Form **990**

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

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

Department of the Treasury Internal Revenue Service

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

16 Open to Public Inspection

OMB No. 1545-0047

А	roi ili	e 20 to calendar year, or tax year beginning and	enaing	_	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	Museum of Science and Industry			
	Name chang	Doing business as] 36-2	167797
	Initial return		Room/suite	E Telephone numbe	r
F	Final				684-1414
	termir ated	City or town, state or province, country, and ZIP or foreign postal code			98,514,490.
	Amen	ded Chigago II 60637_2003		H(a) Is this a group re	
F	⊥return ∏Applio _tion			for subordinates	
	tion pendi	same as C above			—
_				H(b) Are all subordinates i	
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527		list. (see instructions)
		te: www.msichicago.org		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 1933	M State of legal domicile: ${ t IL}$
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: $\underline{ exttt{Muse}}$	um of	Science and	Industry
S E		seeks to further public understanding of	scien	ice, technol	ogy and
ű	2	Check this box if the organization discontinued its operations or disposition	sed of more	e than 25% of its net a	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	107
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			106
ος O		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			636
iţie		Total number of volunteers (estimate if necessary)			502
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			1,930,015.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.
	B	Their difference business taxable income from 1 offit 990-1, life 34	·····		Current Year
		Ocatilla di cara card consulta (Desta) (IIII di cardia)		Prior Year 53,640,621.	33,285,080 .
ne	8	Contributions and grants (Part VIII, line 1h)		19,297,363.	
en (9	Program service revenue (Part VIII, line 2g)			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,171,194.	1,625,404.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,442,175.	7,208,475.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		89,551,353.	60,092,008.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,700.	6,700.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		25,683,166.	27,630,544.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 5,926,0	29.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,649,960.	36,753,229.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		60,340,826.	
		Revenue less expenses. Subtract line 18 from line 12		29,210,527.	
or or	3			ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		278,315,575.	276,251,494.
ASS	21	Total liabilities (Part X, line 26)	·····	73,360,703.	70,453,143.
let,	22	Net assets or fund balances. Subtract line 21 from line 20	······· 2	204,954,872.	205,798,351.
P	art II	Signature Block	4	104,554,072	203,730,331.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	ne and etatom	unter and to the heet of m	v knowledge and belief it is
	•	st, and complete. Declaration of preparer (other than officer) is based on all information of w		•	y knowieuge and belief, it is
uut	, correc	n, and complete. Declaration of preparer (other than officer) is based on an information of w	mon preparei	lias ally kilowieuge.	
		Signature of officer		l Date	
Sig		'		Date	
He	re	Rose B. Fealy, VP Finance & Admin/CFO Type or print name and title			
		,		Data I I	I DTIN
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Pai	d	Wayne Harder		self-employ	
Pre	parer	Firm's name ▶ RSM US LLP		Firm's EIN ▶	42-0714325
Use	Only	Firm's address 1 S. WACKER DRIVE, STE 800			
		CHICAGO, IL 60606		Phone no.31	2-634-3400
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	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
2	
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
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 \$25 , 440 , 856 . including grants of \$) (Revenue \$10 , 023 , 582 .)
	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.
4b	(Code:) (Expenses \$ 12,196,449 • including grants of \$) (Revenue \$ 5,446,914 •)
	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; Numbers
	in Nature, an exhibit that exposes and explains hidden patterns in the
	natural world and features a 1,800-square-foot mirror maze; 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
4c	(Code:) (Expenses \$ 6,535,058 • including grants of \$ 6,700 •) (Revenue \$ 464,118 •)
	(Code:) (Expenses \$ 6,535,058. including grants of \$ 6,700.) (Revenue \$ 464,118.) 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.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,074,970 • including grants of \$) (Revenue \$ 3,776,406 •)
4e	Total program service expenses ► 47,247,333.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			٠
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	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,"			37
	complete Schedule G, Part III	19		X

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	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	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
2 1 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	х	
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
25a	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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	25.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
٠,	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?	J.		
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) Museum of Science and Industry Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Ш
		_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	153			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	636			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
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	ccoun	ts (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 transaction	ction?		5b		Х
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 orga	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 contribute		~			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				37
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		_			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property, did the organization file Formation in the contribution of qualified intellectual property in the contribution of qualified intellectual property.			7g		
h	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.			0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
40 40				90		
10	Section 501(c)(7) organizations. Enter: 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	10a				
11	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>			
	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				
	Did the executation reading any property for independent property of the territory			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2016)

Form 990 (2016) 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

121 to the description of 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 1b 106			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, FL, IL, MI, NY, 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)	availat	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 - 773-684-1414 5700 S. Lake Shore Drive. Chicago. IL 60637-2093			
	STON DE DUNC DIDIC DIIVE, CHICAUD, III 0003/-4071			

Form 990 (2016)

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		Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	r/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	al trus		yee	mper		(** 2. *********************************		and related
	below	ridual	Institutional trustee	er	Key employee	Highest compensated employee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) Kent P. Dauten	1.00									
Chairman/Trustee	1	Х						0.	0.	0.
(2) John A. Canning, Jr.	1.00									•
Past Chairman/Trustee	1 00	Х						0.	0.	0.
(3) Allan E. Bulley, Jr.	1.00	,,							0	0
Vice Chairman/Trustee	1 00	Х						0.	0.	0.
(4) Alison L. Chung	1.00	,,							0	0
Vice Chairman/Trustee	1 00	Х						0.	0.	0.
(5) Frank M. Clark	1.00	Х						0.	0.	^
Vice Chairman/Trustee	1.00	^						0.	0.	0.
(6) Michael W. Ferro, Jr.	1.00	Х						0.	0.	0.
Vice Chairman/Trustee (7) James A. Gordon	1.00	^						0.	0.	<u></u>
Vice Chairman/Trustee	1.00	X						0.	0.	0.
(8) Jay L. Henderson	1.00	^						0.	0.	
Vice Chairman/Trustee	1.00	х						0.	0.	0.
(9) Robert A. Livingston	1.00								•	
Vice Chairman/Trustee	1.00	x						0.	0.	0.
(10) Barry L. MacLean	1.00									
Vice Chairman/Trustee		x						0.	0.	0.
(11) Sheila A. Penrose	1.00									
Vice Chairman/Trustee		х						0.	0.	0.
(12) Jeffrey S. Aronin	1.00									
Trustee		Х						0.	0.	0.
(13) William C. Bartholomay	1.00									
Trustee		Х						0.	0.	0.
(14) Christopher B. Begy	1.00									
Trustee		Х						0.	0.	0.
(15) Charles K. Bobrinskoy	1.00									
Trustee		Х						0.	0.	0.
(16) David C. Bohnett	1.00	_ [_	_	_
Trustee	1 1 1 1	Х						0.	0.	0.
(17) Matthew J. Boler	1.00									_
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)				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	1 00	Х						0.	0.	0.
(19) Byron T. Brazier, D.Min. Trustee	1.00	X						0.	0.	0.
(20) Michelle L. Collins	1.00									
Trustee		Х						0.	0.	0.
(21) Christopher M. Crane Trustee	1.00	x						0.	0.	0.
(22) James S. Crown	1.00	25						•	•	<u> </u>
Trustee	1.00	х						0.	0.	0.
(23) Kenneth K. Dort	1.00									
Trustee		Х						0.	0.	0.
(24) Ann M. Drake Trustee	1.00	x						0.	0.	0.
(25) James J. Drury III	1.00							-		<u> </u>
Trustee		Х						0.	0.	0.
(26) W. James Farrell	1.00									
Trustee		Х						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part	VII, Section A						>	3,005,324.	0.	245,793.
d Total (add lines 1b and 1c)							<u> </u>	3,005,324.	0.	245,793.
2 Total number of individuals (including but	not limited to th	ose	liste	ed al	hove	e) wł	no re	eceived more than \$100	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

