

Part IIIStatement 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'S MISSION IS TO PLAY A LEADING ROLE IN TRANSFORMING THE NATION'S RELATIONSHIP WITH SCIENCE AND TECHNOLOGY THIS ROLE BECOMES EVER MORE IMPORTANT AS SCIENCE AND TECHNOLOGY SHAPE AND RESHAPE OUR LIVES AND WORLD, AND IT MEANS WE -- PROMOTE ACTIVE CITIZENSHIP INFORMED BY THE WORLD OF SCIENCE AND TECHNOLOGY, - - INSPIRE LIFELONG APPRECIATION OF THE IMPORTANCE AND IMPACT OF SCIENCE AND ENGINEERING, -- ENCOURAGE YOUNG PEOPLE OF ALL BACKGROUNDS TO EXPLORE AND DEVELOP THEIR INTERESTS IN UNDERSTANDING THE NATURAL AND HUMAN-MADE WORLD TO DO THIS, WE WILL CONTINUE TO BUILD OUR POSITION AS A LEADER IN THE WORLD'S MUSEUM COMMUNITY AND USE OUR EDUCATIONAL PERSPECTIVE AS AN INFORMAL LEARNING INSTITUTION TO HELP THE FORMAL PRE K-12 EDUCATION SYSTEM

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

Yes

No

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 \$ 18,370,596 including grants of \$ 3,264,103) (Revenue \$ 1,800,088)

EXHIBITS INCLUDE OVER 700 STANDING EXHIBITS, HOUSED IN 193,000 SQ FT OF GALLERY AND RELATED SPACE, PROVIDING HANDS-ON EXPERIENCES IN ALL AREAS OF SCIENCE AND TECHNOLOGY, AND THEIR SOCIAL IMPACT THE MUSEUM CREATES PERMANENT AND TRAVELING EXHIBITS BOTH ON ITS OWN AND IN COLLABORATION WITH UNIVERSITIES, OTHER MUSEUMS, AND SCIENTIFIC ORGANIZATIONS, AND IS A LEAD INSTITUTION IN THE NANOSCALE INFORMAL SCIENCE EDUCATION NETWORK (NISENET), A NETWORK OF APPROXIMATELY 550 INSTITUTIONS CREATING AND SHARING EXHIBITS AND PROGRAMS RELATING TO THE SCIENCE AND ENGINEERING OF THE VERY SMALL IN NOVEMBER 2013, THE MUSEUM OPENED ITS HALL OF HUMAN LIFE, A 10,000 SQ FT INTERACTIVE EXHIBITION ON HUMAN BIOLOGY THAT FEATURES 15 "LINK STATIONS" WHERE VISITORS CAN MEASURE AND COMPARE PERSONAL DATA RELATING TO CURRENT RESEARCH TOPICS TRAVELING EXHIBITS HOSTED BY THE MUSEUM THIS YEAR INCLUDED DEAD SEA SCROLLS LIFE IN ANCIENT TIMES, SEASONS OF CHANGE CLIMATE CHANGE IN YOUR BACKYARD, OUR GLOBAL KITCHEN, 2THEXTREME MATHALIVE!, GROSSOLOGY, ANIMALS WITHOUT PASSPORTS

4b

(Code) (Expenses \$ 11,297,480 including grants of \$ 543,510) (Revenue \$ 10,108,320)

PUBLIC PROGRAMS INCLUDE EXHIBIT INTERPRETATION, LECTURE SERIES, LIVE ANIMAL DEMONSTRATIONS (THE MUSEUM IS ACCREDITED BY THE ASSOCIATION OF ZOOS AND AQUARIUMS), PHYSICAL SCIENCE DEMONSTRATIONS, LIGHTNING SHOWS IN THE THOMSON THEATER OF ELECTRICITY, SPECIAL EVENTS, DEMONSTRATIONS AND PODCASTS RELATING TO TOPICS OF CURRENT SCIENCE AND TECHNOLOGY, HANDS-ON DESIGN CHALLENGES AND A WALK-THROUGH BUTTERFLY GARDEN THE MUSEUM'S COMMUNITY OUTREACH PROGRAMS PROVIDE ACCESS TO THESE AND OTHER PROGRAMS TO UNDERREPRESENTED AUDIENCES, AND THE MUSEUM'S TRAVELING PROGRAMS' 6 VANS BRING PROGRAMMING OUT TO SCHOOLS, LIBRARIES, AND COMMUNITY CENTERS ACROSS NEW ENGLAND (1,155,900 ONSITE VISITORS AND 97,600 OFFSITE PARTICIPANTS SERVED)

4c

(Code) (Expenses \$ 8,567,722 including grants of \$ 690,442) (Revenue \$ 4,253,655)

EDUCATION PROGRAMS INCLUDE SUMMER COURSES FOR CHILDREN, OVERNIGHT PROGRAMS, AN EDUCATOR RESOURCE CENTER, AND FIELD TRIP PROGRAMS FOR SCHOOL GROUPS THE MUSEUM IS THE FLAGSHIP SITE OF THE INTEL COMPUTER CLUBHOUSE NETWORK, AN INTERNATIONAL COMMUNITY OF 100 CLUBHOUSES IN 20 COUNTRIES WHICH PROVIDE A CREATIVE AND SAFE OUT-OF-SCHOOL ENVIRONMENT FOR YOUNG PEOPLE IN UNDERSERVED COMMUNITIES TO WORK WITH ADULT MENTORS TO EXPLORE THEIR OWN IDEAS, DEVELOP NEW SKILLS, AND BUILD CONFIDENCE IN THEMSELVES THROUGH THE USE OF TECHNOLOGY THE MUSEUM IS ALSO THE HOME OF THE NATIONAL CENTER FOR TECHNOLOGICAL LITERACY (NCTL), WHICH WORKS WITH EDUCATION, GOVERNMENT AND INDUSTRY TO INTEGRATE ENGINEERING IN SCHOOLS AND MUSEUMS NATIONWIDE THE NCTL HAS DEVELOPED STANDARDS-BASED K-12 CURRICULUM MATERIALS AND PROVIDES PROFESSIONAL DEVELOPMENT PROGRAMS IN MATH AND ENGINEERING, AS WELL AS ONLINE TEACHER RESOURCES (190,700 VISITORS AND PARTICIPANTS, NOT INCLUDING THOUSANDS OF CHILDREN USING NCTL CURRICULA WORLDWIDE)

(Code) (Expenses \$ 3,007,515 including grants of \$ 105,435) (Revenue \$ 4,665,381)

SERVICES PROVIDED PRIMARILY FOR THE BENEFIT OF OUR MEMBERS AND VISITORS INCLUDE OUR PARKING FACILITY, MEMBERSHIP OFFICE, AND GIFT SHOP (48,478 MEMBER HOUSEHOLDS)

(Code) (Expenses \$ 6,256,592 including grants of \$ 29,843) (Revenue \$ 3,595,528)

THEATERS INCLUDE THE CHARLES HAYDEN PLANETARIUM OFFERING LECTURES AND DEMONSTRATIONS OF ASTRONOMICAL PHENOMENA, CURRENT DISCOVERIES AND HISTORICAL TOPICS THE MUGAR OMNI THEATER IS A DOMED IMAX THEATER OFFERS 70MM FORMAT FILMS A 4-D THEATER OFFERS SHORT 3-D FILMS ON A RANGE OF SCIENCE AND NATURE TOPICS AUGMENTED BY SENSORY EFFECTS SUCH AS WIND, MIST, AND SMELL PLANETARIUM SHOWS THIS YEAR INCLUDED UNDISCOVERED WORLDS, ONE WORLD, ONE SKY, BIG BIRD'S ADVENTURE, MOONS WORLDS OF MYSTERY, EXPLORE WONDERS OF THE WINTER SKY IMAX FILMS INCLUDED THE LAST REEF, ROCKY MOUNTAIN EXPRESS, JERUSALEM, JOURNEY TO THE SOUTH PACIFIC, PANDAS LONG JOURNEY HOME (584,300 THEATER VISITORS SERVED)

4d

Other program services (Describe in Schedule O)

(Expenses \$ 9,264,107 including grants of \$ 135,278) (Revenue \$ 8,260,909)

4e

























Total program service expenses

47,499,905

Form 990 (2013)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	127	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
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.	846	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?		9a	
9b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.		11a	
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
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	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section 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	No
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	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	No
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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CT , FL , MA , NH , NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization JOHN T SLAKEY VP FINANCECFOTREA 1 SCIENCE PARK BOSTON,MA 021141099 (617) 589-0144	

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

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

[illegible]

Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 25

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.

