

**Return of Organization Exempt From Income Tax**

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

**2010**

**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.

**A** For the 2010 calendar year, or tax year beginning **07/01**, 2010, and ending **06/30**, 20**11**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **MUSEUM OF SCIENCE**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1 Science Park**  
 City or town, state or country, and ZIP + 4  
**Boston, MA 02114-1099**

**D** Employer identification number  
**04-2103916**

**E** Telephone number  
**617-723-2500**

**F** Name and address of principal officer: **Ioannis N Miaoulis**  
**1 Science Park, Boston, MA 02114-1099**

**G** Gross receipts \$ **100,338,484**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.mos.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1831** **M** State of legal domicile: **MA**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>51</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>50</b>
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>795</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>802</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>386,073</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>82,507</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>22,897,546</b>	Current Year <b>25,171,983</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>19,788,976</b>	<b>19,110,657</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-478,082</b>	<b>6,457,648</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,952,171</b>	<b>6,267,576</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>48,160,611</b>	<b>57,007,864</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>4,024,864</b>	<b>3,708,439</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>23,934,405</b>	<b>23,828,418</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>120,778</b>	<b>240,044</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,683,537</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>19,670,979</b>	<b>20,615,713</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>47,751,026</b>	<b>48,392,614</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>409,585</b>	<b>8,615,250</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>186,144,603</b>	End of Year <b>200,094,908</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>19,652,431</b>	<b>17,322,476</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>166,492,172</b>	<b>182,772,432</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
**John Slakey, VP Finance/CFO/Treasurer**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question 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  
(Continued on Schedule O, Statement 1)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 14,963,550 including grants of \$ 2,850,250 ) (Revenue \$ 2,261,666 )

EXHIBITS include over 700 standing exhibits, providing hands-on experience in all areas of science and technology and their social impact. The Museum has also produced exhibits such as Star Wars, which travel nationally and internationally, extending the Museum's reach. Traveling exhibits produced by others hosted by the Museum this year included "Diabetes: A Deeper Look", "Geo. Washington Carver", "K'NEX: Building Thrill Rides", "RACE: Are We So Different?", "Reptiles: The Beautiful and the Deadly", "Whales/Tohora" (193,000 sq. ft. of exhibits and related space; 1,176,300 Exhibit Hall visitors)

**4b** (Code: \_\_\_\_\_) (Expenses \$ 9,442,988 including grants of \$ 302,920 ) (Revenue \$ 8,359,741 )

PUBLIC PROGRAMS include exhibit interpretation, lecture series, live animal demonstrations, physical and electrical science demonstrations, special events, demonstrations relating to topics of current science and technology, community outreach programs, and a Butterfly Garden. (1,276,800 onsite visitors and offsite participants)

**4c** (Code: \_\_\_\_\_) (Expenses \$ 6,046,524 including grants of \$ 401,222 ) (Revenue \$ 2,261,666 )

EDUCATION PROGRAMS include courses for children and adults, overnight programs, an Educator Resource Center, programs for school groups, the flagship site of an international Computer Clubhouse network, standards-based K-12 formal ed curriculum materials and professional development programs in math and engineering, online teacher resources. (203,600 visitors and participants, not including children using the Museum-developed curricula nationwide)

**4d** Other program services. (Describe in Schedule O.) See Schedule O, Statement 2  
(Expenses \$ 8,356,471 including grants of \$ 154,047 ) (Revenue \$ 13,643,994 )

**4e** Total program service expenses **▶** 38,809,533

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants and 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> . . . . .	<input checked="" type="checkbox"/>	
<b>23</b> 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> . . . . .	<input checked="" type="checkbox"/>	
<b>24a</b> 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 25</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .		<input checked="" type="checkbox"/>
<b>b</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> . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<input checked="" type="checkbox"/>	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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> . . . . .		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>32</b> 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> . . . . .		<input checked="" type="checkbox"/>
<b>33</b> 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> . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<input checked="" type="checkbox"/>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	
<b>a</b> 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> . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		<input checked="" type="checkbox"/>
<b>37</b> 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> . . . . .		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 101	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> ✓	
<b>2a</b>	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	<b>2a</b> 795	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<b>2b</b> ✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b> ✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b> ✓	
<b>4a</b>	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)? . . . . .	<b>4a</b>	✓
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b> ✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b> ✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>	<b>51</b>
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	<b>50</b>
<b>2</b>	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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b>	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 . . . . .	<b>9</b>	<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>	
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► John T Slakey, (617)589-0114  
1 Science Park, Boston, MA 02114-1099

