0.				
	(c Gain or (loss)	8,578,384	. 391,700.				
		d Net gain or (loss)			8,970,084.			8,970,084.
<u>o</u>		a Gross income from fundraisi						
Other Revenue		including \$2,26	3,640. of					
ev.		contributions reported on lin	e 1c). See					
ē		Part IV, line 18						
를		b Less: direct expenses		677,607.				
		c Net income or (loss) from fur	-		-603,551.			-603,551.
	9 a	a Gross income from gaming a		6 000				
		Part IV, line 19						
		b Less: direct expenses			21 000	-21,800.		
		c Net income or (loss) from ga		······ •	-21,800.	-21,800.		
	10 8	a Gross sales of inventory, les		1,038,818.				
	,	and allowances						
		c Net income or (loss) from sa			668,847.		609,028.	59,819.
		Miscellaneous Rever		Business Code	,		,	,
ŀ	11 a			900099	2,130,556.			2,130,556.
		b Food Court		722514	1,440,473.			1,440,473.
		c Sponsorship Revenues		900099	249,035.			249,035.
	(d All other revenue		900099	1,302,495.	530,885.	771,610.	
	•	e Total. Add lines 11a-11d			5,122,559.			
	12	Total revenue. See instructions		>	89,551,353.	19,806,448.	1,614,761.	14,489,523.

		nse or note to any line in									
			Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX								
	Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic	-	-								
	individuals. See Part IV, line 22	7,700.	7,700.								
	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
	Benefits paid to or for members										
	Compensation of current officers, directors,	1,976,598.	482,985.	1,253,220.	240,393.						
	trustees, and key employees	1,970,390.	402,903.	1,233,220•	240,393.						
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
	Other salaries and wages	18,838,433.	12,292,927.	4,703,469.	1,842,037.						
	Pension plan accruals and contributions (include		,_,_,,	_,,	_, = , = , = , •						
	section 401(k) and 403(b) employer contributions)	417,796.	222,967.	153,082.	41,747.						
	Other employee benefits	3,000,035.	1,835,081.	865,182.	299,772.						
	Payroll taxes	1,450,304.	753,618.	551,768.	144,918.						
	Fees for services (non-employees):		,	·	·						
	Management	388,463.	385,963.		2,500.						
	Legal	114,361.		114,361.							
	Accounting	125,679.		125,679.							
	Lobbying										
	Professional fundraising services. See Part IV, line 17										
	Investment management fees	130,972.		130,972.							
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch 0.)	3,857,077.	3,310,642.	274,909.	271,526.						
	Advertising and promotion	3,300,137.	2,679,327.	574,514.	46,296.						
	Office expenses	1,811,987.	1,011,900.	354,548.	445,539.						
	Information technology	441,202.	25,941.	379,817.	35,444.						
	Royalties	1 657 167	1 500 007	149,160.							
	Occupancy	1,657,167. 495,120.	1,508,007. 348,240.	69,138.	77,742.						
	Travel	493,120.	340,240.	09,130.	11,144.						
	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
	Conferences, conventions, and meetings	401,228.		401,228.							
	Payments to affiliates	101,220		101,220							
	Depreciation, depletion, and amortization	14,119,601.	14,119,601.								
	Insurance	335,325.	1,000.	334,325.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	·									
a	amount, list line 24e expenses on Schedule 0.) Bank & Credit Card Fees	1,246,213.	1,246,213.								
	Training/Recruitment	1,020,937.	178,633.	773,980.	68,324.						
	Program Development	879,333.	362,487.	153,385.	363,461.						
	Exhibit Rental Expense	20,000.	20,000.		,						
	All other expenses	4,305,158.	3,174,298.	602,837.	528,023.						
	Total functional expenses. Add lines 1 through 24e	60,340,826.	43,967,530.	11,965,574.	4,407,722.						
	Joint costs. Complete this line only if the organization	-	-	-	<u> </u>						
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

