Form **990**

Return of Organization Exempt From Income Tax

2007

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	ne 2007 c	alendar y	year, or tax ye	ar beginning	7/1/2007	, and	l endir	ng 6/30)/2008	
В	Check if	applicable:	Please	C Name of organ	nization					D Emplo	oyer identification number
_		change		MUSEUM OF	SCIENCE					04	2103916
=	Name c	J	print or	Number and st	reet (or P.O. box	if mail is not delivered	to street a	ddress)	Room/suite	E Telep	hone number
=	Initial re	•	See	Science Par	k					(617	589-0100
=	Final ret			City or town, s	tate or country,	and ZIP + 4				F Account	ting method: Cash Accrual
=			tions.	Boston, MA	02114-1099						other (specify)
=			Sect	tion 501(c)(3) or	ganizations and	d 4947(a)(1) nonexen	pt charit	able	H and I are no	t applicab	le to section 527 organizations.
ш	пррпоци	ion ponding			-		•			-	rn for affiliates? Yes Vo
G	Website	e: ▶ ww	Please use IRS table or print or print or print or present to the present of the	enter num	ber of affiliates						
_											
J	Organiz	zation type	able: Please Sec MUSEUM OF SCIENCE Institutions Sec Sec				st. See instructions.)				
K									H(d) Is this a s	eparate retu on covered	by a group ruling? Yes V No
			•			quired, but if the organi	zation cho	oses			
	to ilic a	Totalli, bo	3010 10 1110	a complete return						<u> </u>	the organization is not required
L	Gross	receipts:	Add lines	6b, 8b, 9b, an	d 10b to line 1	2 ▶	23,782,	166			Form 990, 990-EZ, or 990-PF).
	art I										
	1				_						
							1a			0	
	a				· · · · · · · · ·				12.152.1	_	
	b	-				•			,,	0	
	l -					•			7 169 1	54	
	d									1e	19,321,274
								n Dout		2	15,026,461
	2	_			~ ~		•			3	5,298,703
	3									4	101,027
	4			•	-					5	1,764,066
	5										1,704,000
	6a								2,014,0	0	
	1		-								2,814,088
				, ,		b from line 6a .			• • • • ,	6c	2,014,000
ne	7			•		(A) Securities		(B	(1) Other) 1	-
Revenue	8a					• • • • • • • • • • • • • • • • • • • •	3 82	,-	,	0	
æ			•			· · · · · · · · · · · · · · · · · · ·				0	
					.	· · · · · ·				0	
			. , .		-,					8d	13,864,292
		•	•	•						- Ou	See Statement 2
	9			•	•		gaming	, cnec	k nere ► L		See Statement 2
	а		,				02		21 8	49	
				•	•		—				
	1							0-	•	9c	6,361
	1							9a			3,331
	10a			•		allowances Stmt	10b		149,9		
	b		_	oods sold				401- 6	•		428,729
	C					ach schedule). Subt					2,164,078
	11 12	Total re	evenue (Irom Part VII, Add lings 1g 2	1111e 103) . 2 3 4 5 6c 1	 7, 8d, 9c, 10c, and				12	60,789,079
	+									- 40	40,058,114
Ş	13	_		es (from line 4		• •					6,024,243
Expenses	14	_				olumn (C))					4,822,672
xpe	15										4,022,072
Ш	16 17					lumn (A)					50,905,029
	1									40	9,884,050
sets	18					ne 17 from line 12					186,362,343
Ass	19					of year (from line		umn (_		
Net Assets	20					nces (attach expla Combine lines 18,		20	Stm		-19,393,595 176,952,709
	41	INCL ass	Cro Ot IUI	nu palances a	cena on year.	COMBINE INTES 18,	is, and	20		. 21	176,852,798

Form 990 (2007) Page 2 Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Part II

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ noncash \$) If this amount includes foreign grants, check here ▶ □	22a	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ 0 _ noncash \$ 393,371)		Stmt 5			
	If this amount includes foreign grants, check here	22b	393,371	393,371		
23	Specific assistance to individuals (attach schedule)	23	23,000	23,000		
24	Benefits paid to or for members (attach schedule)	24	0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	2,435,939	1,001,472	1,095,137	339,330
		234	2,400,000	1,001,412	1,000,101	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	73,250	0	73,250	0
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26	18,517,420	13,755,309	2,588,066	2,174,045
27	Pension plan contributions not included on lines 25a, b, and c	27	841,573	658,566	72,516	110,491
28	Employee benefits not included on lines		4 0 4 0 0 4 0	4 540 000	407.400	054.707
	25a – 27	28	1,940,243	1,518,320	167,186 123,652	254,737
29	Payroll taxes	29 30	1,435,019 207,790	1,122,962 0	123,632	188,405 207,790
30	Professional fundraising fees	31	256,180	957	254,870	353
31	Accounting fees	32	17,739	0	17,739	0
32	Legal fees	33	1,244,636	1,037,923	111,275	95,438
33	Supplies	34	107,529	65,022	18,097	24,410
34	Telephone	35	500,348	328,882	125,357	46,109
35	Postage and shipping	36	2,951,889	2,446,707	344,354	160,828
36	Occupancy	37	1,172,669	946,427	145,777	80,465
37	Equipment rental and maintenance	38	947,313	782,437	16,034	148,842
38	Printing and publications	39	673,016	544,344	98,773	29,899
39	Travel	40	100,361	71,836	16.423	12,102
10	Conferences, conventions, and meetings	41	70,205	4,616	63,888	1,701
↓1 ↓2	Interest	42	4,502,108	4,146,423	312,844	42,841 Stmt
13 a	Other expenses not covered above (itemize): See Statement 8	43a	12,493,431	11,209,540	379,005	904,886
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	50,905,029	40,058,114	6,024,243	4,822,672

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wł	nat is the organization's primary exempt purpose?	Museum of science and technology	Program Service
All of	organizations must describe their exempt purpose achiever clients served, publications issued, etc. Discuss achiever ganizations and 4947(a)(1) nonexempt charitable trusts must	nents that are not measurable. (Section 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
_	See Statement 9	,	others.)
а			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
b			
		,	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
С			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
d		,	
_			
	(Grants and allocations \$) If this amount includes foreign grants, check here $ ightharpoonup$	
е	Other program services (attach schedule)		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal lin	ne 44, column (B), Program services) ▶	40,058,114