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

(A) Name and business address	(B) Description of services	(C) Compensation
MediaOcean/MBuy, 120 S. Riverside Plaza,		1 0 - 1 1 1 1
Suite 1900, Chicago, IL 60606	Advertising	1,956,121.
Ravenswood Studio, Inc., 6900 N. Central		
Park Avenue, Lincolnwood, IL 60712	Specialized Designs	1,872,774.
Midway Building Services		
1915 W. Hubbard Street, Chicago, IL 60622	Janitorial	1,663,463.
AlliedBarton Security Services LLC		
PO Box 828854, Philadelphia, PA 19182	Security	1,359,761.
Berglund Construction Company		
8410 S. Chicago Avenue, Chicago, IL 60617	Construction	1,356,726.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization		

\$100,000 of compensation from the organization ► 46

See Part VII, Section A Continuation sheets

Form **990** (2016)

	of Science	ce	ar	<u>nd</u>	Ιr	ndı	1S1	try	36-216	7797
Part VII Section A. Officers, Directors,	Trustees, Key E	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(cl		all t			ly)	compensation	compensation	amount of
	per						Ė	from	from related	other
	week	١				oyee		the	organizations	compensation
	(list any	director				emplo		organization	(W-2/1099-MISC)	from the
	hours for	or di	æ			ated		(W-2/1099-MISC)		organization
	related organizations	nstee	trust		ee	suadu				and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) David A. Fisher	1.00	 	_			-	 			
Trustee		х						0.	0.	0.
(28) Dennis J. FitzSimons	1.00									
Trustee		Х						0.	0.	0.
(29) James J. Fuentes	1.00									
Trustee		Х						0.	0.	0.
(30) Matthew R. Gibson	1.00									
Trustee		Х						0.	0.	0.
(31) Ronald J. Gidwitz	1.00	ļ								
Trustee	1 00	Х						0.	0.	0.
(32) James T. Glerum, Jr.	1.00	,,							0	0
Trustee	1 00	Х						0.	0.	0.
(33) William M. Goodyear	1.00							0.	0.	0
Trustee (24) James A. Gusta	1.00	Х						0.	0.	0.
(34) James A. Gray Trustee	1.00	X						0.	0.	0.
(35) Catherine P. Greenspon	1.00	^						0.	0.	0.
Trustee	1.00	X						0.	0.	0.
(36) Richard P. Grimley	1.00								•	0.
Trustee	100	x						0.	0.	0.
(37) Doug C. Grissom	1.00	 								<u> </u>
Trustee		х						0.	0.	0.
(38) Betsy D. Holden	1.00							-		
Trustee		Х						0.	0.	0.
(39) David R. Hopping	1.00									
Trustee		Х						0.	0.	0.
(40) Edward L. Kaplan	1.00									
Trustee		Х						0.	0.	0.
(41) Michael P. Krasny	1.00									
Trustee		Х						0.	0.	0.
(42) Avis LaVelle	1.00									_
Trustee		Х						0.	0.	0.
(43) Eric P. Lefkofsky	1.00	l								
Trustee	1 00	Х						0.	0.	0.
(44) Charles A. Lewis	1.00	ļ ,,								•
Trustee	1 00	Х	_		_	_		0.	0.	0.
(45) H. John Livingston	1.00	Ψ,							_	0
Trustee	1 00	Х				_	_	0.	0.	0.
(46) Christopher B. Lorenzen	1.00	x						0.	0.	0
Trustee		Λ			<u> </u>			0.	U •	0.
Tetalta Destaul Continue A III d										
Total to Part VII, Section A, line 1c								1		

Part VII Section A. Officers, Directors, Tru (A) Name and title	Average hours per week (list any hours for related organizations below	director O		(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and title	Average hours per week (list any hours for related organizations	director		Pos	ition		.1.4	Reportable	Reportable	
Name and title	hours per week (list any hours for related organizations	director		Pos	ition		.h.d	Reportable	-	
	hours per week (list any hours for related organizations	director					4.4		-	
	week (list any hours for related organizations	director					uy)	compensation	compensation	amount of
	(list any hours for related organizations	e or director					<u> </u>	from	from related	other
	hours for related organizations	e or director				yee		the	organizations	compensation
	related organizations	e or dir				oldu		organization	(W-2/1099-MISC)	from the
	organizations	9	au			ted e		(W-2/1099-MISC)		organization
	1 ~	ste	ruste			ben sa				and related
	below	lal tru	onal t		oloye	moo				organizations
	lina\	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	ij	ii.	9	å	Ξ̈́	요			
47) Duncan A. L. MacLean	1.00							_		_
rustee		Х						0.	0.	0.
48) Matthew M. Maloney	1.00									
rustee		Х						0.	0.	0.
49) Walter E. Massey, Ph.D.	1.00									
rustee		Х						0.	0.	0.
50) Andrew J. McKenna	1.00									
rustee		Х						0.	0.	0.
51) William L. Morrison	1.00									
rustee		Х						0.	0.	0.
52) Oscar Munoz	1.00	 						•	•	
rustee		x						0.	0.	0.
53) Robert S. Murley	1.00								•	
rustee	1.00	x						0.	0.	0.
54) William A. Mynatt, Jr.	1.00							•	0.	- 0.
rustee	1.00	Х						0.	0.	0.
55) Robert F. Paisin	1.00							0.	0.	
rustee	1.00	X						0.	0.	0.
56) James M. Peck	1.00	22						0.	0.	
rustee	1.00	X						0.	0.	0.
	1.00	^						0.	0.	0.
57) Jason Pritzker	1.00	x						0.	0.	0.
rustee	1 00	Δ						0.	0.	0.
58) Scott A. Rafferty	1.00	7.						م ا	0	0
rustee	1 00	Х						0.	0.	0.
59) J. Christopher Reyes	1.00									0
rustee	1 00	Х						0.	0.	0.
50) Larry D. Richman	1.00	l								•
rustee		Х						0.	0.	0.
51) Desire Rogers	1.00							_	_	_
rustee		Х						0.	0.	0.
52) Jesse H. Ruiz	1.00									
rustee		Х						0.	0.	0.
53) James T. Ryan	1.00									
rustee		Х						0.	0.	0.
64) Michael J. Sacks	1.00									
rustee		Х						0.	0.	0.
55) Juan Salgado	1.00									
rustee		Х						0.	0.	0.
66) Manuel Sanchez	1.00									
rustee		х						0.	0.	0.
	•								2.0	,