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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	0.5	✓					0	0	0	
Daphne Hatsopoulos Trustee	0.5	✓					0	0	0	
Deborah Dunsire Trustee	0.5	✓					0	0	0	
Elizabeth Moore Trustee	0.5	✓					0	0	0	
Eugene E Record Jr Trustee	0.5	✓					0	0	0	
Gary T DiCamillo Trustee	0.5	✓					0	0	0	
Hal R Tovin Trustee	0.5	✓					0	0	0	
Helen Greiner Trustee	0.5	✓					0	0	0	
Henri A Termeer Trustee	0.5	✓					0	0	0	
Howard M Anderson Trustee	0.5	✓					0	0	0	
Ira Stepanian Trustee	0.5	✓					0	0	0	
Susan A Heavner Pres., Vol. Svc. Lge	0.5	✓					0	0	0	
Jaishree Deshpande Trustee	0.5	✓					0	0	0	
James Daniell Trustee	0.5	✓					0	0	0	
Jane Hirsh Trustee	0.5	✓					0	0	0	
Jane Pappalardo Trustee	0.5	✓					0	0	0	

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
Jeffrey R Beir Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
John F Reno Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Jonathan J Fleming Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Joshua Boger Vice-Chair	0.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Joyce L Plotkin Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Kenneth D Legg Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Kurt Melden Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Laura Barker Morse Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Lawrence A Siff Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Leslie E Greis Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Malcolm L Sherman Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Matthew D Shedd Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Michael A Champa Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Michael E Kolowich Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Michael G Thonis Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Gregory O'Shaughnessy Chair, Innovators	0.5	<input checked="" type="checkbox"/>						0	0	0



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 Carpenter Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Richard A DiPerna Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Richard M Burnes Jr Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Richard I Anders Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Sandra O Moose Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Stephen E Coit Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Thomas J Pincince Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Tom Leighton Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Vanu G Bose Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Wendy W Kistler Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Yet-Ming Chiang Trustee	0.5	<input checked="" type="checkbox"/>						0	0	0
Donald M Kaplan Vice-Chair	0.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Gwill E York Vice-Chair	0.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Ioannis N Miaoulis President and Director	40	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				473,314	0	30,653
Leo X Liu Secretary	0.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Paul Egerman Vice-Chair	0.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
Ranch C Kimball Chair, Overseers	0.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Wayne M Kennard Corporation Counsel	0.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Howard Messing Chairman	0.5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
John T Slakey VP Fin/CFO/Treasurer	40			<input checked="" type="checkbox"/>				164,273	0	26,112
Wayne Bouchard COO/Asst. Sec'y	40			<input checked="" type="checkbox"/>				243,728	0	30,537
Joan Hadly Sr. VP Advancement	40				<input checked="" type="checkbox"/>			235,162	0	22,684
Lawrence Bell Sr. VP, Exh & Progs	40				<input checked="" type="checkbox"/>			195,270	0	20,406
Christine Cunningham VP Rsch/Elem Sc Curr	40					<input checked="" type="checkbox"/>		164,615	0	11,145
Cynthia G Mackey VP Marketing	40					<input checked="" type="checkbox"/>		154,938	0	13,479
E James Kraus Exec. Dir. of Development	40					<input checked="" type="checkbox"/>		197,817	0	24,058
Jonathan R Burke VP Vis. Svces & Ops	40					<input checked="" type="checkbox"/>		165,847	0	22,170
Paul M Fontaine VP Education	40					<input checked="" type="checkbox"/>		182,098	0	19,534
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>2,177,062</b>	<b>0</b>	<b>220,778</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **22**

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

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
Suffolk Construction Co Inc, 65 Allerton Street, Boston, MA 02119	Construction/gen'l contracting	1,170,061
Unicco Service Company, 4002 Solutions Center, Chicago, IL 60677-4000	Custodial	1,058,870
ESI Design, 111 Fifth Avenue, New York, NY 10003	Exhibit design	335,539
Mystic Scenic Studio, 293 Lenox Street, Norwood, MA 02062	Exhibit fabrication/installati	266,319
Alpha Weatherproofing Corp, 25 Washington Street, Somerville, MA 02143	Construction	250,125