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns				
	b	Membership dues	2,486,615			
	c	Fundraising events	789,525			
	d	Related organizations				
	e	Government grants (contributions)	7,512,848			
	f	All other contributions, gifts, grants, and similar amounts not included above	14,956,636			
	g	Noncash contributions included in lines 1a-1f \$	1,034,020			
	h	Total. Add lines 1a-1f	25,745,624			
Program Service Revenue	2a	ADMISSIONS	Business Code			
			712110		11,800,075	11,800,075
			712110		4,746,536	4,746,536
			812930		2,516,695	2,516,695
			611699		2,290,352	2,290,352
			712110		812,486	812,486
					176,516	176,516
			22,342,660			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,373,885		-46,989	1,420,874
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	67,636	67,636		
	6a	Gross rents	(i) Real	(ii) Personal		
			1,711,533			
			0			
			1,711,533			
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	1,711,533			1,711,533
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			25,411,531			
			16,669,728	416,102		
			8,741,803	-416,102		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	8,325,701		431	8,325,270
	8a	Gross income from fundraising events (not including \$ 789,525 of contributions reported on line 1c) See Part IV, line 18				
			a	69,303		
			b	205,206		
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events	-135,903			-135,903
	9a	Gross income from gaming activities See Part IV, line 19				
			a			
			b			
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
			a	4,673,496		
			b	2,408,521		
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory	2,264,975	2,264,975		
	Miscellaneous Revenue		Business Code			
	11a	ANCILLARY SERVICES	531120	1,547,866	476,845	1,071,021
	b	CONCESSION FEES	453220	897,407		897,407
	c	SPONSORSHIP	900099	717,886		717,886
	d	All other revenue		633,744		633,744
	e	Total. Add lines 11a-11d		3,796,903		
	12	Total revenue. See Instructions	65,493,014	22,158,576	430,287	17,158,527

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,110,007	4,110,007		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	443,926	443,926		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	79,400	79,400		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,080,260	863,097	748,749	468,414
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,384,475	16,183,781	1,629,457	2,571,237
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	981,672	776,023	81,643	124,006
9	Other employee benefits	2,274,566	1,798,070	189,170	287,326
10	Payroll taxes	1,640,431	1,296,780	136,430	207,221
11	Fees for services (non-employees)				
a	Management				
b	Legal	14,846	1,201	13,645	
c	Accounting	122,256		122,256	
d	Lobbying	154,657	94,398	250	60,009
e	Professional fundraising services See Part IV, line 17	207,899			207,899
f	Investment management fees	826,164		826,164	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,194,124	3,525,323	333,366	335,435
12	Advertising and promotion	2,596,098	2,558,120	18,261	19,717
13	Office expenses	2,966,758	2,486,007	215,571	265,180
14	Information technology	443,404	251,847	118,286	73,271
15	Royalties	18,702	8,763	9,739	200
16	Occupancy	2,319,618	1,952,309	322,122	45,187
17	Travel	1,194,894	1,020,443	140,988	33,463
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	110,434	90,529	12,428	7,477
20	Interest	144,164		144,164	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,193,130	6,443,679	624,391	125,060
23	Insurance	509,034	26,618	482,416	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	FILM AND EXHIBIT RENTAL	1,787,282	1,787,282		
b	CATERING	803,047	477,505	69,285	256,257
c	CREDIT CARD HANDLING FE	592,754	576,121	6	16,627
d	TAXES	230,256	230,256		
e	All other expenses	525,828	418,420	204,029	-96,621
25	Total functional expenses. Add lines 1 through 24e	58,950,086	47,499,905	6,442,816	5,007,365
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			19,356,570	1	21,264,875
	2	Savings and temporary cash investments			18,613	2	2,502
	3	Pledges and grants receivable, net			24,315,138	3	20,983,708
	4	Accounts receivable, net			1,535,904	4	1,274,697
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	30
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,870,453	9	2,093,814
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	142,778,026	61,485,865	10c	61,249,431
	b	Less: accumulated depreciation	10b	81,528,595			
	11	Investments—publicly traded securities			18,321,233	11	25,658,108
	12	Investments—other securities. See Part IV, line 11			94,240,867	12	103,730,597
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			495,536	15	761,025
16	Total assets. Add lines 1 through 15 (must equal line 34)			221,640,179	16	237,018,787	
Liabilities	17	Accounts payable and accrued expenses			5,473,561	17	5,111,869
	18	Grants payable				18	
	19	Deferred revenue			4,804,113	19	4,670,416
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,952,331	23	4,317,988
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			4,988,767	25	4,915,228
	26	Total liabilities. Add lines 17 through 25			18,218,772	26	19,015,501
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			73,671,331	27	73,753,710
	28	Temporarily restricted net assets			89,140,233	28	100,063,968
	29	Permanently restricted net assets			40,609,843	29	44,185,608
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			203,421,407	33	218,003,286
	34	Total liabilities and net assets/fund balances			221,640,179	34	237,018,787

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,493,014
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,950,086
3	Revenue less expenses Subtract line 2 from line 1	3	6,542,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	203,421,407
5	Net unrealized gains (losses) on investments	5	5,978,306
6	Donated services and use of facilities	6	2,000
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,058,645
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	218,003,286

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-2103916

Name: MUSEUM OF SCIENCE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL ANN KANIA TRUSTEE	1 00	X						0	0	0
DAPHNE HATSOPOULOS TRUSTEE	1 00	X						0	0	0
DEBORAH DUNSIRE VICE-CHAIR	1 00	X		X				0	0	0
ELIZABETH MOORE TRUSTEE	1 00	X						0	0	0
EUGENE E RECORD JR TRUSTEE	1 00	X						0	0	0
GARY T'DICAMILLO TRUSTEE	1 00	X						0	0	0
HAL R TOVIN TRUSTEE	1 00	X						0	0	0
HELEN GREINER TRUSTEE	1 00	X						0	0	0
HENRI A TERMEER TRUSTEE	1 00	X						0	0	0
IRA STEPANIAN TRUSTEE	1 00	X						0	0	0
JAISHREE DESHPANDE TRUSTEE	1 00	X						0	0	0
JANE HIRSH TRUSTEE	1 00	X						0	0	0
JANE PAPPALARDO TRUSTEE	1 00	X						0	0	0
JEFFREY R BEIR TRUSTEE	1 00	X						0	0	0
JONATHAN J FLEMING TRUSTEE	1 00	X						0	0	0
KENNETH D LEGG TRUSTEE	1 00	X						0	0	0
KURT MELDEN TRUSTEE	1 00	X						0	0	0
LAURA BARKER MORSE TRUSTEE	1 00	X						0	0	0
LAWRENCE A SIFF TRUSTEE	1 00	X						0	0	0
LESLIE E GREIS TRUSTEE	1 00	X						0	0	0
MALCOLM L SHERMAN TRUSTEE	1 00	X						0	0	0
MATTHEW D SHEDD TRUSTEE	1 00	X						0	0	0
MICHAEL A CHAMPA TRUSTEE	1 00	X						0	0	0
MICHAEL G THONIS VICE-CHAIR	1 00	X		X				0	0	0
RICHARD A CARPENTER TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD A DIPERNA TRUSTEE	1 00	X						0	0	0
RICHARD M BURNES JR TRUSTEE	1 00	X						0	0	0
RICHARD I ANDERS TRUSTEE	1 00	X						0	0	0
STEPHEN E COIT TRUSTEE	1 00	X						0	0	0
THOMAS J PINCINCE TRUSTEE	1 00	X						0	0	0
WENDY W KISTLER TRUSTEE	1 00	X						0	0	0
YET-MING CHIANG TRUSTEE	1 00	X						0	0	0
DONALD M KAPLAN VICE-CHAIR (LEFT)	1 00	X		X				0	0	0
GWILL E YORK VICE-CHAIR	1 00	X		X				0	0	0
IOANNIS N MIAOULIS PRESIDENT AND DIRECTOR	40 00	X		X				595,418	0	40,684
PAUL EGERMAN TRUSTEE	1 00	X						0	0	0
RANCH C KIMBALL TRUSTEE	1 00	X						0	0	0
WAYNE M KENNARD CORPORATION COUNSEL	1 00	X		X				0	0	0
HOWARD MESSING CHAIRMAN	1 00	X		X				0	0	0
JOSHUA BOGER VICE-CHAIR	1 00	X		X				0	0	0
GARY R GREGG SECRETARY	1 00	X		X				0	0	0
PATRICIA M LASSITER CHAIR, OVERSEERS	1 00	X		X				0	0	0
JOHN STAFFORD CHAIR, INNOVATORS	1 00	X						0	0	0
DAMASE Z CAOUETTE PRES , VOL SVC LGE (LEFT)	1 00	X						0	0	0
GERALD KOHN PRES , VOL SVC LGE	1 00	X						0	0	0
ALEXIS BORISY TRUSTEE	1 00	X						0	0	0
ELIZABETH RILEY TRUSTEE	1 00	X						0	0	0
GEORGE SCANGOS TRUSTEE	1 00	X						0	0	0
GRETCHEN S FISH TRUSTEE	1 00	X						0	0	0
HOWARD H STEVENSON TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEO X LIU TRUSTEE	1 00	X						0	0	0
MARIA LEWIS KUSSMAUL TRUSTEE	1 00	X						0	0	0
NANCY E DEMPZE TRUSTEE	1 00	X						0	0	0
STACY LORRAINE COWAN TRUSTEE	1 00	X						0	0	0
STEVEN HALEY TRUSTEE	1 00	X						0	0	0
WILLIAM H SWANSON TRUSTEE	1 00	X						0	0	0
JOHN T SLAKEY VP FIN/CFO/TREASURER	40 00			X				193,170	0	32,537
WAYNE BOUCHARD COO/ASST SEC'Y	40 00			X				301,691	0	23,237
JOAN HADLY SR VP ADVANCEMENT	40 00				X			263,945	0	25,222
LAWRENCE BELL SR VP, STRATEGIC PROJECTS	40 00				X			216,262	0	21,119
JONATHAN R BURKE VP VIS EXPER & OPS	40 00				X			201,411	0	28,715
PAUL M FONTAINE VP EDUCATION	40 00				X			204,563	0	19,123
CHRISTINE CUNNINGHAM VP RSCH/ELEM SC CURR	40 00					X		180,315	0	9,310
CYNTHIA G MACKEY VP MARKETING	40 00					X		170,236	0	12,125
E JAMES KRAUS EXEC DIR OF DEVELOPMENT	40 00					X		223,590	0	17,264
BRITTON S O'BRIEN VP HUMAN RECS	40 00					X		143,246	0	22,658
YVONNE SPICER VP ADVOCACY/ED PARTNERSHIPS	40 00					X		155,991	0	17,411