Form 990 (2015)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,943,946.	1	2,373,287.
	2	Savings and temporary cash investments			2,775,267.	2	5,960,590.
	3	Pledges and grants receivable, net			16,150,813.	3	34,843,452.
	4	Accounts receivable, net			1,660,458.	4	1,210,464.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated er	mployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			398,219.	7	
Ä	8		ventories for sale or use				447,700.
	9	Prepaid expenses and deferred charges			651,844.	9	1,008,551.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	364,357,433.			
	b	Less: accumulated depreciation	10b	218,421,262.		10c	
	11	Investments - publicly traded securities			70,009,302.	11	40,420,090.
	12	Investments - other securities. See Part IV, line 1	1		12,646,871.	12	44,542,549.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,683,156.	15	1,572,721.
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	262,854,342.	16	278,315,575.
	17	Accounts payable and accrued expenses			5,183,425.	17	5,502,290.
	18	Grants payable			0.60 000	18	1 000 050
	19	Deferred revenue	969,828.	19	1,098,053.		
	20	Tax-exempt bond liabilities			62,000,000.	20	61,120,000.
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee		*			
<u>ia</u>		Complete Part II of Schedule L			2 155 000	22	1 075 000
_	23	Secured mortgages and notes payable to unrela			3,155,000.	23	1,075,000.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines			3,527,663.		4,565,360.
		Schedule D			74,835,916.	25	73,360,703.
	26			V	74,033,910.	26	13,300,103.
		Organizations that follow SFAS 117 (ASC 958		ck nere 🚩 🔼 and			
ĕ	07	complete lines 27 through 29, and lines 33 and			158,876,068.	27	148,906,756.
lan	27	Unrestricted net assets	23,602,358.	28	35,035,224.		
Ba	28	Temporarily restricted net assets			5,540,000.	29	21,012,892.
n n	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A		9) shock hars	3,340,000.	29	21,012,052.
Ē			3C 93	o), check here			
ts o	30	and complete lines 30 through 34.		30			
sei	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				32	
Se	32				188,018,426.	33	204,954,872.
	l	Total liabilities and net assets/fund balances			262,854,342.	34	278,315,575.
	34	Total liabilities and net assets/fund balances			202,034,342.	34	270,313,373

Form **990** (2015)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,55		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,34		
3	Revenue less expenses. Subtract line 2 from line 1	3				27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	188			
5	Net unrealized gains (losses) on investments	5	-12	, 29	5,0	68.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	0,9	87.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	204	,95	4,8	72.
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	О.				
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					
	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 separat					
	consolidated basis, or both:	,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		t			
	Act and OMB Circular A-133?		-	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	 t			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
	5. addite, organic may in obstation of and december any otopo tarter to arrange each dutite			0~		

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

Museum of Science and Industry 36-2167797 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Gifts, grants, contributions, and	,	, ,	. ,	, ,	, ,	.,			
	membership fees received. (Do not									
	include any "unusual grants.")	18,665,368.	20,233,420.	16,744,534.	20,572,431.	47,923,500.	124,139,253.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf	6,276,236.	5,592,178.	5,607,427.	5,690,148.	5,717,121.	28,883,110.			
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	24,941,604.	25,825,598.	22,351,961.	26,262,579.	53,640,621.	153,022,363.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						15,285,421.			
6	Public support. Subtract line 5 from line 4.						137,736,942.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
7	Amounts from line 4	24,941,604.	25,825,598.	22,351,961.	26,262,579.	53,640,621.	153,022,363.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	2,115,097.	2,470,874.	2,679,136.	3,792,389.	2,243,107.	13,300,603.			
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.)	4,255,689.	4,236,692.	3,793,450.	3,809,840.	4,491,024.	20,586,695.			
11	Total support. Add lines 7 through 10						186,909,661.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 95	,140,330.			
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
~	organization, check this box and stor						<u></u> ▶∟			
	ction C. Computation of Publ						72 60			
	Public support percentage for 2015 (14	73.69 %			
	Public support percentage from 2014					15	80.10 %			
16a	33 1/3% support test - 2015. If the o	•		•		•				
_	stop here. The organization qualifies									
b	33 1/3% support test - 2014. If the d	-								
4-	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes	•					•			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances tes	ū				•				
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the									
	organization meets the "facts-and-circ									
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶∟∟			

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, please com	proto r urt m.j				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	` ,	, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	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						
8	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI.)				ļ		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	the organization	s first, second, thi	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here ction C. Computation of Publ						P
				l (f))		15	
	Public support percentage for 2015 (I Public support percentage from 2014					16	<u>%</u> %
	ction D. Computation of Inves					10	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2015. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2014. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
2-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
- Su		
5b		
5c		
6		
-		
7		
8		
9a		
9b		
9с		
100		
10a		
10b		
m 990 or 99	90-EZ	2015

Pa	rt IV Supporting Organizations (continued)			.g. c
	, o (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ruotiono	١	
с 2	Activities Test. <i>Answer (a) and (b) below.</i>	ructions	yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> Lu</u>		
	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.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All						
	other Type III non-functionally integrated supporting organizations must co	mplete \$	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 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
,001	on E Distribution Anocations (See man actions)		110 2010	Amount for 2010
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Miscellaneous Revenue

- 2011 Amount: \$ 59,877.
- 2012 Amount: \$ 38,580.
- 2013 Amount: \$ 77,625.
- 2014 Amount: \$ 383,074.
- 2015 Amount: \$ 528,685.