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **16**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	3,461,683				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	654,702				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0				
	<b>e</b> Government grants (contributions)	<b>1e</b>	6,094,229				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,961,369				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,364,729				
	<b>h Total.</b> Add lines 1a-1f . . . . .		25,171,983				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a Admissions</b> . . . . .		712110	10,244,413	10,244,413	0	
	<b>b Membership benefits</b> . . . . .		712110	3,407,700	3,407,700	0	
	<b>c Education programs fees</b> . . . . .		611699	2,319,379	2,319,379	0	
	<b>d Parking</b> . . . . .		812930	2,097,011	0	2,097,011	
	<b>e Exhibit rental fees</b> . . . . .		712110	913,511	913,511	0	
	<b>f</b> All other program service revenue .			128,643	128,643	0	
	<b>g Total.</b> Add lines 2a-2f . . . . .			19,110,657			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		507,899	0	3,941	503,958	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0	0	0	0	
	<b>5</b> Royalties . . . . .		41,079	41,079	0	0	
	<b>6a</b> Gross Rents . . . . .	(i) Real	1,434,179				
		(ii) Personal		0			
		<b>b</b> Less: rental expenses	0	0			
		<b>c</b> Rental income or (loss)	1,434,179	0			
	<b>d</b> Net rental income or (loss) . . . . .		1,434,179	0	0	1,434,179	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	47,971,217				
		(ii) Other		0			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	41,962,701	58,767			
		<b>c</b> Gain or (loss) . . . . .	6,008,516	-58,767			
	<b>d</b> Net gain or (loss) . . . . .		5,949,749	0	4,711	5,945,038	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>654,702</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	85,684				
		<b>b</b> Less: direct expenses . . . . .	264,034				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		-178,350		0	-178,350
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0				
		<b>b</b> Less: direct expenses . . . . .	0				
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0	0	0	0
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	1,896,111				
<b>b</b> Less: cost of goods sold . . . . .		1,045,118					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			850,993	850,993	0	0	
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a Sponsorship</b> . . . . .		900099	1,417,927	0	0	1,417,927	
<b>b Ancillary services</b> . . . . .		531120	1,287,123	0	377,421	909,702	
<b>c Concession fees</b> . . . . .		453220	907,526	0	0	907,526	
<b>d</b> All other revenue . . . . .			507,099	0	0	507,099	
<b>e Total.</b> Add lines 11a-11d . . . . .			4,119,675				
<b>12 Total revenue.</b> See instructions. . . . .			57,007,864	17,905,718	386,073	13,544,090	

**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) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 U.S. See Part IV, line 21 . . . . .	3,158,342	3,158,342		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	471,597	471,597		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	78,500	78,500		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,582,044	416,304	702,039	463,701
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages . . . . .	17,870,218	13,944,523	1,495,593	2,430,102
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	762,766	587,373	68,153	107,240
9	Other employee benefits . . . . .	2,187,549	1,684,537	195,456	307,556
10	Payroll taxes . . . . .	1,425,841	1,097,979	127,398	200,464
11	Fees for services (non-employees):				
a	Management . . . . .	0	0	0	0
b	Legal . . . . .	25,720	0	25,720	0
c	Accounting . . . . .	227,517	0	227,517	0
d	Lobbying . . . . .	130,314	61,998	0	68,316
e	Professional fundraising services. See Part IV, line 17	240,044			240,044
f	Investment management fees . . . . .	0	0	0	0
g	Other . . . . .	3,113,369	2,595,220	201,661	316,488
12	Advertising and promotion . . . . .	2,507,075	2,450,580	21,081	35,414
13	Office expenses . . . . .	2,552,806	1,966,243	265,641	320,922
14	Information technology . . . . .	399,758	254,770	97,687	47,301
15	Royalties . . . . .	20,424	15,753	0	4,671
16	Occupancy . . . . .	2,505,894	2,123,283	333,112	49,499
17	Travel . . . . .	1,525,316	1,398,484	109,183	17,649
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	57,216	50,067	726	6,423
20	Interest . . . . .	178,133	0	178,133	0
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	4,664,997	4,221,854	375,066	68,077
23	Insurance . . . . .	336,391	41,624	294,767	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	<u>Film and exhibit rental</u> . . . . .	1,101,752	1,101,752	0	0
b	<u>Catering</u> . . . . .	623,671	391,532	50,556	181,583
c	<u>Credit card handling fees</u> . . . . .	446,685	433,932	26	12,727
d	<u>Taxes</u> . . . . .	216,210	196,044	20,166	0
e	<u>Fundraising event expenses reclassified to Part I</u> . . . . .	-264,034	0	0	-264,034
f	All other expenses . . . . .	246,499	67,242	109,863	69,394
25	<b>Total functional expenses.</b> Add lines 1 through 24f	48,392,614	38,809,533	4,899,544	4,683,537
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	12,113,896	<b>1</b>	11,581,445	
	<b>2</b> Savings and temporary cash investments . . . . .	487,865	<b>2</b>	547,782	
	<b>3</b> Pledges and grants receivable, net . . . . .	19,083,477	<b>3</b>	15,569,530	
	<b>4</b> Accounts receivable, net . . . . .	635,839	<b>4</b>	1,268,917	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	1,410	
	<b>6</b> 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) . . . . .	0	<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0	
	<b>8</b> Inventories for sale or use . . . . .	70,935	<b>8</b>	11,500	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,471,871	<b>9</b>	1,318,764	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	126,969,162			
	<b>b</b> Less: accumulated depreciation . . . . .	65,178,358	<b>10c</b>	61,790,804	
	<b>11</b> Investments—publicly traded securities . . . . .	17,250,346	<b>11</b>	16,425,711	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	78,920,895	<b>12</b>	91,318,436	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	232,083	<b>15</b>	260,609	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	186,144,603	<b>16</b>	200,094,908		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,752,584	<b>17</b>	4,169,861	
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0	
	<b>19</b> Deferred revenue . . . . .	5,177,147	<b>19</b>	4,588,081	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	3,478,678	<b>23</b>	3,400,682	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	5,244,022	<b>25</b>	5,163,852	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	19,652,431	<b>26</b>	17,322,476	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	56,096,828	<b>27</b>	65,009,928	
	<b>28</b> Temporarily restricted net assets . . . . .	73,774,658	<b>28</b>	79,681,897	
	<b>29</b> Permanently restricted net assets . . . . .	36,620,686	<b>29</b>	38,080,607	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
	<b>33</b> Total net assets or fund balances . . . . .	166,492,172	<b>33</b>	182,772,432	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	186,144,603	<b>34</b>	200,094,908		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	57,007,864
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	48,392,614
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,615,250
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	166,492,172
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	7,665,010
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	182,772,432