	of Scienc	<u>:e</u>	aı	Iu	ΤI	ιαι	ısı	try	36-216	1191
Part VII Section A. Officers, Directors,	Trustees, Key Eı	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title Average Position								Reportable	Reportable	Estimated
	hours	(c	neck	all t	that	app	ly)	compensation	compensation	amount of
	per					a.		from	from related	other
	week (list any	to				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ma pa		(W-2/1099-MISC)	(** 2/ 1033 1/1100)	organization
	related	tee or	ıstee			en sate		,		and related
	organizations	l trus	nal trı		loyee	dwo:				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	E E	lus	JJO	Ke	ij	휸			
(67) John F. Sandner	1.00	,,							0	
Trustee	1 00	Х						0.	0.	0
(68) E. Scott Santi	1.00	.						0.	0.	0
Trustee	1.00	Х						0.	0.	0
(69) Ronald M. Saslow	1.00	x						0.	0.	0
Trustee (70) Smita Shah	1.00	^						0.	0.	0
Trustee	1.00	Х						0.	0.	0
(71) Ilan Shalit	1.00							0.	0.	0
Trustee	1.00	Х						0.	0.	0
(72) Gregory D. Smith	1.00									
Trustee		х						0.	0.	0
(73) Melody A. Spann-Cooper	1.00							-		-
Trustee		х						0.	0.	0
(74) J. Douglas Sparkman	1.00									
Trustee		Х						0.	0.	0
(75) Byron O. Spruell	1.00									
Trustee		Х						0.	0.	0
(76) Mark Thierer	1.00									
Trustee		Х						0.	0.	0
(77) Elizabeth M. Thompson	1.00									
Trustee	1	Х						0.	0.	0
(78) Ralph Wanger	1.00								0	•
Trustee	1 00	Х						0.	0.	0
(79) Gregory D. Wasson	1.00	٠,,							0	
Trustee	1 00	Х						0.	0.	0
(80) Ann C. Williams	1.00	x						0.	0.	0
Trustee (81) Thomas J. Wilson	1.00	^						0.	0.	0
Trustee	1.00	Х						0.	0.	0
(82) Neal S. Zucker	1.00							0.	0.	0
Trustee	1.00	Х						0.	0.	0
(83) Rhett W. Butler	1.00	 								
Life Trustee		х						0.	0.	0
(84) Peter R. Carney	1.00	<u> </u>								
Life Trustee		х						0.	0.	0
(85) Frank W. Considine	1.00									
Life Trustee		х						0.	0.	0
(86) Lester Crown	1.00									
Life Trustee		Х			L			0.	0.	0

Form 990 Museum o	f Scienc	ce	ar	nd	Ιı	ndı	ıst	try	36-216	7797
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)		(D)	(E)	(F)						
Name and title	Reportable	Reportable	Estimated							
hours (check all that apply)								compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization
	organizations	ruste	l frustee		ee Ge	npen				and related organizations
	below	Individual trustee or director	rtiona	_	nplo)	st co	<u>~</u>			organizations
	line)	Indivi	Institutional t	Officer	Key employee	Highest compensated employee	Former			
(87) Victor J. Danilov, Ed.D.	1.00									
Life Trustee		Х						0.	0.	0.
(88) Robert J. Darnall	1.00									
Life Trustee		Х						0.	0.	0.
(89) William J. Devers, Jr.	1.00									
Life Trustee		Х						0.	0.	0.
(90) Jere D. Fluno	1.00	ļ								
Life Trustee	1 00	Х						0.	0.	0.
(91) David W. Grainger	1.00	Į.,							_	_
Life Trustee	1.00	Х						0.	0.	0.
(92) J. Ira Harris Life Trustee	1.00	x						0.	0.	0.
(93) Richard M. Jaffee	1.00	₽						0.	0.	
Life Trustee	1.00	X						0.	0.	0.
(94) James R. Kackley	1.00	123							•	
Life Trustee		x						0.	0.	0.
(95) John P. Keller	1.00								-	
Life Trustee		Х						0.	0.	0.
(96) Fredrick A. Krehbiel	1.00									
Life Trustee		Х						0.	0.	0.
(97) Leon M. Lederman, Ph.D.	1.00									_
Life Trustee		Х						0.	0.	0.
(98) Richard H. Lenny	1.00	ļ								
Life Trustee	1 00	Х						0.	0.	0.
(99) Edward M. Liddy	1.00	x								_
Life Trustee	1.00	X						0.	0.	0.
(100) Charles S. Locke Life Trustee	1.00	x						0.	0.	0.
(101) Thomas L. Martin, Jr., Ph.D.	1.00	<u> </u>						0.	0.	•
Life Trustee	1.00	X						0.	0.	0.
(102) Robert S. Morrison	1.00							0.		
Life Trustee		x						0.	0.	0.
(103) Terry E. Newman	1.00							-		
Life Trustee		Х						0.	0.	0.
(104) John D. Nichols	1.00									
Life Trustee		Х						0.	0.	0.
(105) James J. O'Connor	1.00									
Life Trustee		Х						0.	0.	0.
(106) Wlliam A. Osborn	1.00	1_						_	_	_
Life Trustee		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 Museum o	f Sciend	ce	ar	ıd	Ir	ıdı	ıst	try	36-216	7797
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(D)	(E)	(F)							
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of
	per week					eo		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)	(** =2 *********************************	organization
	related	stee o	ustee.		l	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) Walter R. Peirson	1.00	=	느	0	~	Ξ	Œ			
Life Trustee		х						0.	0.	0.
(108) Cindy Pritzker	1.00									
Life Trustee		Х						0.	0.	0.
(109) Louis A. Simpson	1.00							_	_	_
Life Trustee		Х						0.	0.	0.
(110) James A. Skinner	1.00									
Life Trustee		Х						0.	0.	0.
(111) S. Jay Stewart	1.00								0	•
Life Trustee	1 00	Х						0.	0.	0.
(112) Eugene A. Tracy	1.00	Х						0.	0.	0.
Life Trustee (113) Arthur R. Velasquez	1.00	^						0.	0.	0.
Life Trustee	1.00	Х						0.	0.	0.
(114) Arnold R. Weber, Ph.D.	1.00							0.	0.	<u> </u>
Life Trustee	1,00	x						0.	0.	0.
(115) William L. Weiss	1.00							•		•
Life Trustee		х						0.	0.	0.
(116) David R. Mosena	35.00									
President/Trustee		Х		Х				648,458.	0.	21,154.
(117) David J. Vitale	1.00									
Treasurer/Trustee		Х						0.	0.	0.
(118) Eileen M. Cabrera	35.00								_	
Secretary/Assistant to President				Х				97,864.	0.	14,055.
(119) Kurt E. Haunfelner	35.00							060 000	0	14 000
VP - Exhibits and Collections	35 00			Х				260,888.	0.	14,907.
(120) Matthew C. Simpson	35.00			х				233 044	0.	27 163
VP - Marketing/Public Relations (121) Yolanda Stephens	35.00			^				233,044.	0.	27,163.
VP - Human Resources	33.00			х				173,771.	0.	21,705.
(122) Andrea J. Ingram	35.00							1/3,//1	•	21,7031
VP - Education and Guest Services				x				231,581.	0.	14,787.
(123) Sheila M. Cawley	35.00									
VP - External Affairs				х				257,161.	0.	26,811.
(124) Rose B. Fealy	35.00							,		<u> </u>
VP - Finance & Administration/CFO		L		х	L_		L	241,468.	0.	13,100.
(125) Mary Krinock	35.00									
Chief of Staff				Х				173,696.	0.	13,240.
(126) Edward McDonald	35.00							445 555		
Director of Facilities						Х		143,288.	0.	17,775.
Total to Part VII, Section A, line 1c										

Form 990 Museum of	scienc	ce	ar	<u>1d</u>	ΙI	naı	<u>181</u>	try	36-216	1191
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	d title (B) (C) Average Position hours (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(127) Anne Rashford Director of Temporary Exhibits	35.00					х		147,231.	0.	12,555
(128) Bryan Wunar	35.00					х		128,653.	0.	
Director of Community Initiatives (129) Christopher Wilson	35.00					Λ		120,055.		24,014
Director of Exhibit Projects & Ops.	25 00					Х		130,049.	0.	20,137
(130) Nicole Kowrach Director of Teaching & Learning	35.00	1				x		138,172.	0.	4,390
		_								
		<u> </u>								
Total to Part VII, Section A, line 1c	I	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	3,005,324.		245,793