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Part IV Balance Sheets (See the instructions.) Where required, attached schedules and amounts within the description (A) Beginning of year (B) End of year column should be for end-of-year amounts only. 1,713,471 45 1,798,917 45 3,239,383 46 4,102,797 46 Savings and temporary cash investments 927,100 47a 47a Accounts receivable 47b 36,210 623,649 47c 890,890 **b** Less: allowance for doubtful accounts . 21,998,248 48a 48b 463,853 24,105,939 48c 21,534,395 **b** Less: allowance for doubtful accounts . 2,787,599 49 1,337,842 50a Receivables from current and former officers, directors, trustees, and 0 50a 0 **b** Receivables from other disqualified persons (as defined under section 0 50b 0 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 51a Other notes and loans receivable (attach 0 schedule) 51a Assets 51b 0 0 51c 0 **b** Less: allowance for doubtful accounts . 62,765 52 60,223 52 Inventories for sale or use 846,423 53 925,387 Prepaid expenses and deferred charges ☐ Cost **☑** FMV 109,346,747 54a 99,920,723 **54a** Investments—publicly-traded securities . . . 0 54b 0 ☐ Cost ✓ FMV **b** Investments—other securities (attach schedule) 55a Investments—land, buildings, 55a 0 equipment: basis b Less: accumulated depreciation (attach 55b 0 0 55c 0 8,669,415 | 56 9,177,773 Investments—other (attach schedule) Stmt 10. 109.940.973 57a 57a Land, buildings, and equipment: basis . **b** Less: accumulated depreciation (attach 56,367,254 51,971,966 57c 53,573,719 57b Other assets, including program-related investments (describe ► See Statement 12 274,478 350,528 58 59 Total assets (must equal line 74). Add lines 45 through 58 . . . 203,641,835 193,673,194 59 12,291,518 60 11,776,837 0 61 0 61 3,527,622 62 3,692,682 62 Loans from officers, directors, trustees, and key employees (attach O O 63 0 64a 0 Tax-exempt bond liabilities (attach schedule) 64b 0 **b** Mortgages and other notes payable (attach schedule) Other liabilities (describe ► See Statement 13) 1,460,352 65 1,350,877 65 17,279,492 66 16,820,396 Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 67 through 69 and lines 73 and 74. **Fund Balances** 58,691,619 55,009,180 67 67 92,883,492 86,922,684 68 68 34,787,232 69 34,920,934 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 70 through 74. ō 70 70 Net Assets 71 Paid-in or capital surplus, or land, building, and equipment fund . 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must 186,362,343 73 176,852,798 Total liabilities and net assets/fund balances. Add lines 66 and 73 203,641,835 74 193,673,194

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Pa	rt IV-A	Reconciliation of Revenue per Audinstructions.)	dited Financial Statem	ents	With Rev	enue pe	r Ret	urn (See the
а	Total rev	renue, gains, and other support per aud	ted financial statements				а		51,542,000
b		s included on line a but not on Part I, lin							
1		alized gains on investments		b1		0			
2		services and use of facilities		b2	2	,454,920			
3		es of prior year grants		b3		0			
4		pecify): See Statement 14		b4		-229,794			
						-223,134	h		2,225,126
		s b1 through b4					b c		49,316,874
C .									49,510,074
d		s included on Part I, line 12, but not on		d1	1	0			
1	Investme	ent expenses not included on Part I, line pecify): See Statement 15		uı					
2	Other (sp			d2	11	,472,205			
	Add lines	s d1 and d2				,,	d		11,472,205
е		venue (Part I, line 12). Add lines c and c	I				e		60,789,079
Pa	rt IV-B	Reconciliation of Expenses per Au				penses p		eturr	
а		penses and losses per audited financial				•	а		54,158,000
b		s included on line a but not on Part I, lin					<u> </u>		
1		services and use of facilities		b1	2	,454,920			
2		ar adjustments reported on Part I, line 20		b2		0			
3	-	eported on Part I, line 20		b3		633,321			
4		Decify): See Statement 16							
·	oo. (op	**		b4		165,396			
	Add lines	s b1 through b4					b		3,253,637
С							С		50,904,363
d	Amounts	s included on Part I, line 17, but not on	ine a:						
1	Investme	ent expenses not included on Part I, line		d1		0			
2	Other (sp	**		d2		666			
	Add lines	s d1 and d2					d		666
е	Total ex	penses (Part I, line 17). Add lines c and	d				е		50,905,029
Pa		Current Officers, Directors, Trustee or key employee at any time during the year							director, trustee,
		(A) Name and address	(B) Title and average hours per		ompensation t paid, enter				(E) Expense account and other allowances
			week devoted to position	(-0)	compens	ation pla	ins	and other anomalies
Sec	Stateme	ent 18	-						
			-						
			-						
			-						
			-						
			-						
			-						
			-						
				L					
				1					

Form 990 (2007) Page 6 Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated Stmt 19 employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business 75b 1 relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for 75c If "Yes," attach a statement that includes the information described in the instructions, **d** Does the organization have a written conflict of interest policy? 75d 🗸 Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (C) Compensation (if not paid, (D) Contributions to employee (E) Expense (B) Loans and Advances benefit plans & deferred account and other (A) Name and address enter -0-) compensation plans allowances See Statement 20 Part VI Other Information (See the instructions.) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a 1 76 77 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. See Statement 21 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 1 78a 78b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach 1 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt 1 80a **b** If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt **or** ☐ nonexempt

b Did the organization file Form 1120-POL for this year?

Form	990 (2007)		Р	age I
Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	~	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	~	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	~	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	~	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	-		
b	Gross receipts, included on line 12, for public use of club facilities	-		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	_		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		~
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		,
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		~
	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958 ▶			
	Effici. Amount of tax of fine osc, above, reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		~
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		~
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	89g		/
000	at any time during the year?			
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			681
91a	mondonomy,	589-0	144	
Jia	Located at ► Science Park, Boston, MA ZIP + 4 ► 02114	-1099)	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
IJ	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		~
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

Form 990 (2007) Page 8 Part VI Other Information (continued) Yes No V c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ | 92 Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 (E) Note: Enter gross amounts unless otherwise Related or indicated. exempt function Business code Amount Exclusion code Amount income 93 Program service revenue: 11,112,768 Admissions а 1,984,245 Parking services 03 b **Education program fees** 1,629,448 С **Exhibit rental fees** 300.000 d e f Medicare/Medicaid payments Fees and contracts from government agencies g 5,298,703 94 Membership dues and assessments . . . 101,027 14 95 Interest on savings and temporary cash investments 14 1,764,066 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: debt-financed property а 16 2,814,088 not debt-financed property b 98 Net rental income or (loss) from personal property Other investment income 99 18 13,864,292 100 Gain or (loss) from sales of assets other than inventory 03 6,361 101 Net income or (loss) from special events 428,729 102 Gross profit or (loss) from sales of inventory Other revenue: a Sponsorship and other 42 1,096,700 103 Concession fees 15 1,022,062 b 45,316 Sale of publications C d е 22,652,841 18,814,964 104 Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) 41,467,805 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). ▼ See Statement 22 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (A)
Name, address, and EIN of corporation, partnership, or disregarded entity Perce ownersl