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>	✓	
<b>3b</b>	✓	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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—Other
- 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?
 

	Yes	No
(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? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	
- h Provide the following information about the supported organization(s).

(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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	44,823,028	21,827,627	18,733,125	22,897,546	25,171,983	133,453,309
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	44,823,028	21,827,627	18,733,125	22,897,546	25,171,983	133,453,309
<b>5</b> 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) . . . . .						23,700,418
<b>6 Public support.</b> Subtract line 5 from line 4.						109,752,891

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	44,823,028	21,827,627	18,733,125	22,897,546	25,171,983	133,453,309
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3,596,735	4,679,181	2,510,337	2,471,312	1,979,216	15,236,781
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	11,544	45,745	90,149	147,438
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	432,229	444,974	292,778	522,096	592,783	2,284,860
<b>11 Total support.</b> Add lines 7 through 10						151,122,388
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .				12		117,079,022
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	72.62 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	74.59 %
<b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**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.**

Department of the Treasury  
Internal Revenue Service

**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 35a (Proxy Tax), then**

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

Name of organization <b>MUSEUM OF SCIENCE</b>	Employer identification number <b>04-2103916</b>
--	---

**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? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  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? . . . . .  Yes  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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	246,318													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	246,318													
<b>d</b>	Other exempt purpose expenditures	38,809,533													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	39,055,851													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	219,328	208,675	221,293	246,318	895,614
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

-----

-----

-----

-----

-----

-----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MUSEUM OF SCIENCE

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

04-2103916

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 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 XIV, 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.

Table with 2 columns: \$, 0. Rows include: 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 XIV, 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 \$ 0, b Assets included in Form 990, Part X \$ 0.

**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 XIV.

**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 XIV and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	84,084,571	77,585,393	97,478,751		
<b>b</b> Contributions	2,062,907	1,975,603	1,145,759		
<b>c</b> Net investment earnings, gains, and losses	13,305,977	8,995,803	-15,493,109		
<b>d</b> Grants or scholarships	93,683	64,537	68,151		
<b>e</b> Other expenditures for facilities and programs	4,476,599	4,407,691	5,477,857		
<b>f</b> Administrative expenses	0	0	0		
<b>g</b> End of year balance	94,883,173	84,084,571	77,585,393		

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment **▶** 12.7 %
- b** Permanent endowment **▶** 87.3 %
- c** Term endowment **▶** 0 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	114,102		114,102
<b>b</b> Buildings	0	73,710,616	43,695,094	30,015,522
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	24,045,880	6,430,168	17,615,712
<b>e</b> Other	0	29,098,564	15,053,096	14,045,468

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **▶** 61,790,804

**Part VII Investments—Other Securities.** 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 . . . . .	88,076,000	End-of-Year Market Value
(2) Closely-held equity interests . . . . .	3,242,436	End-of-Year Market Value
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	<b>91,318,436</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>Accrued interest receivable</b>	71,359
(2) <b>CSV Life insurance</b>	9,013
(3) <b>Intangible capital assets</b>	72,000
(4) <b>LT Receivable from Lessee for Capital Improvements</b>	108,237
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	<b>260,609</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2) <b>Employee share of FICA</b>	55,152
(3) <b>Miscellaneous suspense</b>	430
(4) <b>Liabilities associated w/ split interest agreemts</b>	1,442,481
(5) <b>LT liability associated with Capital Improvement</b>	2,615,531
(6) <b>Asset retirement obligation</b>	1,050,258
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	<b>5,163,852</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	57,007,864
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	48,392,614
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	8,615,250
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	6,692,789
<b>5</b>	Donated services and use of facilities	<b>5</b>	0
<b>6</b>	Investment expenses	<b>6</b>	0
<b>7</b>	Prior period adjustments	<b>7</b>	0
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	970,961
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	7,663,750
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	16,279,000

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	68,823,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	6,692,789
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,778,837
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	975,591
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,447,217
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	58,375,783
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	-1,367,919
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-1,367,919
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	57,007,864

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	52,544,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,778,837
<b>b</b>	Prior year adjustments	<b>2b</b>	0
<b>c</b>	Other losses	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	1,372,549
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,151,386
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	48,392,614
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	48,392,614

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part III, Line 1 - Collections footnote: "In accordance with current practice generally followed by museums, collections are not recorded in the accompanying financial statements."