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization MUSEUM OF SCIENCE	Employer identification number 04-2103916
---	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	22,897,546	25,171,983	25,102,854	36,795,297	25,745,624	135,713,304
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22,897,546	25,171,983	25,102,854	36,795,297	25,745,624	135,713,304
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)						16,496,867
6 Public support. Subtract line 5 from line 4						119,216,437

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	22,897,546	25,171,983	25,102,854	36,795,297	25,745,624	135,713,304
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,471,312	1,979,216	2,171,304	2,310,403	3,200,043	12,132,278
9 Net income from unrelated business activities, whether or not the business is regularly carried on	45,745	90,149	62,246	89,690	103,445	391,275
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	522,096	592,783	585,333	644,917	703,047	3,048,176
11 Total support (Add lines 7 through 10)						151,285,033

12

Gross receipts from related activities, etc. (see instructions)

12

133,748,986

13

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

13

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	78.800 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	79.730 %

- 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶✓
- b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶✓
- 17a 10%-facts-and-circumstances test—2013. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶✓
- b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶✓
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶✓

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2012 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	"OTHER INCOME" INCLUDES SHIPPING CHARGES, GROSS RECEIPTS FROM FUNDRAISING EVENTS, SOUVENIR VENDING MACHINE COMMISSIONS, LOCKER RENTAL, INSURANCE COVERAGE OF LOSSES, AND OTHER MISCELLANEOUS INCOME

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.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MUSEUM OF SCIENCE	Employer identification number 04-2103916
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide 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-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		178,802													
c Total lobbying expenditures (add lines 1a and 1b)		178,802													
d Other exempt purpose expenditures		47,405,507													
e Total exempt purpose expenditures (add lines 1c and 1d)		47,584,309													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	246,318	184,728	182,272	178,802	792,120
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(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 501(c)(5), or section 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?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	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	2b	
c	Total	2c	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 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 list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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2013

Open to Public Inspection

Name of the organization MUSEUM OF SCIENCE	Employer identification number 04-2103916
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	96,410,132	90,503,649	94,883,173	84,084,571	77,585,393
b Contributions	2,899,934	1,660,634	1,826,498	2,062,907	1,975,603
c Net investment earnings, gains, and losses	16,216,292	9,730,487	-1,045,051	13,908,039	9,600,517
d Grants or scholarships	97,966	95,648	111,766	93,683	64,537
e Other expenditures for facilities and programs	4,515,637	4,597,352	4,424,213	4,476,599	4,407,691
f Administrative expenses	826,164	791,638	624,992	602,062	604,714
g End of year balance	110,086,591	96,410,132	90,503,649	94,883,173	84,084,571

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

9 800 %
- b

Permanent endowment

31 000 %
- c

Temporarily restricted endowment

59 200 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

☐
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		114,102		114,102
b Buildings		78,455,418	46,866,845	31,588,573
c Leasehold improvements				
d Equipment		29,771,299	17,069,492	12,701,807
e Other		34,437,207	17,592,258	16,844,949
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				61,249,431

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests	12,008,435	F
(3)Other		
(A) COMMINGLED TRUST FUNDS	17,799,823	F
(B) EQUITY HEDGE FUNDS	14,126,629	F
(C) HEDGE FUND OF FUNDS	23,899,153	F
(D) OTHER ALTERNATIVE INVESTMENTS	19,696,934	F
(E) SPLIT INTERESTS AND OTHER	16,199,623	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	103,730,597	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ACDCRUED INTEREST RECEIVABLE	65,913
(2) ASSETS OF 457 PLANS	363,758
(3) INTANGIBLE CAPITAL ASSETS	249,714
(4) LT RECEIVABLE FROM LESSE FROM CAP IMPROVEMENTS	81,640
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	761,025

Part X

Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
LT LIA ASSOC W/ IMPROVEMENTS MADE BY LESSEE	2,000,112
LIABILITIES ASSOC W/ SPLIT INTEREST AGREEMENTS	1,504,863
ASSETS RETIREMENT OBLIGATION	1,252,573
EMPLOYER SHARE OF FICA	86,518
REFUNDS DUE	41,346
MISC SUSPENSE	29,816
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,915,228

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	76,699,074	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	5,978,306	
b	Donated services and use of facilities	2b	2,818,950	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	205,139	
e	Add lines 2a through 2d	2e	9,002,395	
3	Subtract line 2e from line 1	3	67,696,679	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	826,164	
b	Other (Describe in Part XIII)	4b	-3,029,829	
c	Add lines 4a and 4b	4c	-2,203,665	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	65,493,014	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	63,973,118	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	2,816,950	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	3,032,246	
e	Add lines 2a through 2d	2e	5,849,196	
3	Subtract line 2e from line 1	3	58,123,922	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	826,164	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	826,164	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	58,950,086	