Film Product Revenue

- 2011 Amount: \$ 47,250.
- 2012 Amount: \$ 39,525.
- 2013 Amount: \$ 11,350.
- 2014 Amount: \$ 530.
- 2015 Amount: \$ 2,200.

Food Court Revenue

- 2011 Amount: \$ 1,067,548.
- 2012 Amount: \$ 1,026,742.
- 2013 Amount: \$ 924,689.
- 2014 Amount: \$ 976,195.
- 2015 Amount: \$ 1,440,473.

Parking and Other Services

- 2011 Amount: \$ 2,494,694.
- 2012 Amount: \$ 2,289,315.
- 2013 Amount: \$ 2,373,924.
- 2014 Amount: \$ 2,022,752.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

2015 Amount: \$ 2,130,556.

Sponsorship Revenue

2011 Amount: \$ 430,000.

2012 Amount: \$ 687,000.

2013 Amount: \$ 225,000.

2014 Amount: \$ 240,000.

2015 Amount: \$ 249,035.

Special Events Revenue

2011 Amount: \$ 108,459.

2012 Amount: \$ 116,713.

2013 Amount: \$ 156,742.

2014 Amount: \$ 129,441.

2015 Amount: \$ 74,056.

Gaming Revenue

2011 Amount: \$ 9,100.

2012 Amount: \$ 8,750.

2013 Amount: \$ 8,600.

2014 Amount: \$ 5,950.

2015 Amount: \$ 6,200.

Sales of Inventory

2011 Amount: \$ 38,761.

2012 Amount: \$ 30,067.

2013 Amount: \$ 15,520.

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Museum of Science and Industry

36-2167797

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(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. See instructions.						
	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year						
but it m u	ust answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZiF + +	\$ 16,500,000.	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
2		\$ 5,717,121.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rume, address, and 2n ++	\$ 5,000,000.	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
5		\$ 3,025,000.	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		\$ 2,075,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
(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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2015)}}{\mbox{Name of organization}}$ Employer identification number

Museum of Science and Industry

36-2167797

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(d) Date received	
	20,700 shares of W.W. Grainger, Inc		
1	stock.	_	
		5,006,813.	04/27/15
(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
		_	
		_ _ _ \$	
3453 10-26	245		90, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number 36-2167797 Museum of Science and Industry Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• ;	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	ne of organization Museum	of Science and In	dustry		mployer identification number 36-2167797
Pa	rt I-A Complete if the org	janization is exempt unde	r section 501(c) o	or is a section 52	7 organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	·			
Pa	rt I-B Complete if the ord	janization is exempt unde	r section 501(c)(3	3).	
	Enter the amount of any excise tax	•	, ,,	<u>, </u>	▶ \$
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955]	► \$
	If the organization incurred a section				
	Was a correction made?				
	If "Yes," describe in Part IV.				
	rt I-C Complete if the org	janization is exempt unde	r section 501(c),	except section 5	01(c)(3).
2 3 4	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	ization's funds contributed to other. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid comptly and directly delivered to a second comptly and directly deli	er organizations for second on Form 1120-POL, of all section 527 polition the filing organizations	tical organizations to vation's funds. Also ent nization, such as a se	which the filing organization er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received and