Part X

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			
Part X Information Regarding Transfers As	ssociated with Per	rsonal Benefit Contracts (See t	he instructions.)	
(a) Did the organization, during the year, receive any fund (b) Did the organization, during the year, pay process. If "Yes" to (b), file Form 8870 and Form	premiums, directly	or indirectly, on a personal be		☐ Yes ☑ No ☐ Yes ☑ No
				Form 990 (2007)

Form 990 (2007) Information Regarding Transfers To and From Controlled Entities. Complete only if the organization

Part	Information Regarding T is a controlling organization			Entities. Comp	lete only if the or	ganiz	ation
106	Did the reporting organization mal the Code? If "Yes," complete the				ion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(D) Amount of		fer
а							
b							
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes," of				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desci	(C) ription of ansfer	(D) Amount of		er
а							
b							
С							
	Totals						
108	Did the organization have a binding rents, royalties, and annuities described Under penalties of periury. I declare that I	cribed in question 107 at	oove?			Yes	No
Pleas Sign Here	and belief, it is true, correct, and complet	te. Declaration of preparer (othe			of which preparer has a		
Paid Prepare	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen.	Inst. X)
Use On	I Firm's name (or vours N			EIN Phone n	▶		

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Name of the organization **MUSEUM OF SCIENCE** 04 2103916 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I

(See page 2 of the instructions.	List each one. If there ar	e none, enter "l	None.")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
David Rabkin	VD 1			
Science Park, Boston, MA 02114, US	VP Innovation 40	184,782	13,836	0
Christine Cunningham	VD Doob/Flows Co Comm. A			
Science Park, Boston, MA 02114, US	VP Rsch/Elem Sc Curr 4	165,274	11,426	0
Barbara Feldman	Dir Dringing Cifes 40			
Science Park, Boston, MA 02114, US	Dir. Principal Gifts 40	143,331	13,937	0
Yvonne Spicer	VD Advesses/Ed Disses			
Science Park, Boston, MA 02114-1099, US	VP Advocacy/Ed Ptnrs 4	140,043	10,618	0
Heather Calvin	Assoc VP Visitor Svc 40			
Science Park, Boston, MA 02114-1099, US	ASSOC VP VISITOR SVC 40	118,745	14,448	0
Total number of other employees paid over \$50,000 .	116			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

116

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation **RSP Architects Architectural Services** 1220 Marshal Street NE, Minneapolis, MN 55413-1036, US 254,301 Cambridge Associates LLC **Investment Counsel** PO Box 10317, Uniondale, NY 11555-0317, US 213,285 **PriceWaterhouseCoopers** Accounting 125 High Street, Boston, MA 02110, US 178,500 **Gearon Hoffman Inc** Advertising counsel 88 Broad Street 9th Floor, Boston, MA 02110, US 162,000 Rasky-Baerlein Strategic Communications Inc **Public Relations** 70 Franklin St 3rd Fl, Boston, MA 02110, US 155,212 Total number of others receiving over \$50,000 for professional services 13

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none enter "None" See page 2 of the instructions)

firms. If there are none, enter "None." See page 2 of the	ie instructions.)	
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Shamut Design Construction	0	
560 Harrison Avenue, Boston, MA 02118, US	Construction	2,519,852
Unicco Service Company	Custodial	
4002 Solutions Center, Chicago, IL 60677-4000, US	Custodial	915,339
Mystic Scenic Studio Inc	- 1 11 12 A	
293 Lenox Street, Norwood, MA 02062, US	Exhibit Construction and Installa	463,620
Specialized Roofing Co Inc		
27 High Street, North Billerica, MA 01862, US	Construction	253,110
Admore Exhibits	E 11111 O	
27 West Mountain Street, Worcester, MA 01606, US	Exhibit Construction	59,373
Total number of other contractors receiving over		
\$50.000 for other services		

Pai	statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\bigsim \frac{219,328}{219,328}\$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	V	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the		
	transactions.) See Statement 23		
а	Sale, exchange, or leasing of property?		~
b	Lending of money or other extension of credit?		~
С	Furnishing of goods, services, or facilities?	'	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	~	
е	Transfer of any part of its income or assets?		~
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	'	
b	Did the organization have a section 403(b) annuity plan for its employees?	~	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		~
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .		•
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		,
b	Did the organization make any taxable distributions under section 4966?		/
С	Did the organization make a distribution to a donor, donor advisor, or related person?		'
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt IV	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 of	the instructi	ons.)
I ce	tify th	hat the organization is not a privat	e foundation bec	ause it is: (Please check	only ONE app	olicable box.)	
5		A church, convention of churches	, or association o	of churches. Section 170	0(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V.)			
7		A hospital or a cooperative hospit	al service organiz	zation. Section 170(b)(1)((A)(iii).		
8		A federal, state, or local government	ent or governmer	ntal unit. Section 170(b)(1)(A)(v).		
9		A medical research organization or and state ▶					
10		An organization operated for the be (Also complete the Support Sched		or university owned or op	perated by a go	vernmental unit	. Section 170(b)(1)(A)(iv)
11a	_	An organization that normally recei 170(b)(1)(A)(vi). (Also complete the			a governmental	unit or from the	general public. Section
11b		A community trust. Section 170(b))(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	IV-A.)	
12	f f	An organization that normally receifrom activities related to its charitation gross investment income an organization after June 30, 1975.	able, etc., function d unrelated busin	ns—subject to certain ex ness taxable income (les	ceptions, and oss section 511	(2) no more that tax) from busi	an 331/3 % of its support nesses acquired by the
13		An organization that is not control requirements of section 509(a)(3).					nd otherwise meets the
		☐ Type I ☐ Type II	☐Type I	II-Functionally Integrate	ed	Type III-Other	•
		Provide the following infor	rmation about th	e supported organizat	ions. (See pag	e 7 of the instr	uctions.)
Na	ame(s)	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizatio the sup organiz governing d	pported on listed in porting ation's	(e) Amount of support
					Yes	No	
T	.1						
ı ota	u . .	<u> </u>	<u> </u>			🕨	0
14		An organization organized and on	erated to test for	nublic safety Section 5	509(a)(4) (See r	nage 7 of the in	etructions)