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

Return Reference	Explanation
PART III, LINE 1A	SCHEDULE D, PART III, LINE 1 - COLLECTIONS FOOTNOTE THE MUSEUM'S COLLECTIONS CONSIST OF APPROXIMATELY 30,000 ARTIFACTS USED PRIMARILY FOR EDUCATIONAL ACTIVITIES, ENCOMPASSING INTERPRETATIONS, DISCOVERY SPACES, EXHIBITS, LECTURES, CLASSES, DEMONSTRATIONS, REFERENCE SERVICES, OR OTHER PROGRAMS THE MUSEUM ALSO HAS A HISTORICAL AND ARCHIVAL COLLECTION THAT DOCUMENTS THE HISTORY OF THE INSTITUTION THE COMPOSITION OF THE MUSEUM'S COLLECTIONS BY ARTIFACT TYPE IS AS FOLLOWS NATURAL SCIENCES - 20,000 ITEMS, CULTURAL/PHYSICAL SCIENCE - 5,000 ITEMS, ARTWORK - 2,000 ITEMS, INSTITUTIONAL HISTORY - 3,000 ITEMS, ARCHIVES - 300 LINEAR FEET THE MUSEUM'S COLLECTIONS MANAGEMENT POLICY STIPULATES THAT THE MUSEUM WILL ONLY ACQUIRE OBJECTS USEFUL IN FULFILLING THE EDUCATIONAL PURPOSE STATED IN ITS MISSION THE MUSEUM ACCEPTS ONLY THOSE OBJECTS THAT CAN BE IMMEDIATELY PUT ON DISPLAY IN AN EXHIBIT, USED IN EDUCATIONAL PROGRAMS, OR IN FUTURE PROGRAMMING ITEMS MAY BE DE-ACCESSIONED FROM THE COLLECTIONS IF THEY ARE DETERMINED TO BE NO LONGER USEFUL OR RELEVANT IN ASSISTING THE MUSEUM IN FULFILLING ITS MISSION CONSISTENT WITH THE AMERICAN ASSOCIATION OF MUSEUMS' CODE OF ETHICS, MUSEUM POLICY SPECIFIES THAT PROCEEDS FROM THE DE-ACCESSIONING OF AN ITEM MAY ONLY BE USED FOR THE CONSERVATION OR ACQUISITION OF OTHER COLLECTIONS ITEMS IN ACCORDANCE WITH CURRENT PRACTICE GENERALLY FOLLOWED BY MUSEUMS, COLLECTIONS ARE NOT RECORDED AS ASSETS IN THE ACCOMPANYING FINANCIAL STATEMENTS PURCHASED ADDITIONS TO THE COLLECTIONS ARE RECORDED AS EXPENSES AT THE TIME ACQUIRED ALTHOUGH ARTIFACTS FROM THE COLLECTIONS MAY FROM TIME TO TIME BE INCORPORATED INTO EXHIBITS, THE MUSEUM'S EXHIBITS THEMSELVES ARE NOT CONSIDERED PART OF ITS COLLECTIONS AND MAY BE CAPITALIZED UNDER THE MUSEUM'S PROPERTY, PLANT, AND EQUIPMENT POLICIES
PART III, LINE 4	THE MUSEUM'S COLLECTIONS ARE USED PRIMARILY FOR EDUCATIONAL ACTIVITIES, ENCOMPASSING INTERPRETATIONS, DISCOVERY SPACES, EXHIBITS, LECTURES, CLASSES, DEMONSTRATIONS, REFERENCE SERVICE, OR OTHER PROGRAMS THE MUSEUM ALSO HAS A HISTORICAL AND ARCHIVAL COLLECTION THAT DOCUMENTS THE IMPORTANT AND RICH HISTORY OF THE INSTITUTION THE COLLECTIONS DEPARTMENT PROVIDES PROFESSIONAL STEWARDSHIP FOR ARTIFACTS THAT ARE TEMPORARILY IN THE CUSTODY OF THE MUSEUM THROUGH LOANS AND/OR TEMPORARY EXHIBITIONS COLLECTIONS CONSIST OF NATURAL SCIENCES - 20,000 ITEMS, CULTURAL/PHYSICAL SCIENCE - 5,000 ITEMS, ARTWORK - 2,000 ITEMS, INSTITUTIONAL HISTORY - 3,000 ITEMS, ARCHIVES - 300 LINEAR FEET LIVE ANIMALS INCLUDE BUTTERFLY GARDEN - APPROXIMATELY 300 BUTTERFLIES REPRESENTING 50 SPECIES, OTHER SPACES - 120 EITHER INDIVIDUAL ANIMALS OR COLONIES OF LIVE ANIMALS THROUGHOUT THE MUSEUM PRESENTING 50 SPECIES FIFTY OF THESE ARE ON EXHIBIT AND THE REST LIVE IN THE LIVE ANIMAL CARE CENTER
PART V, LINE 4	THE MUSEUM'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS ("QUASI-ENDOWMENTS") THE ENDOWMENT CONSISTS OF 112 INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND 27 QUASI-ENDOWMENT FUNDS USED FOR A VARIETY OF PURPOSES THE RELATIVE USES OF THE ENDOWMENT (AS MEASURED BY FAIR VALUE) INCLUDE UNRESTRICTED/GENERAL - 27%, EXHIBIT CONSTRUCTION AND MAINTENANCE - 30%, PROGRAM SUPPORT - 17%, MIXED USE (PRIMARILY EXHIBITS AND PROGRAMS JOINTLY) - 16%, OTHER (INCLUDING LIBRARY, ACCESS, AND INTERNSHIPS) - 10%
PART X, LINE 2	THE MUSEUM'S FOOTNOTE DISCLOSURE WITH RESPECT TO FIN 48 IS AS FOLLOWS THE MUSEUM IS EXEMPT FROM INCOME TAXATION ON ACTIVITIES RELATED TO ITS CHARITABLE PURPOSES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS QUALIFIED TO RECEIVE TAX-DEDUCTIBLE GIFTS AND BEQUESTS UNDER THE U S TAX CODE THE MUSEUM IS SUBJECT TO TAX ON INCOME FROM ANY BUSINESS IT CONDUCTS WHICH IS UNRELATED TO ITS CHARITABLE PURPOSES THE MUSEUM'S UNRELATED BUSINESS INCOME TAX IS LIMITED AND NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE MUSEUM ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD APPLIED TO THE LIKELIHOOD OF POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN BEING SUSTAINED UPON EXAMINATION BY THE RELEVANT TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS THE MUSEUM HAS IDENTIFIED ITS STATUS AS A TAX-EXEMPT ENTITY AND THE DETERMINATION OF INCOME AS RELATED OR UNRELATED TO ITS EXEMPT PURPOSE TO BE ITS ONLY SIGNIFICANT TAX POSITIONS AND HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION THE MUSEUM IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION THE MUSEUM'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED
PART XI, LINE 2D - OTHER ADJUSTMENTS	AMORTIZATION OF LIABILITY 205,140 ROUNDING VARIANCES -1
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF CAPITAL ASSETS -416,102 FUNDRAISING EXPENSES ON LINE 8B - 205,206 COST OF GOODS SOLD ON LINE 10B -2,408,521
PART XII, LINE 2D - OTHER ADJUSTMENTS	CAPITALIZED BOND FEES 2,417 FUNDRAISING EXPENSES ON LINE 8B 205,206 COST OF GOODS SOLD ON LINE 10B 2,408,521 LOSS ON DISPOSAL OF CAPITAL ASSETS 416,102 ROUNDING VARIANCES

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MUSEUM OF SCIENCE

Employer identification number
04-2103916

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			65,588
b Total from continuation sheets to Part I	0	0			29,688,666
c Totals (add lines 3a and 3b)	0	0			29,754,254

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA	PROGRAM STIPENDS	6,500	WIRE TRANSFER			
(2)			CENTRAL AMERICA	PROGRAM STIPENDS	5,350	WIRE TRANSFER			
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

2

3

Enter total number of other organizations or entities ▶

0

Part IIIGrants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	8	6,500	WIRE TRANSFER			
(2) SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	1	5,000	WIRE TRANSFER			
(3) SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	2	9,000	WIRE TRANSFER			
(4) SCHOLARSHIPS	NORTH AMERICA	1	2,500	WIRE TRANSFER			
(5) SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	1	2,500	WIRE TRANSFER			
(6) SCHOLARSHIPS	SOUTH AMERICA	5	10,500	WIRE TRANSFER			
(7) SCHOLARSHIPS	SOUTH ASIA	1	1,000	WIRE TRANSFER			
(8) PROGRAM SUPPORT STIPEND	NORTH AMERICA	1	1,500	WIRE TRANSFER			
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	<p>THE MUSEUM OF SCIENCE IS THE FLAGSHIP SITE FOR THE INTEL COMPUTER CLUBHOUSE NETWORK, WHICH INCLUDES SITES BOTH WITHIN AND OUTSIDE THE US THE MUSEUM'S PRIMARY ROLE IS TO ADVISE AND TO COORDINATE COMMUNICATION AND COOPERATION BETWEEN SITES, BUT EACH SITE IS AN INDEPENDEN T ENTITY THE MUSEUM WILL OCCASIONALLY PROVIDE PASS-THROUGH FUNDING FROM INTEL TO HELP IN ESTABLISHMENT AND UPGRADE CLUBHOUSE SITES, AND ALSO PROVIDES TRAVEL SUPPORT FOR REPRESENTA</p> <p>TIVES FROM SITES TO ATTEND THE NETWORK ANNUAL MEETING AND THE BIENNIAL TEEN SUMMIT, AN EVE NT THAT INCLUDES OPPORTUNITIES FOR CLUBHOUSE YOUTH TO EXPRESS THEMSELVES USING GRAPHIC DES IGN, VIDEO ANIMATION, DIGITAL ART, MUSIC, RADIO, DOCUMENTARY FILM-MAKING, AND 3-D MODELING</p> <p>THE MUSEUM'S OTHER MAJOR GRANT-MAKING ROLE IN THE NETWORK IS TO PASS THROUGH INTEL FUNDI NG FOR CLUBHOUSE TO COLLEGE SCHOLARSHIPS SCHOLARSHIPS ARE AWARDED THROUGH AN APPLICATION PROCESS WHICH INCLUDES REVIEW BY STAFF OF THE CLUBHOUSE NETWORK, A REPRESENTATIVE FROM MIT , A REPRESENTATIVE FROM INTEL, AND A MUSEUM STAFF PERSON NOT DIRECTLY ASSOCIATED WITH THE CLUBHOUSE PROGRAM AND HAS ALSO INCLUDED MENTORS AND STAFF FROM AROUND THE NETWORK SCHOLAR</p> <p>SHIPS ARE PAID TO THE CLUBHOUSE SITE OR TO THE SCHOOL ATTENDED, NOT TO THE INDIVIDUAL STUD ENT FOR ALL TYPES OF FUNDING, RECIPIENT SITES ARE REQUIRED TO PROVIDE NARRATIVE AND FINAN CIAL REPORTING TO THE MUSEUM TO ENSURE PROPER USE OF FUNDS SITES THAT HAVE DEMONSTRATED A N INABILITY TO PERFORM ADEQUATE ADMINISTRATION OF GRANT FUNDS ARE NOT ELIGIBLE FOR FUTURE FUNDING, ALTHOUGH THEY MAY CONTINUE TO PARTICIPATE IN THE NETWORK IN OTHER WAYS ALL SITES ARE REQUIRED TO BE LEGALLY RECOGNIZED AS CHARITIES IN THEIR HOME JURISDICTIONS AS A CONDI TION OF NETWORK MEMBERSHIP SCHEDULE F, PART I, LINE 3 - GRANT-MAKING GRANT-MAKING EXPEND ITURES OUTSIDE THE UNITED STATES ARE DIRECTLY ACCOUNTED FOR ON THE MUSEUM'S FINANCIAL STAT EMENTS AS PROGRAM EXPENDITURES NOT DISTINGUISHED IN ANY WAY FROM SIMILAR GRANTS MADE TO RE CIPIENTS WITHIN THE UNITED STATES STAFF PROFESSIONAL DEVELOPMENT AND PROGRAM DISSEMINATIO N AS THE MUSEUM EXPANDS ITS PROGRAMMING INTERNATIONALLY, STAFF ARE INCREASINGLY CALLED UP ON TO TRAVEL TO MEETINGS AND CONFERENCES IN OTHER COUNTRIES, AND TO VISIT PEER INSTITUTION S TO REVIEW PROGRAMS AND EXHIBITS WHICH MAY POTENTIALLY BE ADDED TO THE MUSEUM'S OWN OFFER INGS STAFF ALSO INTRODUCE OTHER INSTITUTIONS TO PROGRAMS AND MATERIALS THE MUSEUM HAS DEV ELOPED COSTS ASSOCIATED WITH SUCH TRAVEL ARE ACCOUNTED FOR UNDER THE SAME ACCOUNTABLE PLA N AS THE MUSEUM'S DOMESTIC TRAVEL</p>