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 M Part II-A Complete if the orga	luseum Inization i	of S is exe	Science and mpt under section	Industry on 501(c)(3) and fil	36-2 ed Form 5768(2167797 Page 2 election under
section 501(h)). A Check if the filing organization	on belongs to	o an aff	iliated group (and list i	n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share	-		- · ·		3 F	,,,
. —			nd "limited control" pr	ovisions apply.		
Limits	on Lobbyin	ıg Expe	•	,	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public c	ninion	(grass roots lobbying)			
b Total lobbying expenditures to influe						
c Total lobbying expenditures (add lin						
d Other exempt purpose expenditures						
e Total exempt purpose expenditures			d)			
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000,			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	00,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000		\$1,000	,000.			
g Grassroots nontaxable amount (ente	er 25% of lin	e 1f)				
h Subtract line 1g from line 1a. If zero	or less, ente	r -0-				
i Subtract line 1f from line 1c. If zero	or less, enter					
j If there is an amount other than zero						•
reporting section 4911 tax for this ye						Yes No
(Some organizations that	at made a se See the	ection (rate instructions for li	have to complete all nes 2a through 2f.)	of the five columns	below.
	Lobbyin	g Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	2	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 Museum of Science and Industry 36-216779 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)	
of the lobbying activity.				Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		77		
а	Volunteers?	37	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	Х		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	Х	21	6.0	9,470.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		,, 1,00
	Other activities?		X		
i	Total. Add lines 1c through 1i			69	9,470.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OI	R (b) Par	t III-A, III	ne 3, is
			 		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	cai			
_	expenses for which the section 527(f) tax was paid).		200		
	Current year				
D	Carryover from last year Total		l _		
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	•		•	
Pa:	rt II-B, Line 1b:				
Mal	ke direct contact with covered federal and state of	ficial	ls as	it rel	Lates
to	the Museum's needs.				
Par	rt II-B, Line 1g:				
<u>- u</u> .	10 11 D, H1HC 19.				

Strategic counsel, government affairs and lobbying.

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Museum of Science and Industry

Employer identification number 36-2167797

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		¢

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical 1	reasures,	or Oth	er Sim	ilar As	sets(cont	inued)	<u> </u>
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following th	at are a s	significa	nt use of	its collection	on iten	ns
	(check all that apply):									
а	Yublic exhibition	d	Loan or ex	change progr	rams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o								_	_
_	to be sold to raise funds rather than to be ma							Yes		No_
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered	"Yes" or	Form 9	90, Part	IV, line 9, o	or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi									٦
	on Form 990, Part X?							Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
	5							Amou	nt	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
f 22	Ending balance Did the organization include an amount on Fe	orm 000 Part V lino	21 for occrow or	custodial acc	ount liahi			Yes		No
	If "Yes," explain the arrangement in Part XIII.		•					165		
Par										
		(a) Current year	(b) Prior year	(c) Two year			e years ba	ick (e) Foi	ır vears	back
1a	Beginning of year balance	6,500,746.	6,661,559	, ,	1,608.		,661,62			,132.
	Contributions	4,995,679.	5,000		0,000.		, ,			<u>'</u>
	Net investment earnings, gains, and losses	-293,255.	107,782		6,022.		640,27	76.	-298	,249.
	Grants or scholarships	•	,		,					<u>. </u>
	Other expenditures for facilities									
	and programs	334,700.	273,595	5. 20	06,071.		230,29	92.	208	,884.
f	Administrative expenses									
g	End of year balance	10,868,470.	6,500,746	6,66	1,559.	6	,071,60	08. 5	5,337	,999.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 95.25	%								
С	Temporarily restricted endowment ▶	4. 75 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administ	ered for t	the orga	nization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)	-	X
b	If "Yes" on line 3a(ii), are the related organiza			i?				3b		
4 Do:	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		N Doubliv line dde	Caa Farma 00	0 D-4 V	lin - 10				
	Complete if the organization answere	1	i		1			(-I) D -	-1	
	Description of property	(a) Cost or of basis (investn		st or other s (other)		ccumula preciation		(d) Bo	ok vail	ie
	Land	<u> </u>	lent) basi	3 (Otrier)	ue	preciati	JII			
	Land		169 6	69,812.	85	489	552.	84,18	30 2	60.
	Buildings		200,0	· / / · · · ·	55,	-00,		0 - , - 0	, 2	
d	Equipment		16.0	29,232.	12.	326	397.	3,70	2.8	35.
	Other			58,389 .						
	. Add lines 1a through 1e. (Column (d) must e			40.)				145,93		
		,	,	/				lule D (For		