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function husiness sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 3,648,245. 2,387,749. c Fundraising events 1d d Related organizations 6,918,680. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 20,330,406. 956,128, g Noncash contributions included in lines 1a-1f: \$ 33,285,080, h Total. Add lines 1a-1f Business Code 2 a General Admissions 10,023,582 Program Service Revenue 900099 10,023,582 **b** Special Exhibits 900099 2,037,016 2,037,016 Omnimax Theater 900099 1,495,970 1,495,970 d U-505 Permanent Exhibits 900099 1,495,836. 1,495,836. 900099 2,920,645 2,920,645 f All other program service revenue g Total. Add lines 2a-2f. 17,973,049 Investment income (including dividends, interest, and 2,574,658 2,574,658. other similar amounts) Income from investment of tax-exempt bond proceeds 17,612. 17,612. 5 Royalties (i) Real (ii) Personal 1,172,495 6 a Gross rents **b** Less: rental expenses 594,963. 577,532. c Rental income or (loss) 577,532 d Net rental income or (loss) . 577,532, 7 a Gross amount from sales of (i) Securities (ii) Other 36,041,824. assets other than inventory b Less: cost or other basis 36,926,561. 64,517. and sales expenses -64,517. -884,737. c Gain or (loss) -949,254. -949,254. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 2,387,749. of contributions reported on line 1c). See 102,225 Part IV, line 18 a Other **b** Less: direct expenses 511,414, c Net income or (loss) from fundraising events -409,189 -409,189. 9 a Gross income from gaming activities. See 3,250 Part IV, line 19 a 9,800. **b** Less: direct expenses -6,550.-6,550 c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances 986,394. 315,227. **b** Less: cost of goods sold 671,167 608,590 62,577. **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Parking and Other Guest Services 900099 2,183,003 2,183,003. b Food Court 722514 1,391,486 1,391,486. c Sponsorship Revenues 900099 295,000 295,000. 900099 2,488,414. 1,744,521. 743,893. d All other revenue 6,357,903, e Total. Add lines 11a-11d 60,092,008. 19,711,020. 1,930,015. 5,165,893. Total revenue. See instructions.

Description	Secti	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												
7, 8, 8, 8, and 100 to of Part VIII. 1 Gratts 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 3 Grants and other assistance to foreign organizations, freeign governments, and foreign individuals. See Part IV, line 22 4 Grants and other assistance to foreign organizations, freeign governments, and foreign individuals. See Part IV, line 51 and 16 4 Benefits paid of or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 9 control of IV, and 40(5) employer contributions persons described in section 498(c/3)(8) 7 Differ satisficial and seasinal medical and variety of the composition of IV, and 40(5) employer contributions, organization of Compensation of Com		·			(0)	(B)								
and domestic governments. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to re for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons described in section 4098(c)(3)(8) Pother same and wages P		•		Program service	Management and	Fundraising								
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3 Grants and other assistance to foreign organizations, foreign powerments, and foreign individuals. See Part IV, lines 15 and 16 2,484,854 522,164 1,678,718 283,972 2,484,854 522,164 1,678,718 283,972 2,484,854 522,164 1,678,718 283,972 3,484,854 3,48	2		6 700	6 700										
organizations, foreign governments, and foreign inclividuals. Soe Part IV, lines 15 and 16		individuals. See Part IV, line 22	6,700.	6,700.										
Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, directors, trustees, and key employees Compensation of current officers, directors,	3	· ·												
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Compensation not included above, to disqualified persons (as defined under section 4958(p(1))) and persons described in section 4958(p(1)) and persons d	4													
6 Compensation not included above, 1o disqualified persons (as defined under section 4958(f)(3))(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(x) and 403(t)) employer contributions (include section 401(x) and 403(t) employer contribution (include section 401(x) and 403(t) employer contribution (include employer of the organization (include employer of th	5		2 404 054	F22 164	1 670 710	202 072								
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19 Conferences, conventions, and meetings 20 Interest 398,130. 398,130. 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 334,807. 334,807. 23 Insurance 334,807. 334,807. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Bank & Credit Card Fees b Program Development c Training/Recruitment d Exhibit Rental Expense e All other expenses b All other expenses 5, 286,355. 4,343,278. 294,878. 648,199. 5,286,355. 4,343,278. 294,878. 648,199. 64,390,473. 47,247,333. 11,217,111. 5,926,029.		·												
20 Interest 398,130. 398,130. 398,130. 294	19													
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 334,807. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) a Bank & Credit Card Fees b Program Development c Training/Recruitment d Exhibit Rental Expense e All other expenses 5,286,355. 4,343,278. 294,878. 648,199. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)			398,130.		398,130.									
22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Bank & Credit Card Fees b Program Development c Training/Recruitment d Exhibit Rental Expense e All other expenses 5 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here														
23 Insurance 334,807. 334,807. 334,807. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Bank & Credit Card Fees b Program Development c Training/Recruitment d Exhibit Rental Expense e All other expenses. Add lines 1 through 24e 554,748. 304,823. 211,088. 68,837. 195,000	22			13,017,952.										
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) Bank & Credit Card Fees Program Development Training/Recruitment Exhibit Rental Expense All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	23	Insurance	334,807.		334,807.									
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Bank & Credit Card Fees b Program Development c Training/Recruitment d Exhibit Rental Expense e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 1, 235, 044. 1, 235, 044. 1, 247, 05. 153, 344. 310, 273. 64, 343, 278. 294, 878. 648, 199. 64, 390, 473. 47, 247, 333. 11, 217, 111. 5, 926, 029.	24													
amount, list line 24e expenses on Schedule 0.) Bank & Credit Card Fees Program Development Training/Recruitment Exhibit Rental Expense All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here imanual first line 24e expenses on Schedule 0.) 1,235,044. 1,240,044. 1,235,044. 1,235,044. 1,240,044. 1,2														
Program Development 614,382. 150,765. 153,344. 310,273.		amount, list line 24e expenses on Schedule 0.)												
Training/Recruitment d Exhibit Rental Expense e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Solid Exhibit Rental Expense 195,000 195,000 195,000 195,000 294,878 648,199 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000 195,000	а				4 = 4									
Exhibit Rental Expense e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	b													
All other expenses 5, 286, 355. 4, 343, 278. 294, 878. 648, 199. Total functional expenses. Add lines 1 through 24e 64, 390, 473. 47, 247, 333. 11, 217, 111. 5, 926, 029. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	С				211,088.	68,837.								
Total functional expenses. Add lines 1 through 24e 64,390,473. 47,247,333. 11,217,111. 5,926,029. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		-			004 070	<u> </u>								
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	е	•												
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)			64,390,473.	4/,24/,333.	11,217,111.	5,926,029.								
educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)	26													
Check here if following SOP 98-2 (ASC 958-720)		* * * *												
The following desired (160 and 160)		, 🗂												
		Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2016)								