Additional Data

Software ID:
Software Version:
EIN: 04-2103916
Name: MUSEUM OF SCIENCE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		17,200
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		13,000
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		9,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTMAKING		4,000
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL TO CONFERENCES, SEMINARS, AND PEER INSTITUTIONS	7,476
SOUTH AMERICA	0	0	GRANTMAKING		10,850

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTMAKING		1,000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL TO CONFERENCES, SEMINARS, AND PEER INSTITUTIONS	3,062
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL TO CONFERENCES, SEMINARS, AND PEER INSTITUTIONS	105,544

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAVEL TO CONFERENCES, SEMINARS, AND PEER INSTITUTIONS	1,567
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL TO CONFERENCES, SEMINARS, AND PEER INSTITUTIONS	11,666
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL TO CONFERENCES, SEMINARS, AND PEER INSTITUTIONS	3,108

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		11,850
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		7,500
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		5,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL TO CONFERENCES, SEMINARS, AND PEER INSTITUTIONS	2,075
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		22,846,109
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		6,694,247

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MUSEUM OF SCIENCE

Employer identification number
04-2103916

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

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

a

☒

Mail solicitations

b

☒

Internet and email solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ARTSMARKETING SERVICES 260 KING ST EAT 500 TORONTO, ONTARIO CA M54 4L5	TELEMARKETING		No	149,800	79,547	70,253
2 CONVENTURES INC ONE DESIGN CENTER PLACE BOSTON, MA 02210	CONSULTING		No	0	19,000	-19,000
3 THE WAYLAND GROUP INC 323 BOSTON POST RD 3C SUDBURY, MA 01776	CONSULTING/ FUNDRAISING COUNSEL		No	0	36,448	-36,448
4 PENTERA INC 8650 COMMERCE PARK PL STE G INDIANAPOLIS, IN 46268	CONSULTING		No	0	12,120	-12,120
5 MEMBERSHIP CONSULTANTS 3868 RUSSELL BLVD ST LOUIS, MO 63110	CONSULTING/ STRATEGIC PLANNING		No	0	38,547	-38,547
6 MERSKY JAFFE & ASSOCIATES 37 CEDAR ST NEWTON, MA 02459	CONSULTING		No	0	11,000	-11,000
7						
8						
9						
10						
Total ▶				149,800	196,662	-46,862

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CT, FL, MA, NH, NY

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		SCIENCE BEHIND GALA (event type)	MOUNTAIN CLIMB (event type)	2 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	529,914	147,348	181,566
	2	Less Contributions . .	468,736	145,998	174,791
	3	Gross income (line 1 minus line 2)	61,178	1,350	6,775
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . .			
	7	Food and beverages .	58,514	4,365	2,604
	8	Entertainment	500		500
	9	Other direct expenses .	98,519	11,045	29,659
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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 operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ 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 _____

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a

%

b 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 Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b 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 services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	THE MUSEUM'S USE OF EXTERNAL FUNDRAISERS MAY, IN ANY GIVEN YEAR, CONSIST OF A) GENERAL FUNDRAISING COUNSEL, WHOSE WORK IS GENERALLY TOO INTEGRATED INTO THE MUSEUM'S OVERALL ADVANCEMENT FUNCTION TO HAVE "GROSS RECEIPTS" AMOUNTS SPECIFICALLY ASSIGNED, B) DIRECT-MAIL COMPANIES, WHOSE WORK RANGES FROM SIMPLE LARGE-SCALE MAILING OF MATERIALS DEVELOPED AND PRODUCED BY THE MUSEUM ITSELF TO A MORE DIRECT INVOLVEMENT IN THE DESIGN AND CREATION OF THE SOLICITATION MATERIALS, AND C) TELEMARKETERS IN CASES SUCH AS DIRECT MAIL WHERE COSTS OTHER THAN THE FUNDRAISING SERVICES ARE INCURRED (SUCH AS POSTAGE,PRINTING, ETC), THE COMPANY'S INVOICING IS IN SUFFICIENT DETAIL TO ALLOW THE MUSEUM TO TRACK AND CODE THOSE EXPENSES SEPARATELY FROM THE AMOUNTS REPORTED AS "PROFESSIONAL FUNDRAISING FEES" ON FORM 990, PART IX, LINE 11E FOR THE COMPANIES LISTED IN SCHEDULE G, THOSE ADDITIONAL EXPENSES TOTALED \$19,836 ALL AGREEMENTS WITH OUTSIDE FUNDRAISERS PROVIDE FOR INVOICING OF THE MUSEUM BASED ON SOLICITATIONS MADE, RATHER THAN WITHHOLDING OF AMOUNTS FROM FUNDS RAISED NO OUTSIDE FUNDRAISER HAS CUSTODY OF ANY FUNDS RAISED

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," to 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
2013
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
MUSEUM OF SCIENCE