Part VII	Investments -	Other Securities

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Equity Funds	19,894,282.	
(B) Fixed Income Funds	24,648,267.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	44,542,549.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(0)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) 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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Interest Rate Swap	1,059,375.
(3)	Pension Liability	496,043.
(4)	Asset Retirement Obligation	1,019,209.
(5)	Other Liabilities	1,990,733.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,565,360.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	itements Wi	th Revenue per R	eturr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	79,167,899.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	12,295,068.		
b	Donated services and use of facilities	2b	98,360.		
С	Recoveries of prior year grants	2c			
d			1,830,889.		
е	Add lines 2a through 2d			2e	-10,365,819 .
3	Subtract line 2e from line 1			3	89,533,718.
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	130,972.		
b	Other (Describe in Part XIII.)	4b	-113,337.		
С	Add lines 4a and 4b			4c	17,635.
_				5	89,551,353.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			_	
	rt XII Reconciliation of Expenses per Audited Financial St	atements W		_	
		atements W		_	ırn.
	rt XII Reconciliation of Expenses per Audited Financial St	atements W ne 12a.	ith Expenses per	_	
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements W ne 12a.	ith Expenses per	Retu	ırn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements	atements W	ith Expenses per	Retu	ırn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements W ne 12a. 	ith Expenses per	Retu	ırn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	98,360.	Retu	ırn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	ith Expenses per	Retu	62,231,453.
Pa 1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a	98,360. 1,809,902.	Retu	1,908,262.
Pa 1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	98,360. 1,809,902.	Retu	1,908,262.
Pa 1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	98,360. 1,809,902.	Retu	62,231,453.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, Iir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	98,360. 1,809,902.	Retu	1,908,262.
1 2 a b c d e 3 4 a	Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	98,360. 1,809,902.	Retu	1,908,262. 60,323,191.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d 4a 4b	98,360. 1,809,902. 130,972. -113,337.	Retu	1,908,262.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, line 1a:

The Museum's permanent collections, which were acquired since the Museum's inception through purchases and contributions from benefactors, are not recognized as assets on the statements of financial position. Purchases of collection items are recorded as decreases in unrestricted net assets in the year in which the items are acquired or as decreases in temporarily restricted net assets if the assets used to purchase the items were restricted by donors.

The Museum's collections are made up of artifacts of historical significance, scientific specimens and art objects that are held for educational, research, scientific and curatorial purposes. Each of the

Part XIII | Supplemental Information (continued)

items is cataloged, preserved and cared for, and activities verifying the items' existence and assessing their condition are performed continuously.

The collections are subject to the Museum's policy that requires proceeds from their sales to be used to acquire other items for collections.

Part III, line 4:

The Museum's collection - with almost 40,000 objects that showcase advances in science, industry and technology - serves to create spectacular exhibits and experiences that excite and inspire Museum guests and further the Museum's mission and vision. Remarkable artifacts in the collection include the 700-ton U-505 submarine; a real United 727 airplane; the Pioneer Zephyr, the train that set the speed record in 1934; a British Spitfire WWII plane; a collection of carefully preserved human anatomical slices and fetuses; and much more. The Museum's collections are designed to spark scientific inquiry and creativity to motivate children to achieve their full potential in science, technology, medicine and engineering in furtherance of the Museum's exempt purpose.

Part V, line 4:

The organization's endowment funds are meant to serve as a source of financial support of the Museum's mission. A portion of annual endowment earnings are used to support museum general operations. Earnings are directed to specific elements of the Museum's operations as directed by donor restrictions on respective contributions to the endowment.

Part X, Line 2:

The Financial Accounting Standards Board (FASB) issued guidance that requires tax effects from uncertain tax positions to be recognized in the

Part XIII | Supplemental Information (continued)

financial statements only if the position is more likely than not to be sustained if the position were to be challenged by a taxing authority.

Management has determined that there are no material uncertain positions that require recognition in the financial statements. There are no tax positions for which a material change in any unrecognized tax benefit or liability is reasonably possible in the next twelve months.

The Museum has federal net operating loss carryforwards available to offset future unrelated business taxable income. The net operating loss carryforwards expire through 2035 and total approximately \$4,400,000 and \$4,300,000 at December 31, 2015 and 2014, respectively. As of December 31, 2015 and 2014, management has determined the likelihood of realizing the benefit from a future reversal of the net operating loss carryforwards is uncertain. Therefore, a 100% allowance has been applied to the deferred tax assets associated with the net operating loss carryforwards of \$1,716,000 and \$1,677,000 at December 31, 2015 and 2014, respectively.

The Museum files Forms 990 in the U.S. federal jurisdiction and the State of Illinois. Tax years before 2012 are generally no longer subject to examination by the Internal Revenue Service.