Schedule D, 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 Center.

Part XIV - Supplemental Information (Continued)

Schedule D, 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 104 individual donor restricted endowment funds and 26 quasi-endowment funds for a variety of purposes including unrestricted general operating support. The relative principal uses of the endowment (as measured by fair value) include: Unrestricted/general - 33%, Exhibit construction and maintenance - 33%, Program support - 14%, Mixed use (primarily exhibits and programs jointly) - 15%, Other (including Library, Access, and Internships) - 5%

Schedule D, Part X, Line 2 - The Museum's footnote disclosure with respect to FIN 48 is as follows: "The Museum is exempt from income taxation 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 purpose. U.S. GAAP requires the Museum to determine its tax positions based on a "more-likely-than-not" threshold applied to the likelihood that positions taken or expected to be taken in a tax return would be sustained upon examination by the relevant taxing authority. The Museum is subject to routine audits by several taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Museum believes it is no longer subject to income tax examinations for years prior to 2008."

Schedule D, Part XI, Line 8 - Amortization of liability: \$205,140; Change in value of Split Interest agreements: \$772,128; Capitalized bond fees: (\$5,047); Total rounding variances: (\$1,260)

Schedule D, Part XII, Line 2d - Amortization of liability: \$205,140; Change in value of split interests: \$772,128; Rounding variances: (\$1,677)

Schedule D, Part XII, Line 4b - Fundraising expenses on Line 8b: (\$264,034); Cost of goods sold on Line 10b: (\$1,045,118)

Schedule D, Part XIII, Line 2d - Capitalized bond fees: \$5,047; Fundraising expenses reported in Part VIII: \$264,034; Cost of goods sold reported in Part VIII: \$1,045,118; Loss on disposal of capital assets (see Part VIII): \$58,767; Rounding variances: (\$417)

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

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 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities 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) East Asia and the Pacific	0	0	Grantmaking		5,500
(2) Europe (including Iceland and Greenland)	0	0	Grantmaking		6,000
(3) Middle East and North Africa	0	0	Grantmaking		28,000
(4) North America (including Canada and Mexico)	0	0	Grantmaking		3,000
(5) Russia and the newly independent states	0	0	Grantmaking		500
(6) South America	0	0	Grantmaking		28,000
(7) South Asia	0	0	Grantmaking		5,000
(8) Sub-Saharan Africa	0	0	Grantmaking		2,500
(9) Europe (including Iceland and Greenland)	0	0	Speaking at Semi		62,315
(10) North America (including Canada and Mexico)	0	0	Speaking at Semi		887
(11) Central America and the Caribbean	0	0	Investments		25,834,446
(12) Europe (including Iceland and Greenland)	0	0	Investments		8,720,807
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	0			34,696,955

**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. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

<b>1</b> (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)		Middle East and	Scholarships	15,500	Wire transfe			
(2)		South America	Scholarships	10,000	Wire transfe			
(3)		South America	Scholarships	8,000	Wire transfe			
(4)		South America	Scholarships	7,500	Wire transfe			
(5)		Europe (includin	Scholarships	5,500	Wire transfe			
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

**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 . . . . . **5**

**3** Enter total number of other organizations or entities . . . . . **0**

**Part III** **Grants 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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(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, 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

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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).

Schedule F, Part I, Line 2 - 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 advisory and to coordinate communication and cooperation between sites, but each site is an independent 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 representatives from sites to attend the network Annual Meeting and the bi-ennial Teen Summit, an event that includes opportunities for Clubhouse youth to express themselves using graphic design, video animation, digital art, music, radio, documentary film-making, and 3-D modeling. The Museum's other major grant-making role in the Network is to pass 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, a Museum staff person not directly associated with the Clubhouse program and has also included mentors and staff from around the Network. Scholarships are paid to the Clubhouse site, not to the individual student. For all types of funding, recipient sites are required to provide narrative and financial reporting to the Museum to ensure proper use of funds. Sites that have demonstrated an 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 condition of network membership.

Schedule F, Part I, Line 3 - GRANT-MAKING: Grant-making expenditures outside the United States are directly accounted for on the Museum's financial statements as program expenditures not distinguished in any way from similar grants made to recipients within the United States. SEMINARS, MEETINGS, AND CONFERENCES: As the Museum expands its programming internationally, staff are increasingly called upon to travel to meetings and conferences in other countries, and to visit peer institutions to review programs and exhibits which may potentially be added to the Museum's own offerings. Costs associated with such travel are accounted for under the same accountable plan as the Museum's domestic travel.