		for converting from	om the accrual to	the cash method	of accounting		
	: You may use the worksheet in the instructions ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
15	Gifts, grants, and contributions received. (Do	(4) 2000	(2) 2000	(0) 200 :	(4, 2000	(6) 10101	
	not include unusual grants. See line 28.).	23,794,046	21,348,468	15,321,606	7,350,887	67,815,007	
16	Membership fees received	5,267,700	3,820,589	3,922,703	3,790,538	16,801,530	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	20,400,900	16,794,836	17,477,448	15,783,983	70,457,167	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	2,364,148	1,862,656	2,111,009	2,189,148	8,526,961	
19	Net income from unrelated business activities not included in line 18	0	0	0	43,981	43,981	
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0	
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0	
22	Other income. Attach a schedule. Do not	0	0		0		
-2	include gain or (loss) from sale of capital assets	2,734,547	2,306,364	1,688,240	914,466	7,643,617 S	Stmt
23	Total of lines 15 through 22	54,561,341	46,132,913	40,521,006	30,073,003	171,288,263	,,,,,,,
24	Line 23 minus line 17	34,160,441	29,338,077	23,043,558	14,289,020	100,831,096	
- - 25	Enter 1% of line 23	545,613	461,329	405,210	300,730	100,031,030	
					Í	2,016,622	
26	Organizations described on lines 10 or 11:					2,010,022	
	Prepare a list for your records to show the nan	ne of and amount	t contributed by e				
b	governmental unit or publicly supported organize	zation) whose tota				2 679 062	
b	governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w	zation) whose tota ith your return. En	nter the total of all		ounts 26b	2,678,963	
b	governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w ill Total support for section 509(a)(1) test: Enter line	zation) whose tota ith your return. En ne 24, column (e)	nter the total of all	these excess amo		2,678,963 100,831,096	
	governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w ith Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18	zation) whose tota ith your return. En ne 24, column (e) 8,526,961_	nter the total of all	these excess amo 81	26b 26c	100,831,096	
С	governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22	zation) whose tota ith your return. En ne 24, column (e) 8,526,961 7,643,617	nter the total of all 19 43,99 26b 2,678,99	these excess amo 	26b 26c 26c 26d	100,831,096	
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c d e f	governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total)	zation) whose tota ith your return. En ne 24, column (e) 8,526,961 7,643,617 ator) divided by I or amounts include the name of, and	19 43,99 26b 2,678,99 ine 26c (denomir ed in lines 15, 16 total amounts rece	these excess amounts. 81 63	26b 26c 26d 26d 26e 26e 26f ere received from	100,831,096 18,893,522 81,937,574 81 % m a "disqualified	
c d e f	governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerate) Organizations described on line 12: a Forperson," prepare a list for your records to show	zation) whose tota ith your return. En ne 24, column (e) 8,526,961 7,643,617 ator) divided by I or amounts include the name of, and e sum of such an	19 43,99 26b 2,678,90 ine 26c (denomired in lines 15, 16 total amounts received and the second secon	these excess amounts and the second of the s	26b 26c 26d 26d 26e 26f ere received from each "disc	100,831,096 18,893,522 81,937,574 81 % m a "disqualified qualified person."	
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c d e f	governmental unit or publicly supported organizal amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerate) Organizations described on line 12: a Formation person," prepare a list for your records to show Do not file this list with your return. Enter the (2006) (2005) For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines show the difference between the amount received and amounts) for each year: (2006) (2005)	zation) whose tota ith your return. En ne 24, column (e) 8,526,961 7,643,617 interval divided by I or amounts include the name of, and e sum of such an of such an of through 11b, as well the larger amounts.	the total of all the total amounts received amounts for each years of the total of t	these excess amount of the surface o	punts 26b 26c 26d 26e 26e 26f 2ere received from, each "disc (2003) "), prepare a list for line 25 for the yet with your return of these difference (2003)	100,831,096 18,893,522 81,937,574 81 % m a "disqualified qualified person." for your records to rear or (2) \$5,000. n. After computing ences (the excess	
c d e f 27	governmental unit or publicly supported organizal amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerate) Organizations described on line 12: a Formation person," prepare a list for your records to show Do not file this list with your return. Enter the (2006) (2005) For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines stated difference between the amount received and amounts) for each year: (2006) (2005)	zation) whose tota ith your return. En ne 24, column (e) 8,526,961 7,643,617 interval divided by I or amounts include the name of, and e sum of such an of such an of through 11b, as well the larger amounts.	the total of all the total amounts received amounts for each years of the total of t	these excess amount of the surface o	punts > 26b 26c 26d 26e 26e 26f 2ere received from each "discontinuous particular partic	100,831,096 18,893,522 81,937,574 81 % m a "disqualified qualified person." for your records to rear or (2) \$5,000. n. After computing ences (the excess	
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c d e f 27	governmental unit or publicly supported organizal amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated) Public support percentage (line 26e (numerated)) Public support percentage (line 26e (numerat	zation) whose tota ith your return. En ne 24, column (e) 8,526,961 7,643,617 itor) divided by I or amounts include the name of, and e sum of such amounts of through 11b, as we the larger amount and line 27b tota	19 43,99 26b 2,678,99 ine 26c (denominated in lines 15, 16 total amounts recenounts for each year (2004)	these excess amount of the surface o	26b 26c 26d 26e 26e 26e 26f 26e 26f 26e 26f 26e 27c 27c 27d	100,831,096 18,893,522 81,937,574 81 % m a "disqualified qualified person." for your records to rear or (2) \$5,000. n. After computing ences (the excess	
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prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	· · · · · · · · · · · · · · · · · · ·			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
d	with student admissions, programs, and scholarships?	32d		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b 33c		
c d	Employment of faculty or administrative staff?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g 33h		
n	Other extracurricular activities?	COLL		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pa	rt VI-A Lobbying Expenditures by Ele (To be completed ONLY by an				e instructions	.)
Che	ck ▶ a ☐ if the organization belongs to an affilia	ated group. Chec	k ▶ b ☐ if y	you checked "a" ar	nd "limited control"	provisions apply.
	Limits on Lobbyii (The term "expenditures" meai	•			(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public	opinion (grassroo	ts lobbying) .	36		0
37	Total lobbying expenditures to influence a legis		,	37		219,328
38	Total lobbying expenditures (add lines 36 and 3	37)		38	0	
39	Other exempt purpose expenditures					40,058,114
40	Total exempt purpose expenditures (add lines	38 and 39)		40	0	40,277,442
41	Lobbying nontaxable amount. Enter the amount	t from the following	ng table—			
		obbying nontaxab				
	Not over \$500,000					
	Over \$500,000 but not over \$1,000,000 . \$100,0	•			O	1,000,000
		000 plus 10% of the		00,000		1,000,000
		000 plus 5% of the				
42	Grassroots nontaxable amount (enter 25% of li	0,000			O	250,000
43	Subtract line 42 from line 36. Enter -0- if line 4	*			0	· · ·
44	Subtract line 41 from line 38. Enter -0- if line 4				O	0
•	Cubitact into 41 from into 60. Enter 6 from 64	T IS THOTO than line				
	Caution: If there is an amount on either line 43	or line 44, you m	ust file Form 47	20.		
	4-Year Ave	eraging Period	Under Section	on 501(h)		
	(Some organizations that made a section See the instructions for					elow.
		Lobb	ying Expenditu	res During 4-Ye	ar Averaging P	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46	Lobbying ceiling amount (150% of line 45(e))					6,000,000
47	Total lobbying expenditures	219,328	239,893	249,833	170,841	879,895
48	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49	Grassroots ceiling amount (150% of line 48(e))					1,500,000
50	Grassroots lobbying expenditures	0	o	0	o	0
_	rt VI-B Lobbying Activity by Nonelectivity (For reporting only by organiza			Part VI-A) (See	page 13 of th	e instructions.)
Duri	ng the year, did the organization attempt to influ	ence national sta	te or local legisl	ation including a	inv v N-	
	mpt to influence public opinion on a legislative m				Yes No	Amount
	Volunteers		_			
b	Paid staff or management (Include compensation					
С	Media advertisements					
d	Mailings to members, legislators, or the public					
е	Publications, or published or broadcast statem	ents			.	
f	Grants to other organizations for lobbying purp					
g	Direct contact with legislators, their staffs, gove		_	-		
h :	Rallies, demonstrations, seminars, conventions					
'	Total lobbying expenditures (Add lines c through ff "Yes" to any of the above, also attach a state	וו ח.) ement giving a de	tailed description	n of the lobbying	activities.	