Part	XI,	Line	2d	_	Other	Adjustments:
------	-----	------	----	---	-------	--------------

Gaming Expenses	28,000.
Rental Expenses	705,574.
Insurance Policy	20,987.
Cost of Goods Sold	369,971.
Fundraising Expenses	677,607.
	Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Museum of Science and Industry Part XIII Supplemental Information (continued)	36-2167797 Page 5
Recovery of Bad Debt	28,750.
Total to Schedule D, Part XI, Line 2d	1,830,889.
Part XI, Line 4b - Other Adjustments:	
Change in Value of Interest Rate Swap	-47,991.
Minimum Pension Liability	-118,571.
Change in Value of Asset Retirement Obligation	53,225.
Total to Schedule D, Part XI, Line 4b	-113,337.
Part XII, Line 2d - Other Adjustments:	
Gaming Expenses	28,000.
Rental Expenses	705,574.
Cost of Goods Sold	369,971.
Fundraising Expenses	677,607.
Recovery of Bad Debt	28,750.
Total to Schedule D, Part XII, Line 2d	1,809,902.
Part XII, Line 4b - Other Adjustments:	
Change in Value of Interest Rate Swap	-47,991.
Minimum Pension Liability	-118,571.
Change in Value of Asset Retirement Obligation	53,225.
Total to Schedule D, Part XII, Line 4b	-113,337.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Museum of Science and Industry

Employer identification number 36-2167797

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i)							
		Yes	No				
Ist all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	l s or has been notified	l d it is exempt from re	egistration	

36-2167797 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Black Columbian None (add col. (a) through Ba11 Creativity col. (c)) (event type) (event type) (total number) Revenue 1,909,593. 2,337,696. 1 Gross receipts 428,103. 373,047. 1,890,593. 2,263,640. 2 Less: Contributions 55,056. 19,000. 74,056. **3** Gross income (line 1 minus line 2) 4 Cash prizes 6,111. 77,871. 83,982. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 143,496. 105,911. 249,407. 7 Food and beverages 12,900. 45,500. 58,400. 8 Entertainment 35,645. 285,818. 250,173. 9 Other direct expenses 677,607. **10** Direct expense summary. Add lines 4 through 9 in column (d) -603,551. 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 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? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2015 Museum of Science and Industry 36-2	<u>. 16 /</u>	191	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ 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?		Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:			
		۔مد ا	I	0/
	a The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Coming manager compananties • C			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
Da	organization's own exempt activities during the tax year > \$		01 4	N 451
F	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9,	96, 10	, מכו, מנ
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Museum of	Science	and Industr	Y				36-216779	7
Part I General Information on Grants	and Assistance							
1 Does the organization maintain records	to substantiate the	e amount of the grant	s or assistance, the	e grantees' eligibilit	ty for the grants or ass	sistance, and the selecti		
criteria used to award the grants or ass	istance?						X Yes	No
2 Describe in Part IV the organization's p								
Part II Grants and Other Assistance to	Domestic Organi	izations and Domest	ic Governments.	Complete if the org	anization answered "\	Yes" on Form 990, Part I	V, line 21, for any	
recipient that received more than		T .	T .	1	(S) NA - 111 - 5			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section 501(c)(3)	I and government or	I rganizations listed in the	L ne line 1 table	<u> </u>	<u> </u>			
3 Enter total number of other organization								
organization								

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Museum of Science and Industry

Employer identification number 36-2167797

	·		Yes	No
1 a	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 (e.g., 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 in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X 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:			
	Receive a severance payment or change-of-control payment?	4a		X
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to 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:			
а	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 non-fixed payments		77	
	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			77
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	ı

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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)	495,376.	90,000.	6,257.	7,950.	12,599.	612,182.	0.
President/Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kurt E. Haunfelner	(i)	236,792.	0.	2,523.	1,429.	12,537.	253,281.	0.
VP - Exhibits and Collections	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Matthew C. Simpson	(i)	165,166.	0.	0.	4,284.	19,384.	188,834.	0.
VP - Marketing/Public Relations	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Andrea J. Ingram	(i)	214,155.	0.	768.	6,460.	8,321.	229,704.	0.
VP - Education and Guest Services	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Sheila M. Cawley	(i)	232,078.	0.	561.	6,809.	945.	240,393.	0.
VP - External Affairs	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Rose B. Fealy	(i)	165,125.	0.	0.	4,379.	5,971.	175,475.	0.
VP - Finance & Administration/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Stacey Kraft	(i)	176,721.	0.	269.	3,636.	268.	180,894.	0.
Past VP - Human Resources	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Mary Krinock	(i)	160,544.	0.	0.	4,879.	8,168.	_	0.
Chief of Staff	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Katherine Garant	(i)	159,609.	0.	1,563.	4,917.	8,071.	174,160.	0.
Director of Finance/Controller	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Duncan Harris	(i)	182,092.	0.	0.	2,985.	302.	185,379.	0.
Gen. Counsel & Dir. of Retail Ops.	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Edward McDonald	(i)	135,405.	0.	1,295.	4,285.	12,384.	153,369.	0.
Director of Facilities	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Anne Rashford	(i)	138,819.	0.	836.	4,235.	7,843.	151,733.	0.
Director of Temporary Exhibits	(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.
Part I, Line 7:
The compensation committee reviewed and approved variable compensation for
certain employees due to outstanding performance.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