**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.

OMB No. 1545-0047

**2010**

**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			
<b>1</b> See Schedule G, Part IV, Statement 1						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				197,098	231,435	-34,337

- 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
		<u>Gala</u> (event type)	<u>Boston Marathon</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	420,356	100,093	219,937	740,386
	<b>2</b> Less: Charitable contributions . . . . .	371,714	100,093	182,895	654,702
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	48,642	0	37,042	85,684
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	0	0	0	0
	<b>7</b> Food and beverages . . . . .	53,885	6,053	38,142	98,080
	<b>8</b> Entertainment . . . . .	0	0	6,000	6,000
	<b>9</b> Other direct expenses . . . . .	90,969	3,552	65,433	159,954
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 264,034 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				-178,350

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					

**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: \_\_\_\_\_

\_\_\_\_\_

- 11 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to 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).

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 \$760. 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.

**Fundraiser Activity Information**

Name and Address	Activity	C1	Gross Receipts	C2	C3
Comnet Marketing Group 1214 Stowe Avenue Medford, OR 97501	Telemarketing	No	11,165	13,526	-2,361
The Wayland Group Inc 323 Boston Post Rd 3C Sudbury, MA 01776-3022	Fundraising consulting/counsel	No	0	108,653	-108,653
Artsmarketing Services 260 King Street East Suite 500 Toronto, Ontario M5A 4L5 Canada	Telemarketing	No	185,933	76,215	109,718
BBC Research and Consulting 3773 Cheery Creek N Ste 850 Denver, CO 80209	Consulting	No	0	5,039	-5,039
Creative Donor Strategies 2727 South Braun Court Lakewood, CO 80228	Consulting	No	0	28,002	-28,002
<b>Total:</b>			<b>197,098</b>	<b>231,435</b>	<b>-34,337</b>

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

04-2103916

MUSEUM OF SCIENCE

**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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations ▶ 18

**3** Enter total number of other organizations ▶ 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	33723	0	134,894	Retail price	Fee waiver
2 Course fee waivers	97	0	24,314	Retail price	Fee waiver
3 Membership fee waivers	33	0	3,300	Retail price	Fee waiver
4 Overnight program fee waivers	437	0	19,667	Retail price	Fee waiver
5 Teacher stipends	171	182,921	0		
6 College scholarships	15	76,500	0		
7 Prizes and awards	2	30,000	0		

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2 - CASH GRANTS: The Museum's cash awards fall into four categories. A) Subawards under federal and state grants - These are monies passed through to institutions who have applied for government grants jointly with the Museum. The Museum monitors the subawardees' use of funds in accordance with the regulations governing these 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) Teacher stipends - These are payments to teachers participating in professional development workshops offered by the Museum. As these payments are simple flat payments based on number of workshop days attended, monitoring of their use is not applicable. D) Computer Clubhouse Network support - These are 2 classes of payments made to or 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 advisory 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 Annual Meeting and the bi-ennial 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 within Clubhouse sites, checks are issued directly to the college being attended to ensure use of the funds 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.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
<b>Name and address</b>	Science Museum of Minnesota 120 W Kellogg Blvd St Paul, MN 55102	1,128,943	
<b>EIN</b>	41-0706172		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education		
<b>Name and address</b>	Sciencenter 601 First St Ithaca, NY 14850	394,168	
<b>EIN</b>	22-2470652		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education		
<b>Name and address</b>	Exploratorium 3601 Lyon St San Francisco, CA 94123	300,642	
<b>EIN</b>	94-1696494		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education		
<b>Name and address</b>	Oregon Museum of Science & Industry 1945 SE Water Ave Portland, OR 97214	245,116	
<b>EIN</b>	93-0402877		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education		
<b>Name and address</b>	The Regents of Univ of CA Berkeley 171 University Hall Spc 1104 Berkeley, CA 94720	214,591	
<b>EIN</b>	94-6002123		
<b>IRC code section</b>	State of CA		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education		
<b>Name and address</b>	North Carolina Museum of Life and Science 433 W Murray Ave	130,314	