Employer identification number
04-2103916

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 33

3 Enter total number of other organizations listed in the line 1 table 2

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 non-cash assistance
(1) ADMISSION FEE WAIVERS	19138	0	100,643	RETAIL PRICE	FEE WAIVER
(2) COURSE FEE WAIVERS	59	0	29,950	RETAIL PRICE	FEE WAIVER
(3) OVERNIGHT PROGRAM FEE WAIVERS	978	0	48,895	RETAIL PRICE	FEE WAIVER
(4) MEMBERSHIP FEE WAIVERS	8	0	990	RETAIL PRICE	FEE WAIVER
(5) TEACHER STIPENDS	377	177,659			
(6) COLLEGE SCHOLARSHIPS	30	49,500			
(7) SUBAWARDS UNDER FEDERAL GRANTS	1	36,289			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	CASH GRANTS THE MUSEUM'S CASH AWARDS FALL INTO FOUR CATEGORIES A) SUBAWARDS UNDER GRANTS - THESE ARE MONIES PASSED THROUGH TO INSTITUTIONS WHO HAVE APPLIED FOR GOVERNMENT AND PRIVATE GRANTS JOINTLY WITH THE MUSEUM THE MUSEUM MONITORS THE SUBAWARDEES' USE OF FUNDS IN ACCORDANCE WITH THE REGULATIONS GOVERNING SUCH GRANTS AND THE ADEQUACY OF THIS MONITORING IS AUDITED ANNUALLY UNDER THE PROVISIONS OF OMB CIRCULAR A-133 B) PRIZES AND AWARDS - THE MUSEUM ADMINISTERS TWO ANNUAL AWARDS FOR THE RECOGNITION OF SCIENTIFIC PUBLICATION AND COMMUNICATION AS THESE AWARDS ARE HONORARIA, MONITORING OF THEIR USE IS NOT APPLICABLE C) STIPENDS - THESE ARE PAYMENTS TO PARTICIPANTS IN PROFESSIONAL DEVELOPMENT WORKSHOPS OFFERED BY THE MUSEUM OR IN PILOT TESTING OF MUSEUM PRODUCTS AND PROGRAMS AS THESE PAYMENTS ARE SIMPLE FLAT STIPENDS BASED ON NUMBER OF WORKSHOP DAYS, OR ON PILOT TEST MILESTONES, MONITORING OF THEIR USE IS NOT APPLICABLE D) COMPUTER CLUBHOUSE NETWORK SUPPORT - THE MUSEUM MAKES PAYMENTS BOTH TO AND ON BEHALF OF MEMBER SITES IN THE INTEL COMPUTER CLUBHOUSE NETWORK, OF WHICH THE MUSEUM IS THE FLAGSHIP SITE THE MUSEUM'S PRIMARY ROLE IS TO ADVISE AND TO COORDINATE COMMUNICATION AND COOPERATION BETWEEN SITES, BUT EACH SITE IS AN INDEPENDENT ENTITY THE MUSEUM OCCASIONALLY PROVIDES PASS-THROUGH FUNDING FROM INTEL TO HELP ESTABLISH AND UPGRADE CLUBHOUSE SITES, AND ALSO PROVIDES TRAVEL SUPPORT FOR REPRESENTATIVES FROM SITES TO ATTEND THE NETWORK'S ANNUAL MEETING AND THE BIENNIAL TEEN SUMMIT THE MUSEUM ALSO PASSES THROUGH INTEL FUNDING FOR "CLUBHOUSE TO COLLEGE" SCHOLARSHIPS SCHOLARSHIPS ARE AWARDED THROUGH AN APPLICATION PROCESS WHICH INCLUDES REVIEW BY STAFF OF THE CLUBHOUSE NETWORK, A REPRESENTATIVE FROM MIT, A REPRESENTATIVE FROM INTEL, MUSEUM STAFF PEOPLE NOT DIRECTLY ASSOCIATED WITH THE CLUBHOUSE PROGRAM AND HAS ALSO INCLUDED MENTORS AND STAFF FROM AROUND THE NETWORK FOR TRAVEL STIPENDS AND OTHER SUPPORT OF CLUBHOUSE SITES, THE MUSEUM REQUIRES BOTH NARRATIVE AND FINANCIAL REPORTING TO ENSURE FUNDS ARE USED APPROPRIATELY FOR SCHOLARSHIPS PAID ON BEHALF OF INDIVIDUAL STUDENTS FROM CLUBHOUSE SITES, CHECKS ARE ISSUED DIRECTLY TO THE COLLEGE BEING ATTENDED RATHER THAN TO THE STUDENT TO ENSURE THE USE OF THE FUNDS IS FOR THE PURPOSE INTENDED NON-CASH GRANTS THE MUSEUM ALSO PROVIDES SUBSTANTIAL NON-CASH "SCHOLARSHIPS" FOR REDUCED-FEE OR NO-FEE PARTICIPATION IN MUSEUM PROGRAMS FOR WHICH A FEE IS USUALLY CHARGED FOR THESE TRANSACTIONS, NO FUNDS ARE DISBURSED TO THE GRANTEE, THEY ARE SIMPLY CHARGED LESS, OR NOT AT ALL, FOR THE PROGRAM ATTENDED ELIGIBILITY IS DETERMINED IN A NUMBER OF WAYS, DEPENDING ON THE NATURE OF THE GRANTEE SCHOOLS ARE EVALUATED BASED ON LOCATION IN UNDER-SERVED NEIGHBORHOODS OR BY PERCENTAGE OF FREE/REDUCED LUNCH PROGRAM STUDENTS COMMUNITY GROUPS ARE EVALUATED ON THE BASIS OF CHARITABLE STATUS INDIVIDUAL GRANTEES ARE EVALUATED ON THE BASIS OF INCOME OR RESIDENCE IN UNDER-SERVED AREAS AS THE OPERATION OF THESE NON-CASH AWARDS IS ENTIRELY INTERNAL TO THE MUSEUM, MONITORING THE USE OF THE FUNDS IS ALSO ENTIRELY INTERNAL AND ACCOMPLISHED THROUGH THE MUSEUM'S OWN ACCOUNTING SYSTEM

Additional Data

Software ID:
Software Version:
EIN: 04-2103916
Name: MUSEUM OF SCIENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND SCIENCE CENTER 601 LIGHT ST BALTIMORE, MD 21230	52-0668166	501(C)(3)	50,048				FED'L SUBAWARD CREATING COMMUNITIES OF LEARNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEWIS AND CLARK COLLEGE 0615 SW PALATINE HILL RD PORTLAND, OR 97219	93-0386858	501(C)(3)	43,376				FED'L SUBAWARD CREATING COMMUNITIES OF LEARNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST BALTIMORE, MD 21211	52-0595110	501(C)(3)	31,217				FED'L SUBAWARD CREATING COMMUNITIES OF LEARNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON CHILDRENS MUSEUM 100 N HAMILTON ST MADISON, WI 53703	39-1383497	501(C)(3)	26,048				FED'L SUBAWARD CREATING COMMUNITIES OF LEARNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERGREENE RESEARCH & EVALUATION 127 COBBLER LANE SUGAR HILL, IL 60054	45-3341721		18,820				FED'L SUBAWARD CREATING COMMUNITIES OF LEARNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY 1033 MASS AVE STE 3 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	13,527				FED'L SUBAWARD CREATING COMMUNITIES OF LEARNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDEUM INC 2469 CORRALES RD BLDG C CORRALES, NM 87048	94-3385783		22,154				FED'L SUBAWARD CREATING COMMUNITIES OF LEARNERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WGBH EDUCATIONAL FOUNDATION ONE GUEST ST BOSTON,MA 02135	04-2104397	501(C)(3)	8,032				FED'L SUBAWARD MUS MEDIA FOR EVERYONE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWNSON UNIVERSITY 8000 YORK RD TOWNSON, MD 21252	52-0939453	STATE OF MD	76,259				FED'L SUBAWARD EXPLORING THE EFFICACY OF ELEMENTARY ENGINEERING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501(C)(3)	1,790,414				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON MUSEUM OF SCIENCE & INDUSTRY 1945 SE WATER AVE PORTLAND, OR 97214	93-0402877	501(C)(3)	257,003				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIENCENTER 601 FIRST ST ITHACA, NY 14850	22-2470652	501(C)(3)	228,250				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA MUSEUM OF LIFE SCIENCES 433 W MURRAY AVE DURHAM, NC 27704	56-0938434	501(C)(3)	144,260				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATERIALS RESEARCH SOCIETY 506 KEYSTONE DR WARRENDALE, PA 15086	31-1037979	501(C)(3)	130,434				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF UNIV OF CA BERKELEY 171 UNIVERSITY HALL SPC 1104 BERKELEY,CA 94720	94-6002123	STATE OF CA	126,256				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS MUSEUM OF HOUSTON 1500 BINZ ST HOUSTON,TX 77004	74-2178563	501(C)(3)	107,468				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SRI INTERNATIONAL 333 RAVENWOOD AVE MENLO PARK,CA 940253493	94-1160950	501(C)(3)	101,615				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN 1220 LINDEN DR MADISON, WI 53706	39-6028867	STATE OF WI	78,981				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FRANKLIN INSTITUTE SCIENCE MUSEUM 222 NORTH 20TH ST PHILADELPHIA, PA 19103	23-1370501	501(C)(3)	67,727				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXPLORATORIUM 3601 LYON STREET SAN FRANCISCO ,CA 94123	94-1696494	501(C)(3)	34,361				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF SCIENCE- TECHNOLOGY CENTERS 1025 VERMONT AVE NW 500 WASHINGTON,DC 20005	52-1926756	501(C)(3)	7,978				FED'L SUBAWARD NANOSCALE INFORMAL SCIENCE EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO FOOD BANK AND FAMILY SERVICES 3333 THRID AVE SACRAMENTO,CA 95817	94-3315566	501(C)(3)	5,850				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAERTON POLICE ACTIVITIES LEAGUE 12500 SW ALLEN BLVD BEAVERTON, OR 97005	46-2040546	501(C)(3)	5,750				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LISTOAMERICA INC 1800 E MCFADDEN AVE STE 200A SANTA ANA, CA 92705	26-4370987	501(C)(3)	5,750				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRFAX COUNTY NEIGHBORHOOD AND COMMUNITY SVCES 12011 GOVT CTR PKWY FAIRFAX,VA 22035	54-0787833	FAIRFAX CITY, VA	5,700				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTSIDE YOUTH TECH ENTREPENEUR CENTER 4213 W MADISON CHICAGO,IL 60624	36-4329110	501(C)(3)	5,600				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF NORTH SAN MATEO COUNTY 201 W ORANGE AVE SOUTH SAN FRANSISCO, CA 94080	94-1497000	501(C)(3)	5,500				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEXICAN AMERICAN OPPORTUNTIES FOUNDATION 401 N GARFIELD AVE MONTEBELLO,CA 90640	95-2599416	501(C)(3)	5,500				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF BOSTON INC 50 CONGRESS ST STE 730 BOSTON, MA 02109	04-2103922	501(C)(3)	5,500				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF THE PENINSULA 401 PIERCE RD MENLO PARK,CA 94025	94-1552134	501(C)(3)	5,500				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE PIKES PEAK REGION 207 N NEVADA AVE COLORADO SPRINGS, CO 94025	84-0404266	501(C)(3)	5,350				PRIVATE SUBAWARD/STIPEND INTEL COMPUTER CLUBHOUSE NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI SCIENCE MUSEUM 3280 S MIAMI AVE MIAMI, FL 33133	59-0854960	501(C)(3)	23,000				PRIVATE SUBAWARD BEST BUY CLUBHOUSE EXPANSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FRIENDS OF THE HENNEPIN COUNTY LIBRARY 300 NICOLLET MALL N-290 MINNEAPOLIS,MN 55401	36-3579536	501(C)(3)	20,600				PRIVATE SUBAWARD BEST BUY CLUBHOUSE EXPANSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE BLACK PEARL ART AND DESIGN CENTER 1060 EAST 47TH ST CHICAGO,IL 60653	36-3994059	501(C)(3)	20,400				PRIVATE SUBAWARD BEST BUY CLUBHOUSE EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES ASSOCIATION 3014 RIVAS ST SAN ANTONIO, TX 78228	74-1117341	501(C)(3)	20,000				PRIVATE SUBAWARD BEST BUY CLUBHOUSE EXPANSION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MUSEUM OF SCIENCE