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51					following with any other organization don 527, relating to political organizations		d in s	ection
а		` ,		to a noncharitable exempt orga			Yes	No
-						51a(i)		~
	٠,					a(ii)		1
b		er transactions:						
D			es of assets with a	noncharitable exempt organiza	tion	b(i)		~
		_				b(ii)		~
						b(iii)		~
				ner assets		b(iv)		~
						b(v)		~
								~
				ship or fundraising solicitations		b(vi)		~
		_		sts, other assets, or paid emplo		С		-
d	If th	e answer to any of	the above is "Yes,"	complete the following schedule	e. Column (b) should always show the fair	market	value _.	of the
					he organization received less than fair nals, other assets, or services received:	narket v	alue i	n any
	lian		Tangement, snow ii	Column (a) the value of the good	Totaler assets, or services received.			
	a)	(b)		(c)	(d)			
Line	no.	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transactions, and sh	aring arra	angeme	ents
	des	cribed in section 50 /es," complete the	01(c) of the Code (other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	☐ Yes		No
		(a) Name of organiz	ration	(b) Type of organization	(c) Description of relationship)		

Statement 1 MUSEUM OF SCIENCE Form: 990 04-2103916

Page: 1 Part: I Question: 8

Sales of Assets Other than Inventory

Publicly Traded Securities

Description: Sold To:

Sales Price:\$76,691,983.00Date Sold:Expense of Sale:\$0.00Date acquired:Cost or value when acquired:\$62,827,691.00How acquired:

Depreciation since acquistion: \$0.00

Net Sale: \$13,864,292.00

Form: 990 Page: 1 Part: I Question: 9 MUSEUM OF SCIENCE 04-2103916

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
July 4th Event	\$77,006.00	\$55,157.00	\$21,849.00	\$15,488.00	\$6,361.00
Total:	\$77,006.00	\$55,157.00	\$21,849.00	\$15,488.00	\$6,361.00

MUSEUM OF SCIENCE Form: 990 04-2103916 Page: 1

Part: I Question: 10

Sales of Inventory

Description	Gross Sales	cogs	Gross Profit
Curriculum materials	\$578,637.00	\$149,908.00	\$428,729.00
Total:	\$578,637.00	\$149,908.00	\$428,729.00

Statement 4 MUSEUM OF SCIENCE Form: 990 04-2103916

Page: 1 Part: I Question: 20

Other changes in Net Assets or Fund Balances

Explanation	Amount
Unrealized gains/losses on investments	-\$18,364,450.00
Other	-\$633.00
Change in value of split interest agreements	-\$600,330.00
Loss on disposal of fixed assets	-\$570,396.00
Net capital accretions/amortizations	\$142,214.00
Total:	-\$19,393,595.00

Statement 5 MUSEUM OF SCIENCE
Form: 990 04-2103916

Form: 990 Page: 2 Part: II

Question: 22b

Grants and Allocations

Classification Admission fee waivers Free or reduced fee admissions

Date: 06/30/2008

Type: NonCash

Grant Amt \$268,934.00

Boston, MA 02114

Address: Science Park

United States

United States

Purp of payment to affiliate

Relationship: Program participant

Description of Property: Admission fee waivers

How Determined

Book Value of Property: \$0.00 Retail price of fee **FMV of Property:** \$268,934.00 Retail price of fee

Classification Course fee waivers Free or reduced fee courses

Date: 06/30/2008

Type: NonCash Address: Science Park

Grant Amt \$24,071.00 Boston, MA 02114

Purp of payment to affiliate

Relationship: Program participant
Description of Property: Course fee waivers

How Determined

Book Value of Property: \$0.00 Retail price of fee **FMV of Property:** \$24,071.00 Retail price of fee

Classification Overnight fee waivers Free or reduced fee overnights

Date: 06/30/2008

Type: NonCash Address: Science Park

Grant Amt \$23,095.00 Boston, MA 02114

United States

Purp of payment to affiliate

Relationship: Program participant

Description of Property: Overnight fee waivers

How Determined

Book Value of Property: \$0.00 Retail price of fee **FMV of Property:** \$23,095.00 Retail price of fee

Classification Membership fee waivers Free or reduced fee memberships

Date: 06/30/2008

Type: NonCash Address: Science Park

Grant Amt \$29,656.00 Boston, MA 02114

United States

Purp of payment to affiliate

Relationship: Program participant

Description of Property: Membership fee waivers

How Determined

Book Value of Property:\$0.00Retail price of feeFMV of Property:\$29,656.00Retail price of fee

Classification Outreach program fee waivers Free or reduced fee outreach

Date: 06/30/2008

Type: NonCash Address: Science Park

Grant Amt \$47,615.00 Boston, MA 02114

United States

Purp of payment to affiliate

Relationship: Program participant

Description of Property: Outreach program fee waivers

How Determined

Book Value of Property:\$0.00Retail price of feeFMV of Property:\$47,615.00Retail price of fee

Total Grants: \$393,371.00

Statement 6 MUSEUM OF SCIENCE Form: 990 04-2103916

Page: 2 Part: II Question: 23

Specific Assistance to Individuals

Assistance Type	Total Payments
College scholarships for 9 individuals	\$23,000.00
Total:	\$23,000.00

Form: 990 Page: 2 Part: II Question: 42 MUSEUM OF SCIENCE 04-2103916

Depreciation and Depletion

Asset	Current Deprec.
Building	\$1,741,238.00
Equipment	\$971,628.00
Exhibits	\$1,789,242.00
Total	\$4,502,108.00