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,373,287.	1	4,123,504.
	2	Savings and temporary cash investments			5,960,590.	2	2,611,375.
	3	Pledges and grants receivable, net			34,843,452.	3	30,839,054.
	4	Accounts receivable, net			1,210,464.	4	1,576,236.
	5	Loans and other receivables from current and fo	rmer c	fficers, directors,			
		trustees, key employees, and highest compensa	ited er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	ied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		· ·			
Assets		employees' beneficiary organizations (see instr).				6	
\SS(7	Notes and loans receivable, net			4.45 500	7	200 007
•	8	Inventories for sale or use			447,700.	8	389,807.
	9				1,008,551.	9	1,358,264.
	10a	Land, buildings, and equipment: cost or other		250 400 200			
		basis. Complete Part VI of Schedule D	10a	359,498,328.	145 026 171		141 060 054
		Less: accumulated depreciation	10b	210,420,3/4.	145,936,171.	10c	141,069,954.
	11	Investments - publicly traded securities			40,420,090. 44,542,549.	11	57,124,525. 36,213,287.
	12	Investments - other securities. See Part IV, line 1		44,344,349.	12	30,213,207.	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			1,572,721.	14 15	945,488.
	15	Other assets. See Part IV, line 11			278,315,575.	16	276,251,494.
	16	Total assets. Add lines 1 through 15 (must equa			5,502,290.	17	5,882,294.
	17 18	Accounts payable and accrued expenses			3,302,230.	18	3,002,234.
	19	Grants payable			1,098,053.	19	1,746,663.
	20	Deferred revenue Tax-exempt bond liabilities			61,120,000.	20	58,697,684.
	21	Escrow or custodial account liability. Complete F			01/110/0000	21	30,037,70010
w	22	Loans and other payables to current and former					
iţie		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela			1,075,000.	23	0.
	24	Unsecured notes and loans payable to unrelated			, ,	24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D			4,565,360.	25	4,126,502.
	26	Total liabilities. Add lines 17 through 25			73,360,703.	26	70,453,143.
		Organizations that follow SFAS 117 (ASC 958), ched	k here X and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
auc	27	Unrestricted net assets			148,906,756.	27	148,040,398.
Fund Balances	28	Temporarily restricted net assets			35,035,224.	28	31,545,673.
- Pu	29				21,012,892.	29	26,212,280.
Ē		Organizations that do not follow SFAS 117 (A	SC 95	3), check here ▶Ш			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq		· ·		31	
Net Assets or	32	Retained earnings, endowment, accumulated in			004 054 050	32	005 500 351
~	33	Total net assets or fund balances			204,954,872.	33	205,798,351.
	34	Total liabilities and net assets/fund balances			278,315,575.	34	276,251,494.

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			8,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	204	-		
5	Net unrealized gains (losses) on investments	5	4	•	5,7	
6	Donated services and use of facilities	6		22	2,5	62.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		13	3,5	98.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		,			
	column (B))	10	205	,79	8,3	51.
Pai	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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	Ī			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	it			
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		it [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2016)

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

 $\begin{array}{c} \textbf{Employer identification number} \\ 36-2167797 \end{array}$

Name of the organization

Museum of Science and Industry

| Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions

. u		ricucon for f abile s	onanty otatao (All Organizations must co	Jilipiete til	is part.) of	e instructions.	
he	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)		
1	Ш	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).	
2	Ш	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3	Щ	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:		,				
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin	-				· ·	-
		See section 509(a)(2). (Con		,			, 3	,
11		An organization organized		ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	•	*	•			purposes of one or
		more publicly supported or	· ·	•	•		•	
		lines 12a through 12d that	•					
а		Type I. A supporting orga	* *			•		aivina
		the supported organization	•	•		•		
		organization. You must o			, ,			11 3
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	vina
_		control or management of						-
		organization(s). You mus			po		on an an an analysis and surp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
С		Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with.	and functionally integrat	ed with
Ī		its supported organizatio	-				•	
d		Type III non-functionally		•				zation(s)
-		that is not functionally int					• • • •	
		requirement (see instruct	•	• ,	•		•	
е		Check this box if the orga	·	-				
_		functionally integrated, or					, po ., . , po, . , po	
f	Fnte	er the number of supported of	organizations					
a		ride the following information	•	ed organization(s).				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (oce motraotione)				
-4-								

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Gifts, grants, contributions, and	,	, ,	. ,	, ,	, ,	.,				
	membership fees received. (Do not										
	include any "unusual grants.")	20,233,420.	16,744,534.	20,572,431.	47,923,500.	27,598,744.	133,072,629.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf	5,592,178.	5,607,427.	5,690,148.	5,717,121.	5,686,336.	28,293,210.				
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	25,825,598.	22,351,961.	26,262,579.	53,640,621.	33,285,080.	161,365,839.				
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)						16,193,039.				
6	Public support. Subtract line 5 from line 4.						145,172,800.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
7	Amounts from line 4	25,825,598.	22,351,961.	26,262,579.	53,640,621.	33,285,080.	161,365,839.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources \dots	2,470,874.	2,679,136.	3,792,389.	2,243,107.	2,592,270.	13,777,776.				
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.)	4,236,692.	3,793,450.	3,809,840.	4,491,024.	5,782,062.	22,113,068.				
11	Total support. Add lines 7 through 10						197,256,683.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 94	,025,635.				
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 2016 (14	73.60 %				
	Public support percentage from 2015					15	73.69 %				
16a	33 1/3% support test - 2016. If the o	•		•		•					
	stop here. The organization qualifies										
b	33 1/3% support test - 2015. If the o	-									
	and stop here. The organization qualifies as a publicly supported organization										
17a	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the "fac										
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances tes	ū				•					
	more, and if the organization meets 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	<u>s</u>				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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							
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
/ 6	, ,						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	() 0040	(1) 0040	() 004.4	(1) 0045	() 0040	(0 T
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	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						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶∟
	ction C. Computation of Publ						
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2015. If the						and
	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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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		
	3a		
	3b		
	3с		
	30		
	4a		
	44		
	4.		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	401		
_	10b		. 05 : =
n 9	90 or 99	90-EZ)	2016

Pa	rt IV Supporting Organizations (continued)			igo C
	Continued		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	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		
	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			<u> </u>
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
	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	ructions	.1	
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		
-	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			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruc					
	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-functional	y integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2016

Pai	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	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	S		
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)	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

2012 Amount: \$ 38,580.

2013 Amount: \$ 77,625.

2014 Amount: \$ 383,074.

2015 Amount: \$ 528,685.

2016 Amount: \$ 1,715,032.

Film Lease Revenue

2016 Amount: \$ 29,489.

Film Product Revenue

2012 Amount: \$ 39,525.

2013 Amount: \$ 11,350.

2014 Amount: \$ 530.

2015 Amount: \$ 2,200.

2016 Amount: \$ 0.

Food Court Revenue

2012 Amount: \$ 1,026,742.

2013 Amount: \$ 924,689.

2014 Amount: \$ 976,195.

2015 Amount: \$ 1,440,473.

2016 Amount: \$ 1,391,486.

Parking and Other Services

2012 Amount: \$ 2,289,315.

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.)

2013 Amount: \$ 2,373,924.

2014 Amount: \$ 2,022,752.

2015 Amount: \$ 2,130,556.

2016 Amount: \$ 2,183,003.

Sponsorship Revenue

2012 Amount: \$ 687,000.

2013 Amount: \$ 225,000.

2014 Amount: \$ 240,000.

2015 Amount: \$ 249,035.

2016 Amount: \$ 295,000.

Fundraising Events Revenue

2012 Amount: \$ 116,713.

2013 Amount: \$ 156,742.

2014 Amount: \$ 129,441.

2015 Amount: \$ 74,056.

2016 Amount: \$ 102,225.

Gaming Revenue

2012 Amount: \$ 8,750.

2013 Amount: \$ 8,600.

2014 Amount: \$ 5,950.

2015 Amount: \$ 6,200.

2016 Amount: \$ 3,250.

Sales of Inventory

T dit V	Part IV, Sec line 1; Part I	tion A, li V, Secti nes 5, 6	nes 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, on 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, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
2012	Amount:	\$	30,067.
2013	Amount:	\$	15,520.
2014	Amount:	\$	51,898.
2015	Amount:	\$	59,819.
2016	Amount:	\$	62,577.

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: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, 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. ☐ 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year _______
\$ _

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) (2016)

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			
1		\$ 5,686,336.	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			
2		\$ 5,000,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$3,000,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$3,000,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$3,000,000.	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.)			