Employer identification number

04-2103916

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>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</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in 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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	THE MUSEUM PROVIDES TO ITS PRESIDENT AND DIRECTOR CERTAIN COMPENSATION NOT AVAILABLE TO OTHER EMPLOYEES, PAYING COLLEGE TUITION, ROOM, AND BOARD FOR HIS CHILDREN, AND GROSSING UP THE PAYMENTS TO OFFSET THE RELATED TAX OBLIGATIONS. THESE PAYMENTS ARE INCLUDED IN PART II COLUMN (B)(III) OTHER REPORTABLE COMPENSATION.
SCHEDULE J, PART I, LINE 3	THE COMPENSATION COMMITTEE OF THE MUSEUM'S BOARD MEETS TWICE YEARLY, ONCE IN SPRING AND ONCE IN THE LATE SUMMER OR EARLY FALL. THE FIRST MEETING IS FOCUSED ON ESTABLISHING A RECOMMENDATION TO THE FINANCE COMMITTEE THAT BUDGETS FOR THE UPCOMING FISCAL YEAR'S MUSEUM-WIDE MERIT INCREASE POOL. THE SECOND MEETING IS FOCUSED ON THE REVIEW OF THE PERFORMANCE OF KEY EMPLOYEES AND OTHER SENIOR LEADERSHIP STAFF FOR THE PRIOR YEAR AND TO APPROVE THE RECOMMENDATIONS OF THE PRESIDENT/DIRECTOR FOR ANY SALARY INCREASE. IN ADDITION, THE COMMITTEE REVIEWS THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT/DIRECTOR AND RECOMMENDS ANY ADJUSTMENT TO COMPENSATION IF WARRANTED. IN ORDER TO DO THIS IN A FULLY KNOWLEDGEABLE MANNER, THE COMMITTEE ANNUALLY REVIEWS INFORMATION OBTAINED BY THE VICE PRESIDENT OF HUMAN RESOURCES THROUGH A VARIETY OF RESOURCES. THESE RESOURCES INCLUDE AN OUTSIDE SURVEY GROUP USED TO BENCHMARK EACH OF THE SENIOR MANAGEMENT POSITIONS INCLUDING THE PRESIDENT/DIRECTOR AGAINST LOCAL NON-PROFIT ORGANIZATIONS THAT ARE OF A SIMILAR SIZE. IN ADDITION, THE MUSEUM USES PUBLIC RESOURCES SUCH AS GUIDESTAR TO ACCESS SALARIES OF KEY PEOPLE IN MUSEUMS LOCATED IN METROPOLITAN AREAS. FINALLY, THE MUSEUM PARTICIPATES IN AND RECEIVES INFORMATION FROM LOCAL AND REGIONAL SALARY SURVEYS OF OTHER MUSEUMS IN NEW ENGLAND. THIS PROCESS GIVES A CLEAR PICTURE OF LOCAL, REGIONAL AND NATIONAL SALARY LEVELS FOR ITS SENIOR MANAGEMENT. THE COMPENSATION COMMITTEE REVIEWS THIS INFORMATION IN ADDITION TO THE HISTORY OF COMPENSATION INCREASES, OVERALL PERFORMANCE OF THE INDIVIDUAL AND OF THE MUSEUM PRIOR TO APPROVING OR MAKING RECOMMENDATIONS FOR COMPENSATION INCREASES.

Additional Data

Software ID:
Software Version:
EIN: 04-2103916
Name: MUSEUM OF SCIENCE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
IOANNIS N MIAOULIS PRESIDENT AND DIRECTOR	(i) (ii)	532,563 0	0 0	62,855 0	19,125 0	21,559 0	636,102 0	0 0
JOHN T SLAKEY VP FIN/CFO/TREASURER	(i) (ii)	192,358 0	0 0	812 0	14,392 0	18,145 0	225,707 0	0 0
WAYNE BOUCHARD COO/ASST SEC'Y	(i) (ii)	290,999 0	0 0	10,692 0	14,927 0	8,310 0	324,928 0	0 0
JOAN HADLY SR VP ADVANCEMENT	(i) (ii)	260,505 0	0 0	3,440 0	18,396 0	6,826 0	289,167 0	0 0
LAWRENCE BELL SR VP, STRATEGIC PROJECTS	(i) (ii)	213,659 0	0 0	2,603 0	15,311 0	5,808 0	237,381 0	0 0
JONATHAN R BURKE VP VIS EXPER & OPS	(i) (ii)	201,215 0	0 0	196 0	11,179 0	17,536 0	230,126 0	0 0
PAUL M FONTAINE VP EDUCATION	(i) (ii)	203,711 0	0 0	852 0	14,718 0	4,405 0	223,686 0	0 0
CHRISTINE CUNNINGHAM VP RSCH/ELEM SC CURR	(i) (ii)	180,162 0	0 0	153 0	9,310 0	0 0	189,625 0	0 0
CYNTHIA G MACKEY VP MARKETING	(i) (ii)	169,257 0	0 0	979 0	12,125 0	0 0	182,361 0	0 0
E JAMES KRAUS EXEC DIR OF DEVELOPMENT	(i) (ii)	222,225 0	0 0	1,365 0	13,548 0	3,716 0	240,854 0	0 0
BRITTON S O'BRIEN VP HUMAN RECS	(i) (ii)	142,384 0	0 0	862 0	11,092 0	11,566 0	165,904 0	0 0
YVONNE SPICER VP ADVOCACY/ED PARTNERSHIPS	(i) (ii)	155,695 0	0 0	296 0	9,866 0	7,545 0	173,402 0	0 0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
MUSEUM OF SCIENCE

Employer identification number

04-2103916

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) IOANNIS N MIAOULIS	PRESIDENT AND DIRECTOR OF THE ORGANIZATION	PERSONAL EXPENSE		X	30	30		No		No		No
Total ▶ \$ 30												

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) INDEPENDENT SCHOOLS COMPENSATION CORP	MUSEUM CFO IS A TRUSTEE	102,684	PROVIDER OF WORKERS COMP INSURANCE		No
(2) WGBH EDUCATIONAL FOUNDATION	2 MUSUEM TRUSTEES ARE ALSO TRUSTEES OF WGBH EDUCATIONAL FOUNDATION	119,957	PAYMENT TO WGBH FOR UNDERWRITING		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART II	THE MUSEUM DOES NOT ENGAGE IN FORMAL LOANS WITH INTERESTED PERSONS, HOWEVER, WHILE ON BUSINESS TRAVEL, OFFICERS OR KEY EMPLOYEES MAY, IN ADDITION TO NORMAL BUSINESS EXPENSES, CHARGE ITEMS OF A PERSONAL NATURE TO THE MUSEUM CREDIT CARD, RESULTING IN AMOUNTS RECEIVABLE BY THE MUSEUM FROM THE EMPLOYEE THESE DEBTS ARE USUALLY DISCHARGED WITHIN 30 DAYS
SCHEDULE L, PART IV	IN ALL INSTANCES WHERE THE MUSEUM DOES BUSINESS WITH FIRMS WHOSE EMPLOYEES OR OFFICERS ARE RELATED PARTIES, THE FIRM IN QUESTION IS SUBJECT TO THE SAME PROCUREMENT/PRICING POLICIES, PROCEDURES, AND REQUIREMENTS AS OTHER, NON-RELATED, FIRMS, EXCEPT THAT MSUEUM TRUSTEES ARE AFFORED DISCOUNTED PRICING ON FUNCTION SPACE RENTAL FOR EVENTS AT THE MUSEUM