MUSEUM OF SCIENCE 04-2103916

Statement 8

Form: 990 Page: 2 Part: II Question: 43

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Subawards on grants	\$3,741,634.00	\$3,741,634.00	\$0.00	\$0.00
Marketing	\$2,704,138.00	\$2,650,387.00	\$32,013.00	\$21,738.00
Outside services	\$2,644,617.00	\$1,843,528.00	\$205,776.00	\$595,313.00
Miscellaneous	\$1,441,505.00	\$1,386,306.00	\$1,341.00	\$53,858.00
Film/exhibit rental	\$895,328.00	\$895,328.00	\$0.00	\$0.00
Catering	\$616,262.00	\$339,985.00	\$68,261.00	\$208,016.00
Non-capital equipment	\$426,911.00	\$352,372.00	\$48,578.00	\$25,961.00
Banking fees	\$23,036.00	\$0.00	\$23,036.00	\$0.00
Total:	\$12,493,431.00	\$11,209,540.00	\$379,005.00	\$904,886.00

Statement 9 MUSEUM OF SCIENCE Form: 990 04-2103916

Page: 3 Part: III Question:

Program Services

Achievement	Pgm. Svc. Exp.
Science & Technology Museum Programs, General/Othe: Exhibits include over 600 standing exhibits, providing hands-on experience in all areas of science and technology and their social impact, as well as a Butterfly Garden and 3D Digital Theater. Traveling exhibits hosted this year included Discovering Chimpanzees, CSI: The Experience, Lizards & Snakes: Alive, and DoubleExposure: Photographing Global Climate Change. (193000 sq ft of exhibitry and related space)	\$17,921,948.00
Grants and Allocations: \$28,482.00 This amount includes foreign grants: No	
Science & Technology Museum Audience Services: Public programs include exhibit interpretation, lecture series, live animal demonstrations, physical and electrical science demonstrations, special events, plays and demonstrations relating to topics of current science and technology, community outreach programs. (1404336 onsite and offsite participants) Grants and Allocations: \$330,335.00 This amount includes foreign grants: No	\$11,893,379.00
Science & Technology Museum Audience Services: Theaters include a Planetarium offering lectures and	\$1,982,068.00
demonstrations of astronomical phenomena, current discoveries and historical topics. Shows included Into	* , ,
the Unknown and What Happened to Pluto?. Domed IMAX theater offers 70mm format films. Films this year	
included Sea Monsters, Mummies: Secrets of the Pharaohs, and The Alps. (542016 viewers)	
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Education, General/Other: Education programs include courses for children and adults, overnight	\$6,290,160.00
camp-ins, computer resource center, library/educators resource center, programs for school groups,	
flagship site of an international Computer Clubhouse network, standards-based curriculum development,	
online teacher resources. (245550 participants)	
Grants and Allocations: \$34,554.00 This amount includes foreign grants: No	
Unknown/Unclassified: Services provided primarily for the benefit of our members include our parking	\$1,970,559.00
facility, membership office, and gift shop. (41156 members)	
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total	\$40.0E9.114.00

Total: \$40,058,114.00

Form: 990 Page: 4 Part: IV Question: 56

MUSEUM OF SCIENCE 04-2103916

Other Investments

Investment	Valuation Type	Amount
Interest in split interest agreements	FMV	\$8,812,422.00
Investment in Omni film production	Cost	\$273,667.00
Share of limited partnership	Cost	\$91,684.00
Total		A0 477 770 00

Total: \$9,177,773.00

Statement 11 MUSEUM OF SCIENCE Form: 990 04-2103916

Page: 4 Part: IV Question: 57

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Building	\$64,988,317.00	\$38,003,235.00	\$26,985,082.00
Building Construction in Progress	\$2,972,859.00	\$0.00	\$2,972,859.00
Land Improvements	\$114,102.00	\$0.00	\$114,102.00
Equipment	\$11,067,396.00	\$4,555,496.00	\$6,511,900.00
Equipment Construction in Progress	\$997,021.00	\$0.00	\$997,021.00
Exhibits	\$28,773,787.00	\$13,808,523.00	\$14,965,264.00
Exhibits Construction in Progress	\$1,027,491.00	\$0.00	\$1,027,491.00
Total:	\$109.940.973.00	\$56.367.254.00	\$53,573,719.00

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Other Assets

Asset Description	BOY Amount	EOY Amount
Non-PPE capital assets	\$6,031.00	\$0.00
Other assets	\$145,641.00	\$205,821.00
Accrued investment income receivable	\$122,806.00	\$144,707.00
Total:	\$274.478.00	\$350.528.00

Form: 990 Page: 4 Part: IV Question: 65 MUSEUM OF SCIENCE 04-2103916

Other Liabilities

Liability Description	BOY Amount	EOY Amount	
Liabilities on Split Interests	\$1,460,352.00	\$1,350,877.00	
Total:	\$1,460,352.00	\$1,350,877.00	

Statement 14 MUSEUM OF SCIENCE Form: 990 04-2103916

Page: 5 Part: IV-A Question: b(4)

Revenue Audit Line b(4)

Description	Amount		
Cost of goods sold	\$149,908.00		
Special F/R event expenses	\$15,488.00		
Amortization of liability under management agreement	\$205,140.00		
Change in split interest agreements	-\$600,330.00		
Total:	-\$229.794.00		

Form: 990 Page: 5 Part: IV-A Question: d(2) MUSEUM OF SCIENCE 04-2103916

Revenue Audit Line d(2)

Description	Amount
Gains not allocated for spending policy Rounding variances	\$11,472,127.00 \$78.00
Total:	\$11,472,205.00

Statement 16 MUSEUM OF SCIENCE Form: 990 04-2103916

Page: 5 Part: IV-B Question: b(4)

Expense Audit Line b(4)

Description	Amount
Cost of goods sold	\$149,908.00
Special F/R event expenses	\$15,488.00
Total:	\$165,396.00

Form: 990 Page: 5 Part: IV-B Question: d(2) MUSEUM OF SCIENCE 04-2103916

Expense Audit Line d(2)

Description	Amount
Rounding variances	\$666.00
Total:	\$666.00

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Part: V Question:

Officers, Directors, Trustees, and Key Employees

Name and	Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Ioannis N M	iaoulis	40	\$377,744.00	\$31,345.00	\$0.00
Title:	President & Director				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Wayne M B	ouchard	40	\$240,494.00	\$25,086.00	\$0.00
Title:	COO, Asst. Sec'y				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Joan Hadly		40	\$104,867.00	\$2,268.00	\$0.00
Title:	Sr. VP, Advancement (curr)				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Beth Raffel	d	40	\$61,794.00	\$5,417.00	\$0.00
Title:	Sr. VP, Advancement (prev)				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114-1099				
Country:	United States				
Lawrence E	Bell	40	\$184,051.00	\$20,351.00	\$0.00
Title:	Sr. VP, Exh & Progs				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Richard Blu	menthal	40	\$213,385.00	\$17,092.00	\$0.00
Title:	Sr VP NCTI				

Title: Sr. VP, NCTL Addr 1: Science Park

Addr 2:

CSZ: Boston, MA 02114 Country: United States

Name and	Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Peter Johns	son	40	\$149,975.00	\$7,429.00	\$0.00
Title: Addr 1: Addr 2:	VP Exh. & Design Science Park				
CSZ: Country:	Boston, MA 02114 United States				
John T Slak	ey	40	\$157,196.00	\$23,201.00	\$0.00
Title:	VP Fin/CFO/Treasurer				
Addr 1: Addr 2:	Science Park				
CSZ: Country:	Boston, MA 02114 United States				
Britton S O'	Brien	40	\$131,753.00	\$21,497.00	\$0.00
Title:	VP Human Resources				
Addr 1: Addr 2:	Science Park				
CSZ:	Boston, MA 02114				
Country:	United States				
Brian S Wo	robey	40	\$169,848.00	\$12,819.00	\$0.00
Title: Addr 1:	VP Info. Sys & Resc. Science Park				
Addr 2: CSZ:	Boston, MA 02114				
Country:					
Cynthia G N	Ласкеу	40	\$144,937.00	\$13,553.00	\$0.00
Title:	VP Marketing				
Addr 1:	Science Park				
Addr 2: CSZ:	Boston, MA 02114				
Country:	United States				
Paul M Font	taine	40	\$143,120.00	\$12,878.00	\$0.00
Title:	VP Programs				
Addr 1: Addr 2:	Science Park				
CSZ: Country:	Boston, MA 02114 United States				
Jonathan R	Burke	40	\$144,508.00	\$19,331.00	\$0.00
Title:	VP Vis. Svces & Ops				
Addr 1:	Science Park				

Addr 2:

CSZ: Boston, MA 02114

Name and		Ave. Hrs/week	Comp.	Benefits	Expenses
Country:	United States				
Richard M E	Burnes Jr	0.5	\$0.00	\$0.00	\$0.00
Title:	Chairman				
Addr 1:	Science Park				
Addr 2: CSZ:	Boston, MA 02114				
Country:	United States				
Paul Egerm	an	0.5	\$0.00	\$0.00	\$0.00
Title:	Vice-Chair				
Addr 1:	Science Park				
Addr 2:					
CSZ: Country:	Boston, MA 02114 United States				
Country.	United States				
Jonathan J	Fleming	0.5	\$0.00	\$0.00	\$0.00
Title:	Vice-Chair				
Addr 1:	Science Park				
Addr 2:					
CSZ: Country:	Boston, MA 02114 United States				
Country.	Officed States				
Donald M K	aplan	0.5	\$0.00	\$0.00	\$0.00
Title:	Vice-Chair				
Addr 1:	Science Park				
Addr 2:	Dooton MA 00444				
CSZ: Country:	Boston, MA 02114 United States				
Country.	Offica Otales				
Gwill E Yor	k	0.5	\$0.00	\$0.00	\$0.00
Title:	Vice-Chair				
Addr 1:	Science Park				
Addr 2:	D . MA 00444				
CSZ: Country:	Boston, MA 02114 United States				
Country.	United States				
Wayne M K	ennard	0.5	\$0.00	\$0.00	\$0.00
Title:	Corporate Counsel				
Addr 1:	Science Park				
Addr 2:	.				
CSZ:	Boston, MA 02114				
Country:	United States				
Leo X Liu		0.5	\$0.00	\$0.00	\$0.00
Title:	Secretary				
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Addr 1: Science Park

Addr 2:

Name and	Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Country:	Boston, MA 02114 United States				
Ranch Kimb	pall	0.5	\$0.00	\$0.00	\$0.00
Title:	Chair, Overseers Science Park				
Addr 2: CSZ: Country:	Boston, MA 02114 United States				
Jeffrey Beh	rens	0.5	\$0.00	\$0.00	\$0.00
Title: Addr 1:	Chair, Innovators Science Park				
Addr 2: CSZ: Country:	Boston, MA 02114 United States				
Irv Krause		0.5	\$0.00	\$0.00	\$0.00
Title: Addr 1: Addr 2:	Pres., Vol. Svc. Lge Science Park				
CSZ: Country:	Boston, MA 02114 United States				
John E Abe	le	0.5	\$0.00	\$0.00	\$0.00
Title: Addr 1: Addr 2:	Trustee Science Park				
CSZ: Country:	Boston, MA 02114 United States				
Richard I A	nders	0.5	\$0.00	\$0.00	\$0.00
Title: Addr 1: Addr 2:	Trustee Science Park				
CSZ: Country:	Boston, MA 02114 United States				
Howard M	Anderson	0.5	\$0.00	\$0.00	\$0.00
Title: Addr 1: Addr 2:	Trustee Science Park				
CSZ: Country:	Boston, MA 02114 United States				
Henry P Be	cton Jr	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				

Addr 1: Science Park

	Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Jeffrey R Be	eir	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Joan M Ber	gstrom	0.5	\$0.00	\$0.00	\$0.00
			,	*****	***
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Vanu G Bos	se	0.5	\$0.00	\$0.00	\$0.00
-	- .				
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Joseph Cam	npanelli	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:	Colonico i ant				
CSZ:	Boston, MA 02114				
	United States				
Country:	United States				
Richard A C	Carpenter	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:	Colonico i ant				
CSZ:	Boston, MA 02114				
Country:	United States				
Country.	Officed States				
Stephen E C	Coit	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Iomos De=:	ΔII	0.5	\$0.00	\$0.00	\$0.00
	UII .	0.5	φυ.υυ	φυ.υυ	φυ.υυ
James Danie					

Name and		Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 1: Addr 2:	Science Park				
CSZ:	Dooton MA 02414				
	Boston, MA 02114 United States				
Country:	United States				
Jaishree De	shpande	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Sally L Dias		0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Gary T DiCa	millo	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:	Colonido I ant				
CSZ:	Boston, MA 02114				
Country:					
Richard A D	iPerna	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Deborah Du	ınsire	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Helen Grein	er	0.5	\$0.00	\$0.00	\$0.00
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Loglio F C	in	0.5	\$0.00	\$0.00	\$0.00
Leslie E Gre	eis	0.5	\$0.00	\$0.00	\$0.00

Name and	Address	Ave. Hrs/week	Comp.	Benefits	Expense
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Daphne Hat	tsopoulos	0.5	\$0.00	\$0.00	\$0.
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Ann Kania		0.5	\$0.00	\$0.00	\$0.
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Brian T Kea	ane	0.5	\$0.00	\$0.00	\$0.
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
	United States				
\\\\a\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ciatlan	0.5	\$0.00	\$0.00	¢o.
Wendy W K	asuei	0.5	\$0.00	\$0.00	\$0.
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:					
Michael E k	Kolowich	0.5	\$0.00	\$0.00	\$0.
Title:	Trustee				
Addr 1:	Science Park				
Addr 1:					
CSZ:	Boston, MA 02114				
Country:	United States				
Country.	Jimed States				
William A Lo	owell	0.5	\$0.00	\$0.00	\$0.
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Howard Ma	pering	0.5	¢0.00	\$0.00	\$0.
Howard Me	essing	0.5	\$0.00	\$0.00	\$0