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2016)}}{\mbox{Name of organization}}$ Employer identification number

Museum of Science and Industry

36-2167797

Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. rom 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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
453 10-18-		Sohodulo B /Form	990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 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
2016

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) organizar	tions: Complete Part III			
	ne of organization		1 .	Emp	loyer identification number
D -	Museum	of Science and In	ndustry		36-2167797
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 c	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	tures		> \$	S
Dr	ort LR Complete if the are	ranization is exempt und	or coation E01/o\/	(3)	
	art I-B Complete if the org				<u> </u>
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		
2	Enter the amount of any excise tax If the organization incurred a section	incurred by organization manage	for this year?		Yes No
	Was a correction made?				
	If "Yes," describe in Part IV.				L 165 L NO
	art I-C Complete if the org	ganization is exempt und	er section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expended	<u> </u>			
	Enter the amount of the filing organ				
	exempt function activities		-	_	8
3	Total exempt function expenditures				
	line 17b		,	▶ 9	8
4	Did the filing organization file Form				
5	Enter the names, addresses and er	mployer identification number (EIN	N) of all section 527 po	litical organizations to whi	ch the filing organization
	made payments. For each organiza	tion listed, enter the amount paid	I from the filing organiz	ation's funds. Also enter t	he amount of political
	contributions received that were pr			•	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	ide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the orga	luseur	n of S	cience and	Industry	36-2	2167797 Page 2
	anizatio	n is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768 (e	lection under
expenses, and share	e of exces	s lobbying	expenditures).	n Part IV each affiliated	group member's nan	ne, address, EIN,
B Check ► if the filing organizati	ion check	ed box A a	nd "limited control" pr	ovisions apply.		1 0 3 4 600 1 1
		ying Expe eans amou	nditures ınts paid or incurred)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to influence				ī		
c Total lobbying expenditures (add lin	nes 1a and	d 1b)				
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	(add line	s 1c and 1d	d)			
f Lobbying nontaxable amount. Enter		unt from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent						
h Subtract line 1g from line 1a. If zero	-					
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zero reporting section 4911 tax for this y	_			ation file Form 4720		Yes No
(Some organizations the	at made a	section 5 the separ	ate instructions for li	have to complete all ones 2a through 2f.)	of the five columns I	pelow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		•
Calendar year (or fiscal year beginning in)	(a) 2	2013	(b) 2014	(c) 2015	(d) 2016	(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) 2016 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)).

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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?	Yes	No X	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?	X			
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?	Х			
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 	Х			
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 	Х			
c Media advertisements?	X	77		
c Media advertisements?				
		X		
d Mailings to members, legislators, or the public?		X X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	Х	Λ	7.6	5,229.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Λ	Х	7 (7,449.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?		X		
		21	76	5,229.
j Total. Add lines 1c through 1i2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	, ,	3 / 2 2 3 •
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior yea	r? 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section				
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, liı	ne 3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total		_		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I	ist); Part II	-A, lines 1	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. Part II-B, Line 1b:				
Make direct contact with covered federal and state off	icial	s as	it re	Lates
to the Museum's needs.				
Part II-B, Line 1g:				

Strategic counsel, government affairs and lobbying.

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Museum of Science and Industry

Employer identification number 36-2167797

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, li	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	ed funds				
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor						
	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 organization	tion (check all that apply).					
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	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 qual	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 structu	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, han	dling of violations, and enforcing conserva	tion easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) about	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 conservation	tion easements in its revenue and expense	statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization	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 Forr	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 staten	nent and balance sheet works of art,				
	historical treasures, or other similar assets held for public ex	chibition, 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	and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	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 treasures, or other similar assets for financial gain, provide						
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
h	Assets included in Form 900 Part Y						

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significan	t use of its	collection	ı items
	(check all that apply):							
а	X Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt pur	oose in Par	t XIII.	
5	During the year, did the organization solicit o		•	•			7	
D-	to be sold to raise funds rather than to be ma						Yes	X No
Pa	rt IV Escrow and Custodial Arrange reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 99	90, Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets no	nt included			
Iu	on Form 990, Part X?		•				Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII						_ 103	
	1 103, explain the arrangement in rare xiii	and complete the for	lowing table.				Amount	
c	Beginning balance				1c		Amount	
	Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fe						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.				•			
	rt V Endowment Funds. Complete in							
	·	(a) Current year	(b) Prior year	(c) Two years back	1	years back	(e) Four	years back
1a	Beginning of year balance	10,868,470.	6,500,746.	· · ·		071,608.	· ,	661,624.
	Contributions	7,220,229.	4,995,679.			50,000.		· · · · · · · · · · · · · · · · · · ·
	Net investment earnings, gains, and losses	1,201,831.	-293,255.	107,782.		746,022.		640,276.
	Grants or scholarships		•	,		· ·		
	Other expenditures for facilities							
	and programs	407,047.	334,700.	273,595.		206,071.		230,292.
f	Administrative expenses	·						· · · · · · · · · · · · · · · · · · ·
g	End of year balance	18,883,483.	10,868,470.	6,500,746.	6,	661,559.	6,	071,608.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:	•			
а	Board designated or quasi-endowment		%					
b	Permanent endowment ► 94.03	%	_					
		5.9 7 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organ	ization		
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pa	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part >	K, line 10.			
	Description of property	(a) Cost or ot basis (investm	' '	, ,	Accumula epreciatio		(d) Book	value
1a	Land							
	Buildings		170,83	9,713. 89,	677,2	247. 8	1,162	2,466.
	Leasehold improvements							
d	Equipment			4,095. 12,				1,684.
	Other		•	4,520.115,	891,7			2,804.
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	Oc.)		<u> ▶ 14</u>	1,069	954.

<u> </u>		<u>-</u>		
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 valua	ation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	10 200 201	1	36 1 1	1
(A) Equity Funds	19,302,393			
(B) Fixed Income Funds	15,870,874	End-of-Yea		
(C) Corporate Bonds	1,040,020	End-of-Yea	r Market	value
(D)				
(E)				
(F)				
(G)				
(H)	26 012 001	7		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	36,213,28	/ .		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end	-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d. See Form 990, Par	t X, line 15.	(In) De alessalesa
	Description			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.	5 000 D 1 N / 1	44 444 0 5 00	00 5 1 1 1 1 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, II	(b) Book value	90, Part X, line 25.	•
		(b) Book value		
(1) Federal income taxes		010 242		
(2) Interest Rate Swap		810,343.		
(3) Pension Liability	<u></u>	359,183.		
(4) Asset Retirement Obligati	OU	977,773.		
(5) Funds on Deposit		210,124.		
(6) Purchase Agreement		1,769,079.		
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▲ 4,126,502.

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

JOI TO GGIO B	(1 01111 000) =010				
Part XI	Reconciliation of	Revenue per	Audited Financial	Statements With	Revenue per Return.

<u>. u</u>	11000110111ation of Nevertae per Addited I mandar etatem	CIILO VV	itii iicvenae pei ii	Ctail	••
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	66,103,736.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	4,785,784.		
b	Donated services and use of facilities	2b	222,562.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	1,431,404.		
е	Add lines 2a through 2d			2e	6,439,750.
3	Subtract line 2e from line 1			3	59,663,986.
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	217,242.		
b	Other (Describe in Part XIII.)	. 4b	210,780.		
С	Add lines 4a and 4b			4c	428,022.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	60,092,008.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents W	/ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	65,387,155.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	•	1,431,404.		
е	Add lines 2a through 2d			2e	1,431,404.
3	Subtract line 2e from line 1			3	63,955,751.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	217,242.		
b	Other (Describe in Part XIII.)	. 4b	217,480.		
С	Add lines 4a and 4b			4c	434,722.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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

64,390,473.