Schedule I, Part IV, Statement 1

MUSEUM OF SCIENCE

<b>Durham, NC 27704</b>		
<b>EIN</b>	56-0938434	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education	
<b>Name and address</b>	University of Wisconsin 1220 Linden Dr Madison, WI 53706	115,044
<b>EIN</b>	39-6028867	
<b>IRC code section</b>	State of WI	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education	
<b>Name and address</b>	Materials Research Society 506 Keystone Dr Warrendale, PA 15086	87,857
<b>EIN</b>	31-1037979	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education	
<b>Name and address</b>	Horizon Research Inc 326 Cloister Court Chapel Hill, NC 27514	60,884
<b>EIN</b>	56-1550276	
<b>IRC code section</b>		
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Engineering is Elementary	
<b>Name and address</b>	Childrens Museum of Houston 1500 Binz St Houston, TX 77004	56,819
<b>EIN</b>	74-2178563	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education	
<b>Name and address</b>	New York Hall of Science 47-01 111th St Corona, NY 11368	43,950
<b>EIN</b>	11-2104059	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education	

Schedule I, Part IV, Statement 1

MUSEUM OF SCIENCE

<b>Name and address</b>	The Franklin Institute Science Museum 222 North 20th Street Philadelphia, PA 19103	41,388
<b>EIN</b>	23-1370501	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education	
<b>Name and address</b>	Institute For Learning Innovation 3168 Braverton St 280 Edgewater, MD 21037	41,250
<b>EIN</b>	52-1467051	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Virtual Humans exhibit	
<b>Name and address</b>	Association of Science-Technology Centers 1025 Vermont Ave NW 500 Washington, DC 20005	39,943
<b>EIN</b>	52-1926756	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education	
<b>Name and address</b>	SRI International 333 Ravenswood Ave Menlo Park, CA 94025-3493	16,768
<b>EIN</b>	94-1160950	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education	
<b>Name and address</b>	Massachusetts Institute of Technology 77 Massachusetts Ave Cambridge, MA 02139	15,661
<b>EIN</b>	04-2103594	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Integrating Cognitive Research into Exhibits	
<b>Name and address</b>	Davis Square Research Associates 119 College Ave 41 Somerville, MA 02144	15,000
<b>EIN</b>	38-3792037	
<b>IRC code section</b>		
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Advancing Tech Literacy of	



Elementary Teachers

<b>Name and address</b>	Fort Worth Museum of Science and History 1501 Montgomery St Fort Worth, TX 76107	11,546
<b>EIN</b>	75-0755335	
<b>IRC code section</b>	501(c)(3)	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Nanoscale Informal Science Education	
<b>Name and address</b>	Fairfax County 12000 Govt Ctr Pkwy Fairfax, VA 22035	7,500
<b>EIN</b>	54-0787833	
<b>IRC code section</b>	Fairfax Cty, VA	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Stipends	
<b>Name and address</b>	Bristol Community College 777 Elsbree St Fall River, MA 02720	5,368
<b>EIN</b>	04-2707491	
<b>IRC code section</b>	Comm of MA	
<b>Method of valuation</b>		
<b>Description of non-cash assistance</b>		
<b>Purpose of grant</b>	Fed'l subaward: Advancing Tech Literacy of Elementary Teachers	

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MUSEUM OF SCIENCE

**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.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Employer identification number

04-2103916

**Part I Questions Regarding Compensation**

**1a** 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.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** 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:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? | <b>4a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .           | <b>4b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .              | <b>4c</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** 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:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" to line 5a or 5b, describe in Part III.

**6** 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:

- |  |           |                          |                                     |
|--|-----------|--------------------------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" to line 6a or 6b, describe in Part III.

**7** 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 . . . . .

**8** 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 . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>

**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	343,539	10,843	118,932	15,421	15,232	503,967	0
	(ii)	0	0	0	0	0	0	0
2	(i)	231,627	7,166	4,935	20,305	10,232	274,265	0
	(ii)	0	0	0	0	0	0	0
3	(i)	226,565	6,885	1,712	16,880	5,804	257,846	0
	(ii)	0	0	0	0	0	0	0
4	(i)	190,742	5,850	1,224	11,326	12,732	221,874	0
	(ii)	0	0	0	0	0	0	0
5	(i)	188,424	5,554	1,293	16,602	3,804	215,677	0
	(ii)	0	0	0	0	0	0	0
6	(i)	176,069	5,250	779	16,024	3,510	201,632	0
	(ii)	0	0	0	0	0	0	0
7	(i)	159,134	4,771	367	14,880	11,232	190,384	0
	(ii)	0	0	0	0	0	0	0
8	(i)	160,887	4,800	160	11,938	10,232	188,017	0
	(ii)	0	0	0	0	0	0	0
9	(i)	159,728	4,751	137	11,145	0	175,761	0
	(ii)	0	0	0	0	0	0	0
10	(i)	149,935	4,398	605	13,479	0	168,417	0
	(ii)	0	0	0	0	0	0	0
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Schedule J, Part I, Line 1a - The Museum provides to its President and Director two forms of compensation not available to other employees. Due to the significant amount of travel undertaken by the President and Director on behalf of the Museum, travel costs for his wife are sometimes provided in cases where the travel is lengthy or the nature/purpose of a trip is such that accompaniment by a spouse is expected or customary. Amounts provided under this arrangement are reported on Form W-2 as appropriate. The Museum also provides college tuition, room, and board for the President and Director's children, 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 7 - During the fiscal year ended 6/30/09, the Museum suspended its usual policy of annual salary increases and froze salaries for the duration of the year in response to the global economic downturn. In July 2010, due to positive FY09 results all regular employees of the Museum who had been employed for longer than one year received a lump sum payment to compensate for the lack of FY09 increases. These payments were calculated based on a fixed percentage of base salary. The persons listed on Form 990, Part VII, Line 1a received these payments subject to the same conditions and calculations applied to all other Museum employees.