Name and		Ave. Hrs/week	Comp.	Benefits	Expens
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:					
Elizabeth M		0.5	\$0.00	\$0.00	\$0
LIIZADEIII IVI	ooie	0.3	φ0.00	φ0.00	φυ
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:					
Sandra O M	Moose	0.5	\$0.00	\$0.00	\$0
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
Laura Bark	er Morse	0.5	\$0.00	\$0.00	\$0
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
	United States				
Country.	Office Otales				
Finley H Pe	rry Jr	0.5	\$0.00	\$0.00	\$0
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:	Colonico I and				
CSZ:	Boston, MA 02114				
Country:	United States				
Thomas J F	Pincince	0.5	\$0.00	\$0.00	\$0
Tiela.	Trustoe				
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
John F Ren	0	0.5	\$0.00	\$0.00	\$0
Title	Trustoo				
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
			A 2 2 2 2	40.05	
Mitchel J Re	esnick	0.5	\$0.00	\$0.00	\$0

Name and		Ave. Hrs/week	Comp.	Benefits	Expense
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
John C Rut	herford	0.5	\$0.00	\$0.00	\$0.
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:	Colonico i alix				
CSZ:	Boston, MA 02114				
Country:					
Matthew D	Shedd	0.5	\$0.00	\$0.00	\$0
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
	United States				
Malcolm L S	Sherman	0.5	\$0.00	\$0.00	\$0
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
	United States				
	A 0:"		#0.00	Ф0.00	
Lawrence /	A SIII	0.5	\$0.00	\$0.00	\$0
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:					
Country.	Office States				
Ira Stepania	an	0.5	\$0.00	\$0.00	\$0
Title:	Trustee				
Addr 1:	Science Park				
Addr 1:					
CSZ:	Boston, MA 02114				
Country:	United States				
Henri A Ter	meer	0.5	\$0.00	\$0.00	\$0
Title:	Trustee				
Addr 1:	Science Park				
Addr 1:	Colonio i din				
	Poston MA 02444				
CSZ:	Boston, MA 02114				
Country:	United States				
Hal R Tovin		0.5	\$0.00	\$0.00	\$0
		0.0	40.00	ψ0.00	Ψ

lame and	Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Title:	Trustee				
Addr 1:	Science Park				
Addr 2:					
CSZ:	Boston, MA 02114				
Country:	United States				
TOTALS		\$.	2,223,672.00	\$212,267.00	\$0.00

Statement 19 MUSEUM OF SCIENCE Form: 990 04-2103916

Page: 6 Part: V

Question: 75b

Relationships

Person/Busines	ss 1	Person/Business 2		
Malcolm Sherman		Lawrence Siff		
Board Member Person		Board Member Person		
Relationship These two Museum trustees are related through a common workplace: Mr. Sherman is Vice Mr. Siff is Principal/Managing Director of the Gordon Brothers Group, Inc.		·		

Statement 20 MUSEUM OF SCIENCE Form: 990 04-2103916

Page: 6
Part: V-B
Question:

TOTALS

Former Officers, Directors, Trustees, and Key Employees

Name and Address David W Ellis		Loans and Advances	Comp.	Benefits	Expenses
		\$0.00	\$0.00 \$73,250.00	\$0.00	\$0.00
Addr: Addr 2:	Science Park				
CSZ: Country:	Boston, MA 02114-1099 United States				
,	United States	rmer President & Director under co	onsulting agree	me	ment

\$0.00

\$73,250.00

\$0.00

\$0.00

Statement 21 MUSEUM OF SCIENCE
Form: 990 04-2103916

Page: 6 Part: VI Question: 77

Changes to Governing Documants

The data for this attachment was not entered into the program. It was attached as a file. If you intend to electronically file this return, this attached file will be transmitted along with the data. If you intend to deliver this return via the US Mail, please print out the file listed below, label it with the information contained above, and include it with your return.

File Name: 042103916012007aOrgDocChange.pdf

File Type: PDF

Statement 22

Form: 990 Page: 8 Part: VIII Question:

MUSEUM OF SCIENCE 04-2103916

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	Admission fees allow access to exhibits and public programs.
93 с	Education program fees fund and allow access to programs such as course, overnights, and teacher workshops.
103 c	Museum publications include materials for use both in the home and in the classroom on various topics of science, engineering, and technology.
94	Membership dues allow free admission to Museum exhibit halls and discounts on other educational programs. These dues also allow members free admission to other museums within the US and internationally.
02	Sales are of elementary school engineering curriculum materials developed by the Museum.
93 d	Exhibit rental fees are generated when exhibits developed by the Museum of Science are hosted by other museums.

Statement 23

Form: Schedule A

Page: 2 Part: III Question: 2 MUSEUM OF SCIENCE 04-2103916

Transaction Explanations

Line	Expanation
2c	Several companies, the principals of which are Museum trustees, are customers of our Events and
	Conference Services department. These companies and the associated Museum trustee are: e-Scription
	(Paul Egerman, CEO), Cambridge Biosciences (Leo X. Liu, Pres./CEO), the MIT Media Lab (Mitchel Resnick,
	Prof. of Learning Research), and Genzyme (Henri Termeer, Chairman/Pres./CEO).
2d	The Museum procured the services of several companies the principals of which are Museum trustees.
	These companies and the associated Museum trustee are: WilmerHale (legal services), Wayne Kennard,
	Partner; DigiNovations (media production services), Michael Kolowich, President; and Sovereign Bank New
	England (banking services), Joseph Campanelli, Pres./CEO. 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 policies, procedures, and requirements as other, non-related, firms.

Statement 24 MUSEUM OF SCIENCE
Form: Schedule A 04-2103916

Page: 2 Part: III Question: 3a

Explanation of Grant Determination

Explanation of grant qualifications

Most of the Museum's grants consist of non-cash partial or full fee waivers for various programs. In applying, organizations must show charitable status and need; individuals must show need. The Museum administers a single cash scholarship program as part of its leadership of the Intel Computer Clubhouse Network through the Clubhouse-to-College program. Each year, Clubhouse members may apply for one of several \$2,000 scholarships to be paid directly to their college. Applications are judged by a panel consisting of Clubhouse Network staff, a representative from MIT, a representative from Intel (the program funder), and a Museum staff person not associated with the Clubhouse program. Evaluation criteria are: 1) Clubhouse Committment, 2) Demonstration of Leadership, and 3) Academic Performance and Career Plan.

Statement 25

Form: Schedule A

Page: 4 Part: IV-A Question: 22 MUSEUM OF SCIENCE 04-2103916

Other Income

Description	2006	2005	2004	2003
Food svcs, product sales & other	\$2,734,547.00	\$2,306,364.00	\$1,688,240.00	\$914,466.00
Total:	\$2,734,547.00	\$2,306,364.00	\$1,688,240.00	\$914,466.00