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

2015
Open to Public Inspection

Name of the organization

Museum of Science and Industry

Employer identification number 36-2167797

Part I Bond Issues	1												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	ie price	(f) Description of purpose		(g) De	feased	ed (h) On behalf of issuer		(i) Po	
								Yes	No	Yes		Yes	Ť
						Construc							
A IFA Series 2009A-D	85-1091967	45200FJ91	12/17/09	64,0	000,000. E	Exhibits	}		X		Х		X
В													
С													
D													
Part II Proceeds	'												
				4		В	С				D		
1 Amount of bonds retired				30,000.									
2 Amount of bonds legally defeased													
3 Total proceeds of issue				00,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows				37,702.									
7 Issuance costs from proceeds			42	29,298.									
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceed			***	33,000.									
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion						_							
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a current											_		
15 Were the bonds issued as part of an advar				X							_		
16 Has the final allocation of proceeds been n	nade?										_		
17 Does the organization maintain adequate books and reco	ords to support the final allocation	on of proceeds?	Х										
Part III Private Business Use													
				A		В	Ç		\perp		D		
1 Was the organization a partner in a partner		,	Yes	No	Yes	No	Yes	No	\perp	Yes	+	No	
which owned property financed by tax-exe				X					\perp		+		
2 Are there any lease arrangements that may	•			17									
bond-financed property?			 53	X						dula K			

Part	III Private Business Use (Continued)								
		Α		E	3	С		D	
За	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	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?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х						
	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				'		1		
-	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		9,
5	Enter the percentage of financed property used in a private business use as a result of		,,,		73		,,		
•	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		0,
6	Total of lines 4 and 5		%		%		%		0,
7	Does the bond issue meet the private security or payment test?		X		,		7 7		<u> </u>
	Has there been a sale or disposition of any of the bond-financed property to a non-								
oa	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed						l		
b			%		%		%		0.
	of If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		70		70		70		<u> </u>
C	, ,								
	1.141-12 and 1.145-2? Has the organization established written procedures to ensure that all nonqualified								
9	·								
	bonds of the issue are remediated in accordance with the requirements under		x						
_	Regulations sections 1.141-12 and 1.145-2?		Λ						
Part	IV Arbitrage								
			A		3		<u> </u>		i
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		_ ^						
	If "No" to line 1, did the following apply?		1 37				1		1
	Rebate not due yet?		X						
<u> </u>	Exception to rebate?	77	Х						
<u>c</u>	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		,						
	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X						
	Name of provider								
	Term of hedge		,		,		,		1
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								

Part IV Arbitrage (Continued)								
	A B		В		2	D		
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						
Part V Procedures To Undertake Corrective Action		•	•		•	•	•	•
		A		В		<u> </u>)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedu	le K (see insti	ructions).					
Part IV, Line 2c:								
Bond Counsel performed the rebate calculation for	r the	period	Decemb	er				
17, 2009 through December 17, 2014.		<u>-</u>						
<u> </u>								
Part V, Procedures to Undertake Corrective Action	n:							
The Museum has not violated any applicable require		s for t	ax exe	mpt				
bonds benefiting the Museum. The Museum has not				_				
procedures to ensure timely identification of vi-				tax				
requirements or timely correction of any identif								
Museum will develop procedures in the near future			•					

36-2167797

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.

Museum of Science and Industry

Attach to Form 990.