**SCHEDULE L  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MUSEUM OF SCIENCE**

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

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) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) <b>Ioannis N Miaoulis, Personal expens</b>		✓	1,410	1,410		✓		✓		✓
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b>				▶ \$	<b>1,410</b>					

**Part III Grants or Assistance Benefiting 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 and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Name of the organization

Employer identification number

**MUSEUM OF SCIENCE**

**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 . . . . .	✓		1,560	List price
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	67	400,035	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 . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .	✓	2	0	n/a
24 Archeological artifacts . . . . .				
25 Other ▶ (Software ) . . . . .	✓	1	3,799,411	List price
26 Other ▶ (Educational materials) . . . . .	✓	3	26,684	List price
27 Other ▶ (Misc. supplies) . . . . .	✓	3	4,089	List price
28 Other ▶ (Misc. equipment) . . . . .	✓	5	132,950	List price

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 . . . . . **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 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? . . . . .		✓
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? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
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.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule M, Part I - In all instances in this Schedule, figures in Column (b) represent number of contributions, even where a contribution may include multiple items. The software contribution noted line 25 was a single donation including multiple licenses for multiple products.

Schedule M, Part I, Line 32b - The Museum uses RBC to broker sales of stock gifts received. It is the Museum's general policy to sell gifts of stock as soon after receipt as possible.

Schedule M, 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.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**MUSEUM OF SCIENCE**

Employer identification number

**04-2103916**

Form 990, Part VI, Section B, Line 11a - The Museum's Form 990 is prepared by the staff of the Accounting Department. It is then reviewed by the CFO and presented to the Audit Committee of the Museum's Board for further review. After the Audit Committee review, the final version of Form 990 is provided to all members of the Museum's Board before the form is filed.

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 detailed 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 procurement 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 through a variety of resources. These resources include an outside survey group used to benchmark each of the senior management positions including the President and 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/visitor\\_info/about\\_the\\_museum/financial\\_information](http://www.mos.org/visitor_info/about_the_museum/financial_information)

Form 990, Part XI, Line 5 - Net unrealized gains: \$6,692,789; Amortization of liability: \$205,140; Change in value of Split Interest agreements: \$772,128; Capitalized bond fees: (\$5,047)

---

**Mission Description**

---

**Description**

---

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.

**Other Program Services Accomplishments**

Activity Code	Description	Expense	Grants	Revenue
	THEATERS include a Planetarium offering lectures and demonstrations of astronomical phenomena, current discoveries, and historical topics. A Domed IMAX theater offers 70mm format films. A 3-D theater offers short 3-D films on a range of science and nature topics. Upon reopening after a year-long \$9M renovation, Planetarium shows this year included: "Undiscovered Worlds: The Search Beyond our Sun", "Cosmic Collisions". IMAX films included "Arabia", "Australia", "Mysteries of the Great Lakes", "Tornado Alley", "Whales". (643,800 visitors)	5,809,139	31,039	3,325,979
	Services provided primarily for the benefit of our members include our parking facility, membership office, and gift shop. (48,600 member households)	2,547,332	123,008	10,318,015
<b>Total:</b>		<b>8,356,471</b>	<b>154,047</b>	<b>13,643,994</b>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

MUSEUM OF SCIENCE

Employer identification number

04-2103916

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1) Donor 1 CRUT 1 Science Park, Boston, MA 02114	Charitable Remainder Unitrust	MA	N/A	T	0	110,009	100%
(2) Donor 2 CRUT 1 Science Park, Boston, MA 02114	Charitable Remainder Unitrust	MA	N/A	T	0	50,604	100%
(3) Donor 3 CRUT 1 Science Park, Boston, MA 02114	Charitable Remainder Unitrust	MA	N/A	T	0	94,764	100%
(4) Donor 4 CRAT 1 Science Park, Boston, MA 02114	Charitable Remainder Annuity Trust	MA	N/A	T	0	80,751	100%
(5) Donor 5 CRUT 1 Science Park, Boston, MA 02114	Charitable Remainder Unitrust	MA	N/A	T	0	1,282,465	50%
(6) -----							
(7) -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) .....										
(2) .....										
(3) .....										
(4) .....										
(5) .....										
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										