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 \$4,200,000 and \$4,400,000 at December 31, 2016 and 2015, respectively. As of December 31, 2016 and 2015, 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 \$1,638,000 and \$1,716,000 at December 31, 2016 and 2015, respectively.

The Museum files Forms 990 in the U.S. federal jurisdiction and the State of Illinois. Tax years before 2013 are generally no longer subject to examination by the Internal Revenue Service.

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

Gaming Expenses	9,800.
Rental Expenses	594,963.
Cost of Goods Sold	315,227.
Fundraising Expenses	511,414.
Total to Schedule D, Part XI, Line 2d	1,431,404.

Schedule D (Form 990) 2016 Museum of Science and Industry Part XIII Supplemental Information (continued)	36-2167797 Page 5
Part XI, Line 4b - Other Adjustments:	
Change in Value of Interest Rate Swap	-249,032.
Recovery of Bad Debt	459,812.
Total to Schedule D, Part XI, Line 4b	210,780.
Part XII, Line 2d - Other Adjustments:	
Gaming Expenses	9,800.
Rental Expenses	594,963.
Cost of Goods Sold	315,227.
Fundraising Expenses	511,414.
Total to Schedule D, Part XII, Line 2d	1,431,404.
Part XII, Line 4b - Other Adjustments:	
Change in Value of Interest Rate Swap	-249,032.
Recovery of Bad Debt	459,812.
Donated Chromebooks	6,700.
Total to Schedule D, Part XII, Line 4b	217,480.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

► 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

Schedule G (Form 990 or 990-EZ) 2016

11ab can	or percince and the	up c	<u> </u>		30 2107	, , ,
Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rail a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written 	e Solicitat s f Solicitat g Special	ion of ion of fundra	non-g gover aising	overnment grants nment grants events		
key employees listed in Form 990, F b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the				-		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration

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

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 521,924. 1,968,050. 2,489,974. 1 Gross receipts 474,299. 1,913,450. 2,387,749. 2 Less: Contributions 102,225. 47,625. 54,600. **3** Gross income (line 1 minus line 2) 4 Cash prizes 9,800. 36,400. 46,200. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 105,979. 104,621. 210,600. 7 Food and beverages 9,000. 24,030. 33,030. 8 Entertainment 64,018. 221,584. 9 Other direct expenses 511,414. 10 Direct expense summary. Add lines 4 through 9 in column (d) -409,189. 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 (a) Bingo (c) Other gaming 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) 2016 Museum of Science and Industry 36-2	<u> </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:			
		ء 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
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
c	If "Yes," enter name and address of the third party:			
	Name >			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of any isos puscided .			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠			Yes	☐ No
	retain the state gaming license?	. —	163	NO
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9,	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

▶ 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	Ϋ́				36-2167797
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or ass	sistance, and the selection	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for moni	oring the use of grant	t funds in the Unite	ed States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	ic Governments.	Complete if the org	anization answered "\	Yes" on Form 990, Part I	V, line 21, for any
recipient that received more than					(6) NA-Hl - f		
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 noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	and government or	uganizations listed in th	ne line 1 table	1	I		•
3 Enter total number of other organization							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ience Achievers - CASE Celebration	26	0.	6,700.	FMV	Chromebook laptops
rt IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
rt I, Line 2:					
ptop computers are provided to	high scho	ol student	s enrolled	in the	
seum's Science Achievers progr	am. The st	udents ele	cted to re	ceive the	
mputers were graduating from h	igh school	and prepa	ring to at	tend college.	
			<u> </u>		

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

▶ 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

Department of the Treasury

Internal Revenue Service

Part I

Museum of Science and Industry **Questions Regarding Compensation**

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 (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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			
	X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	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			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) David R. Mosena	(i)	533,742.	100,000.	14,716.	7,950.	13,204.	669,612.	0.
President/Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kurt E. Haunfelner	(i)	253,876.	7,000.	12.	1,572.	13,335.	275,795.	0.
VP - Exhibits and Collections	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Matthew C. Simpson	(i)	226,032.	7,000.	12.	6,968.	20,195.	260,207.	0.
VP - Marketing/Public Relations	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Yolanda Stephens	(i)	173,759.	0.	12.	4,823.	16,882.	195,476.	0.
VP - Human Resources	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Andrea J. Ingram	(i)	224,569.	7,000.	12.	6,243.	8,544.	246,368.	0.
VP - Education and Guest Services	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Sheila M. Cawley	(i)	250,149.	7,000.	12.	6,801.	20,010.	283,972.	0.
VP - External Affairs	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Rose B. Fealy	(i)	234,456.	7,000.	12.	4,915.	8,185.	254,568.	0.
VP - Finance & Administration/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Mary Krinock	(i)	166,684.	7,000.	12.	5,070.	8,170.	186,936.	0.
Chief of Staff	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Edward McDonald	(i)	143,276.	0.	12.	4,487.	13,288.	161,063.	0.
Director of Facilities	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Anne Rashford	(i)	144,678.	2,541.	12.	4,421.	8,134.	159,786.	0.
Director of Temporary Exhibits	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Bryan Wunar	(i)	128,641.	0.	12.	3,876.	20,138.	152,667.	0.
Director of Community Initiatives	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Christopher Wilson	(i)	130,037.	0.	12.	0.	20,137.	150,186.	0.
Director of Exhibit Projects & Ops.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

36-2167797

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.

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.

OMB No. 1545-0047

2016
Open to Public Inspection

Name of the organization

Museum of Science and Industry

Employer identification number 36-2167797

Museum of Sci	ence and	. Industry							0 2	10/	1 7 1						
Part I Bond Issues								_									
(a) Issuer name (I	b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	ie price	(f) Description of purpose		(f) Description of purpose		e (f) Description of purpos		(g) De	efeased	(h) On			
								V	No	of is		finan	_				
						Construc	tion	Yes	NO	Yes	NO	Yes	Ľ				
A IFA Series 2009A-D 85	-1091967	45200FJ91	12/17/0	64		Exhibits			x		х		2				
A IIA BELLES ZOUJA D 03	1001007	432001031	12/1//	, 04,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DAILDICS	'		125		21		ť				
В																	
_													T				
c																	
													T				
D																	
Part II Proceeds																	
				١		В	С				D						
1 Amount of bonds retired			4,40	00,000.													
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			•••	29,298.					_								
8 Credit enhancement from proceeds				22 000													
9 Working capital expenditures from proceeds			•••	33,000.													
O Capital expenditures from proceeds									_								
11 Other spent proceeds									_								
12 Other unspent proceeds									_								
3 Year of substantial completion						_											
			Yes	No	Yes	No	Yes	No	_	Yes	_	No					
4 Were the bonds issued as part of a current refundi				Х					_		_						
Were the bonds issued as part of an advance reful				Λ		_			-		-		_				
6 Has the final allocation of proceeds been made?			A			_			-		-		_				
Does the organization maintain adequate books and records to sup	port the final allocatio	on of proceeds?	🔼										_				
Part III Private Business Use						В	С				D						
4 Was the organization a partner in a partnership or	a mambar of an		Yes	No	Yes	1	Yes	No		Yes	-	No					
1 Was the organization a partner in a partnership, or which owned property financed by tax-exempt bor				X	res	No	res	NO		res		NO					
 Are there any lease arrangements that may result in 				21							+		_				
bond-financed property?	-			х													
bond-financed property?			··· I				<u> </u>		_ -	dula K			_				

Par	t III Private Business Use (Continued)									
			Α		В		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?		X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business use of bond-financed property?		X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by									
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of									
	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government		%		%		%		%	
6	Total of lines 4 and 5		%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed									
	of		%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections									
	1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all nonqualified									
	bonds of the issue are remediated in accordance with the requirements under									
	Regulations sections 1.141-12 and 1.145-2?		X							
Par	t IV Arbitrage									
			Ą	1	В	(Ç	[2	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No	
	Penalty in Lieu of Arbitrage Rebate?		X							
2	If "No" to line 1, did the following apply?				_		_			
a	Rebate not due yet?		X							
b	Exception to rebate?		Х							
c	No rebate due?	X								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
_3	Is the bond issue a variable rate issue?	X								
4a	Has the organization or the governmental issuer entered into a qualified									
	hedge with respect to the bond issue?		X							
b	Name of provider									
	Term of hedge		,		, ,					
	Was the hedge superintegrated?									
<u>e</u>	Was the hedge terminated?									