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

Name of the organization

Employer identification number 36-2167797

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conti amounts repo Form 990, Part V	rted on		(d) nod of dete contributio	•	nts
1	Art - Works of art		itomo continuacióa	Tomicoo, raic v	,e . rg				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								,
5	Clothing and household goods								,
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	5	5,725	737.	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	A male and a site of a stiff and a								
25	Other (Columbian Bal)	X	64	69	600.	Cost/Se	11ina	Pri	
26	Other (United Airlin)	X	139			Cost/Se			
27	Other (Black Creativ)	X	34			Cost/Se			
28	Other (Facilities &)	X	28			Cost/Se			
29	Number of Forms 8283 received by the organi		l .		1 1	0000,00	9		
25	for which the organization completed Form 82		•		29				0
	To which the organization completed form of	.00,1 ait iv,	Donce Acknowleds	gerrierit	25			Yes	No
202	During the year, did the organization receive b	v contributio	on any proporty ro	norted in Part I lin	oc 1 throu	ah 28 that it		163	INO
30a	must hold for at least three years from the dat								
	•		•					0a	х
h	exempt purposes for the entire holding period	·						oua	+**
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	nolicy that r	equires the review	of any non stands	ard contrib	utions?		31 X	
31							 '	21 22	+
32a	contributions?		•					2a	х
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which colur	mn (a) is ch	ecked,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

Schedule M	(Form 990) (2015) Museum of Science and Industry	36-2167797 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combining part for any additional information.	and whether the organization pination of both. Also complete
Schedu	le M, Part I, Column (b):	
is the	number of contributions.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public

Employer identification number

36-2167797

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Inspection

Form 990, Part I, Line 1, Description of Organization Mission: industry by providing visitors with integrated learning experiences.

Museum of Science and Industry

Form 990, 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. Approximately 340,000 students are among the nearly 1.4 million guests that visit each year. Through its Center for the Advancement of Science Education, the Museum reaches thousands of students and teachers through special programs, learning labs and educator workshops.

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 Omnimax theater, museum store, food services, and parking services.

Expenses \$ 3,734,627. including grants of \$ 0. Revenue \$ 4,240,904.

Form 990, Part VI, Section A, line 2:

James Crown and Lester Crown have a family relationship.

Deborah L. DeHass and Betsy D. Holden have a family relationship.

Jason Pritzker and Cindy Pritzker have a family relationship.

Barry MacLean and Duncan MacLean have a family relationship.

Name of the organization Museum of Science and Industry	Employer identification number 36-2167797
James Crown and Lester Crown have a business relationship	outside of the
Museum.	
James T. Ryan and David Grainger have a business relation	ship outside of
the Museum.	
Deborah DeHaas and Byron Spruell have a business relation	ship outside of
the Museum.	
Kenneth Dort and Jesse Ruiz have a business relationship	outside of the
Museum.	
Douglas Grissom and John Canning have a business relation	ship outside of
the Museum.	
Point Town Dair and Town Colonia have a book	
Avis LaVelle, Jesse Ruiz and Juan Salgado have a business	relationship
outside of the Museum.	
Kent P. Dauton and Larry Richman have a business relation	ship outside of
the Museum.	biiip odebide oi
Kent P. Dauten and John Canning have a business relations	hip outside of the
Museum.	
David Vitale and Charles Bobrinskoy serve on a board outs	ide of the Museum.
Michelle Collins and Larry Richman serve on a board outsi	de of the Museum.

Name of the organization **Employer identification number** Museum of Science and Industry 36-2167797 J. Christopher Reyes, William Devers, James Gray, Mike Ferro and Andrew J. McKenna serve on a board outside of the Museum. Michael W. Ferro, Jr. and Matthew Maloney serve on a board outside of the Museum. Jim Gray and David Fisher serve on a board outside of the Museum. David Fisher and Charles Bobrinsky serve on a board outside of the Museum. Robert Morrison, Richard Lenny, and Scott Santi serve on a board outside of the Museum. Sheila Penrose, Richard Lenny, Walter Massey and Andrew McKenna serve on a board outside of the Museum. Edward Liddy, William Osborn and W. James Farrell serve on a board outside of the Museum. David Grainger and James T. Ryan serve on a board outside of the Museum. David Vitale and Jeff Foland serve on a board outside of the Museum. Form 990, Part VI, Section B, line 11: 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 Chairman of the

Name of the organization

Museum of Science and Industry

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 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 at the end of Q1 to review and make decisions on all executive (CEO and VP's) compensation.

Name of the organization

Museum of Science and Industry

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- 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 VP of HR facilitates and drives this process to ensure consistency and fairness across the Museum.
- 5. The process is contemporaneously documented.

Form 990, Part VI, Section C, Line 18:

The Museum posted a copy of its 2014 Form 990 on its website and made copies of 2012, 2013, 2014 Form 990 and 990-T publicly available upon request. As the Museum filed the application for recognition of exemption, Form 1023 before 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 available to the public upon request for the same period of disclosure as set forth in IRC section 6104(d).