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MUSEUM OF SCIENCE

Employer identification number
04-2103916

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	39	648,399	MARKET (HI/LO)
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy	X	1	0	N/A
22 Historical artifacts				
23 Scientific specimens	X	1	0	N/A
24 Archeological artifacts	X	1	5,900	ESTIMATED MARKET
25 Other ▶ (SOFTWARE)	X	1	366,800	LIST PRICE
26 Other ▶ (MISC EQUIPME)	X	1	9,145	LIST PRICE
27 Other ▶ (EDUCATIONAL M)	X	2	3,776	LIST PRICE
28 Other ▶ ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	IN ALL INSTANCES IN THIS SCHEDULE, FIGURES IN COLUMN (B) REPRESENT NUMBER OF CONTRIBUTIONS, EVEN WHERE A CONTRIBUTION MAY INCLUDE MULTIPLE ITEMS IN ADDITION TO THE DONATED PROPERTY REPORTED IN THIS SCHEDULE, THE MUSEUM BENEFITS FROM THE TIME CONTRIBUTED BY OVER 550 VOLUNTEERS THIS YEAR, THESE VOLUNTEERS CONTRIBUTED 48,753 HOURS (23 FTES), WITH AN EQUIVALENT VALUE OF \$789,552
PART I, LINE 33	LINES FOR WHICH COLUMN (A) IS CHECKED BUT (C) IS ZERO REPRESENT DONATIONS TO THE MUSEUM'S COLLECTIONS OF ITEMS OF NOMINAL VALUE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493131024685	
<div>SCHEDULE O (Form 990 or 990-EZ)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>			OMB No 1545-0047
					<div>2013</div> <div>Open to Public Inspection</div>
		Name of the organization MUSEUM OF SCIENCE			Employer identification number 04-2103916

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	
FORM 990, PART VI, SECTION B, LINE 11	THE MUSEUM'S FORM 990 IS PREPARED BY THE STAFF OF THE ACCOUNTING DEPARTMENT AND REVIEWED BY THE CFO. IT IS ALSO REVIEWED AND ANALYZED BY THE MUSEUM'S OUTSIDE AUDITORS, WHO SIGN OFF ON THE FORM. IT IS PRESENTED TO THE AUDIT COMMITTEE OF THE MUSEUM'S BOARD FOR FURTHER REVIEW AND APPROVAL. AFTER AUDIT COMMITTEE APPROVAL, THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE MUSEUM'S BOARD BEFORE THE FORM IS FILED BY THE AUDITORS.
FORM 990, PART VI, SECTION B, LINE 12C	UPON ELECTION/HIRING, AND ANNUALLY THEREAFTER, ALL MUSEUM TRUSTEES, OVERSEERS (AN ADVISORY, BUT NON-GOVERNING BODY), AND KEY EMPLOYEES ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM WHICH SOLICITS DETAILED INFORMATION ABOUT ASSOCIATIONS WITH COMPANIES, ORGANIZATIONS, AND EACH OTHER WHICH MAY REPRESENT A CONFLICT OF INTEREST WITH RESPECT TO THE MUSEUM. THE FORMS ARE REVIEWED AT LEAST ANNUALLY BY BOTH THE CFO AND STAFF OF THE MUSEUM'S ACCOUNTING DEPARTMENT TO IDENTIFY ANY REPORTED CONFLICTS WHICH MAY REQUIRE DISCLOSURE AND/OR FURTHER FOLLOW-UP. WITH RESPECT TO BUSINESS RELATIONSHIPS WITH COMPANIES ASSOCIATED WITH TRUSTEES OR KEY EMPLOYEES, IT IS THE MUSEUM'S POLICY TO SUBJECT SUCH COMPANIES TO THE SAME PROCEDUREMENT POLICIES, PROCEDURES, AND REQUIREMENTS AS OTHER, NONRELATED, FIRMS.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE MUSEUM'S BOARD MEETS TWICE YEARLY, ONCE IN SPRING AND ONCE IN THE LATE SUMMER OR EARLY FALL. THE FIRST MEETING IS FOCUSED ON ESTABLISHING A RECOMMENDATION TO THE FINANCE COMMITTEE THAT BUDGETS FOR THE UPCOMING FISCAL YEAR'S MUSEUM-WIDE MERIT INCREASE POOL. THE SECOND MEETING IS FOCUSED ON THE REVIEW OF THE PERFORMANCE OF KEY EMPLOYEES AND OTHER SENIOR LEADERSHIP STAFF FOR THE PRIOR YEAR AND TO APPROVE THE RECOMMENDATIONS OF THE PRESIDENT/DIRECTOR FOR ANY SALARY INCREASES. IN ADDITION, THE COMMITTEE REVIEWS THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT/DIRECTOR AND RECOMMENDS ANY ADJUSTMENT TO COMPENSATION IF WARRANTED. IN ORDER TO DO THIS IN A FULLY KNOWLEDGEABLE MANNER, THE COMMITTEE ANNUALLY REVIEWS INFORMATION OBTAINED BY THE VICE PRESIDENT OF HUMAN RESOURCES. THOUGH A VARIETY OF RESOURCES, THESE RESOURCES INCLUDE AN OUTSIDE SURVEY GROUP USED TO BENCHMARK EACH OF THE SENIOR MANAGEMENT POSITIONS INCLUDING THE PRESIDENT/DIRECTOR AGAINST LOCAL NON-PROFIT ORGANIZATIONS THAT ARE OF A SIMILAR SIZE. IN ADDITION, THE MUSEUM USES PUBLIC RESOURCES SUCH AS GUIDESTAR TO ACCESS SALARIES OF KEY PEOPLE IN MUSEUMS LOCATED IN METROPOLITAN AREAS. FINALLY, THE MUSEUM PARTICIPATES IN AND RECEIVES INFORMATION FROM LOCAL AND REGIONAL SALARY SURVEYS OF OTHER MUSEUMS IN NEW ENGLAND. THIS PROCESS GIVES A CLEAR PICTURE OF LOCAL, REGIONAL AND NATIONAL SALARY LEVELS FOR ITS SENIOR MANAGEMENT. THE COMPENSATION COMMITTEE REVIEWS THIS INFORMATION IN ADDITION TO THE HISTORY OF COMPENSATION INCREASES, OVERALL PERFORMANCE OF THE INDIVIDUAL AND OF THE MUSEUM PRIOR TO APPROVING OR MAKING RECOMMENDATIONS FOR COMPENSATION INCREASES.
FORM 990, PART VI, SECTION C, LINE 19	THE MUSEUM'S FINANCIAL STATEMENTS, FORM 990, AND OTHER KEY DOCUMENTS ARE AVAILABLE IN EITHER HARD COPY OR ELECTRONICALLY UPON REQUEST. FORM 990 IS ALSO AVAILABLE THROUGH PUBLICLY ACCESSIBLE WEBSITES SUCH AS GUIDESTAR.ORG. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE MUSEUM'S WEBSITE AT HTTP://WWW.MOS.ORG/ANNUAL-REPORTS .
FORM 990, PART XI, LINE 9	AMORTIZATION OF LIABILITY 205,140 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,855,922 CAPITALIZED BOND FEES -2,417

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MUSEUM OF SCIENCE

Employer identification number

04-2103916

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SCIENCE MUSEUM EXHIBIT COLLABORATIVE 1 SCIENCE PARK BOSTON, MA 021141099 22-2578949	SUPPORTING ORGANIZATION	MA	501(C)(3)	509(A)(3) - TYPE I	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER ANNUITY TRUSTS (2) 1 SCIENCE PARK BOSTON, MA 02114	CHARITABLE REMAINDER ANNUITY TRUST	MA	N/A	T		1,805,883			No
(2) CHARITABLE REMAINDER UNITRUSTS (4) 1 SCIENCE PARK BOSTON, MA 02114	CHARITABLE REMAINDER UNITRUST	MA	N/A	T		2,048,439			No

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SCIENCE MUSEUM EXHIBIT COLLABORATIVE	C	400,000	CASH

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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