Part IV Arbitrage (Continued)								
	A		В		С		1	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		С			D
	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 isn't available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K. See insti	ructions					
Part IV, Line 2c:								
Bond Counsel performed the rebate calculation fo	r the p	period	Decembe	er				
17, 2009 through December 17, 2014.								
Part V, Procedures to Undertake Corrective Action								
The Museum has not violated any applicable requi				mpt				
bonds benefiting the Museum. The Museum has not								
procedures to ensure timely identification of vi								
requirements or timely correction of any identif	ied vi	olation	ıs, but	the				
Museum will develop procedures in the near futur	е.							

36-2167797

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Pa	rt I Types of Property			_	·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported of Form 990, Part VIII, lir	on noncash cor	(d) of determinir tribution am	•	3
1	Art - Works of art			,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	14	209,1	91.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 10	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	X	64	627 0	20 Coat /Coll	ina Da	i ~.	
25	Other (Toymaker)	X	177		30.Cost/Sell			
26	Other (United Airlin)				07.Cost/Sell			
27	Other (Columbian Bal)	X	14		00.Cost/Sell			
28	Other (Chromebooks)	X	26	<u>'</u>	00.Cost/Sell	ing Pr	TC	<u>=</u>
29	Number of Forms 8283 received by the organi						^	
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29			_0	
							⁄es	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1	through 28, that it			
	must hold for at least three years from the dat		•	•				
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard co	ontributions?	31	Х	
32a	Does the organization hire or use third parties contributions?		· ·	, ,		32a		Х
b	If "Yes," describe in Part II.							
		column (c) fo	r a type of propert	y for which column (a)	is checked,			
		. (-)	71 [2.2]	,(4)	,			
33	If the organization didn't report an amount in describe in Part II.					e M (Form 9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016) Museum of Science and Industry	36-2167797	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3	3, and whether the organiza	tion
is reporting in Part I, column (b), the number of contributions, the number of items received, or a cor this part for any additional information.	nbination of both. Also com	plete
this part for any additional information.		
Cubadala W. Bast T. Calama (b)		
Schedule M, Part I, Column (b):		
is the number of contributions.		
The title indiabet of contributions.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2016
Onen to Public

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization

Museum of Science and Industry

Employer identification number 36-2167797

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

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 1.5 million guests that visit each year. Through

its Center for the Advancement of Science Education (CASE), the Museum

reaches thousands of students and teachers through special programs,

learning labs and educator workshops.

Form 990, Part III, Line 4b, Program Service Accomplishments:

guests work together to develop a greener city; The Great Train Story,

a dynamic model display that illustrates modern rail operation; and the

Omnimax Theater, which features educational films, rich in content and

presented on Chicago's only five-story, domed wrap-around movie screen.

Form 990, Part III, Line 4d, Other Program Services:

Retail and supporting services represent various program offerings that enhance the guest experience. These include the Omnimax theater, museum store, food services, and parking services.

Expenses \$ 3,074,970. including grants of \$ 0. Revenue \$ 3,776,406.

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

James S. Crown and Lester Crown have a family relationship.

Name of the organization Museum of Science and Industry	Employer identification number 36-2167797
Jason Pritzker and Cindy Pritzker have a family relations	ship.
Barry L. MacLean and Duncan A. L. MacLean have a family n	relationship.
James S. Crown and Lester Crown have a business relations	ship outside of the
Museum.	
Develop G. Guirran and Jahr D. Garrian. To have a horizon	
Douglas C. Grissom and John A. Canning, Jr. have a busine	ess relationship
outside of the Museum.	
Avis LaVelle, Jesse H. Ruiz and Juan Salgado have a busin	ness relationship
outside of the Museum.	
Michelle L. Collins and Michael P. Krasny have a business	s relationship
outside of the Museum.	
Kent P. Dauten and Larry D. Richman have a business relat	cionship outside of
the Museum.	
Worth D. Doubles and Take D. Gooding. To be a book of the state of	1
Kent P. Dauten and John A. Canning, Jr. have a business	relationship
outside of the Museum.	
J. Christopher Reyes, Michael W. Ferro, Jr., and Andrew G	J. McKenna serve on
a board outside of the Museum.	
	-
James A. Gray, David A. Fisher and William M. Goodyear se	erve on a board
outside of the Museum.	

Name of the organization **Employer identification number** Museum of Science and Industry 36-2167797 Matthew A. Maloney and David A. Fisher serve on a board outside of the Museum. David A. Fisher and Charles Bobrinsky serve on a board outside of the Museum. E. Scott Santi and Jay L. Henderson serve on a board outside of the Museum. Sheila A. Penrose, Richard H. Lenny, and Walter E. Massey serve on a board outside of the Museum. Edward M. Liddy, William A. Osborn and W. James Farrell serve on a board outside of the Museum. Jay L. Henderson and William L. Morrison serve on a board outside of the Museum. Michael W. Ferro, Jr., John A. Canning, Jr. and Michael J. Sacks serve on a board outside of the Museum. Betsy D. Holden and Dennis J. Fitzsimmons serve on a board outside of the Museum. Douglas C. Grissom, Kent P. Dauten and John A. Canning, Jr. serve on a board outside of the Museum. J. Christopher Reyes and Andrew J. McKenna serve on a board outside of the Museum.

Name of the organization

Museum of Science and Industry

Employer identification number 36-2167797

Michelle L. Collins and Gregory D. Wasson serve on a board outside of the Museum.

Larry D. Richman and Michelle L. Collins serve on a board outside of the Museum.

Form 990, Part VI, Section B, line 11b:

The Museum's Form 990 is prepared by an external public accounting firm who provides drafts for internal review. After the internal review, these drafts are updated, and a final draft is reviewed by the Chairman of the Audit Committee and is made available to the Trustees electronically for their review, prior to electronically filing with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

The Museum formally sends a conflict of interest questionnaire annually to trustees, officers and employees. The Museum's compliance officer reviews the results of the questionnaires and investigates any reported potential conflicts for resolution as necessary.

From time to time, the Museum conducts business with publicly traded companies at which certain Museum board members have an employment or board 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.

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization **Employer identification number** Museum of Science and Industry 36-2167797 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. 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 2015 Form 990 on its website and made

copies of 2013, 2014, 2015 Form 990 and 990-T publicly available upon

Name of the organization Museum of Science and Industry	Employer identification number 36-2167797							
request. As the Museum filed the application for recognit	ion 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 a	vailable to the							
public upon request for the same period of disclosure as	set forth in IRC							
section 6104(d).								
Form 990, Part XI, line 9, Changes in Net Assets:								
Change in Value of Life Insurance Policy	21,629.							
Gain on Film Consortium Investment	51,205.							
Chromebooks Donation	6,700.							
Change in Value of Asset Retirement Obligation	-53,461.							
Minimum Pension Liability	107,525.							
Total to Form 990, Part XI, Line 9	133,598.							