OMB No. 1545-0687 Form **990-T Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL~1, 2017 , and ending JUN~30, 2018► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) address changed THE CHILDRENS MUSEUM 04-2103993 **B** Exempt under section Print X 501(c)(3) Unrelated business activity codes (See instructions.) Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 308 CONGRESS STREET ___530(a) City or town, state or province, country, and ZIP or foreign postal code __408A L 531120 452000 529(a) BOSTON, MA 02210 C Book value of all assets F Group exemption number (See instructions.) at end of year 59, 550, 903. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. RENTAL OF DEBT-FINANCED REAL ESTATE During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. Telephone number \blacktriangleright (617)426-6500 J The books are in care of AMY AUERBACH Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 3,751. 1a Gross receipts or sales 3,751. c Balance▶ **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 3,751. 3,751. 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from partnerships and S corporations (attach statement) 5 5 Rent income (Schedule C) 6 7 7 749,298. 782,765. -33,467. Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 37,583. 37,583. Other income (See instructions; attach schedule) **STATEMENT** 12 12 13 790,632. 782,765. 13 Total. Combine lines 3 through 12 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 16 Repairs and maintenance 17 Bad debts 17 18 18 Interest (attach schedule) 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 Depletion 23 Contributions to deferred compensation plans 24 24

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

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7,867.

7,867.

1,000.

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32

33 34

line 32

Part I	Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			_
C	Income tax on the amount on line 34	35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)	36		
37	Proxy tax. See instructions	37		
38	Alternative minimum tax	38		
39	Tax on Non-Compliant Facility Income. See instructions	39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		0.
	/ Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	-		
b	Other credits (see instructions) 41b	-		
C .	General business credit. Attach Form 3800 41c	-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	44.		
	Total credits. Add lines 41a through 41d	41e		0.
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42		0.
43 44	-	43		0.
	Payments: A 2016 overpayment credited to 2017 45a	44		<u> </u>
		-		
D O	2017 estimated tax payments 45b Tax deposited with Form 8868 45c	-		
ď	Foreign organizations: Tax paid or withheld at source (see instructions) 45d	-		
	Backup withholding (see instructions) 45e	-		
	Credit for small employer health insurance premiums (Attach Form 8941) 45f	-		
	Other credits and payments: Form 2439	-		
9	□ Form 4136 □ Other □ Total ► 45g			
46	Total payments. Add lines 45a through 45g	46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50		
Part \				
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here >			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wledge and belief, it is	s true,	
Sign		ay the IRS discuss thi	s return v	vith
Here	SVP & CFO the	e preparer shown belo		*1611
	Signature of officer Date Title	structions)? X Y	es	No
	Print/Type preparer's name Preparer's signature Date Check it	f PTIN		
Paid	self- employed			
Prepa	rer SCOTT KAPLOWITCH 05/03/19	P00002		
Use C	INIV Firm's name ► EDELSTEIN AND COMPANY, LLP Firm's EIN ►	04-244	251	9
	160 FEDERAL STREET, 9TH FLOOR			
	Firm's address ► BOSTON, MA 02110 Phone no. 6	17-227-6	161	

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Oalaaduda A Oart of C	- 0-1-1 -						
Schedule A - Cost of Good		method of invent					
1 Inventory at beginning of year			6 Inventory at end of yea			6	
2 Purchases			7 Cost of goods sold. Su				
3 Cost of labor	3		from line 5. Enter here	and in P	art I,		
4a Additional section 263A costs						7	
(attach schedule)	4a		8 Do the rules of section	,	•		Yes No
b Other costs (attach schedule)			property produced or a	•	,		
5 Total. Add lines 1 through 4b		_	the organization?	<u></u>			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Lease	ed With Real Pro	perty)	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	red or accrued			2/a) Dadwatiana dinastha		tale also to a constru
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than T	of rent for pe	nd personal property (if the percenta ersonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	connected wild 2(b) (attach	rith the income in schedule)
(1)	<u> </u>		<u> </u>				
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er	iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated Del			nstructions)		Taren, into 0, 001amm (2)		
			Gross income from or allocable to debt-	(-)	Deductions directly conn to debt-finance	ed property	
 Description of debt-fit 	nanced property		financed property	(a) s	Straight line depreciation (attach schedule)		Other deductions ttach schedule)
						STAT	EMENT 3
(1) OFFICE SPACE @ 3	08 CONG	RESS ST.	1,762,640.				,841,367.
(2)			, ,				
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	of or a debt-fina	e adjusted basis allocable to anced property here (14)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions on 6 x total of columns 3(a) and 3(b))
42 050 000		,167,163.	42.51%		749,298		782,765.
(1) 13,250,000. (2) (3) (4)		, _ 0 . , _ 0 0 •	**************************************		, ,	1	
(3)			%				
(4)			%				
			70	En	ter here and on page 1,	Enter	here and on page 1,
					art I, line 7, column (A).		, line 7, column (B).
Totals			•		749,298		782,765.
Total dividends-received deductions in						.	0.

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1. Name of core abled organization 2. Employer restriction (1)	Schedule F - Interest,	inidities, Hoya			Controlled Or			Latio	13000 1118	struction:	?)
Add column 5 and 10 Celler Instructions	1. Name of controlled organizat	identif	nployer fication	3. Net unre	elated income	4. Tot	tal of specified	includ	included in the controlling		connected with income
Add column 5 and 10 Celler Instructions	(1)										
Nonexempt Controlled Organizations 8. Net unstable income least) 9. Total of secolidad payments 10. Per of column of that is included 11. Description of accounts of a column of the controlling organizations 11. Description of a column of the controlling organizations 11. Description of a column of a column of the column of the controlling organizations 12. And columns 3 and 15. Either here and on page 1, Part 1, time 6, Column (A) 0. Schedule G - Innvestment Inncome of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. Schedule G - Innvestment Inncome of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. Schedule G - Innvestment Inncome of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. Schedule G - Innvestment Inncome of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. Schedule G - Innvestment Inncome of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. Schedule G - Innvestment Inncome of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. Schedule G - Innvestment Inncome of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. Schedule G - Innvestment Inncome of a Section 501(c)(7), (9), or (17) Organization (see instructions) 0. Schedule I - Exploited Exempt Activity Innome, Other Than Advertising Innome (see instructions) 0. Schedule I - Exploited Exempt Activity Innome, Other Than Advertising Innome (see instructions) 0. Schedule I - Exploited Exempt Activity Innome, Other Than Advertising Innome (see instructions) 0. Schedule J - Advertising Innome (see in											
Monescent Controlled Organizations											
Total of specified payments 10, Det of column 8 final to solucidate 11, Deductions directly corrected with income (specified payments of the controlling oppositions) 11, Deductions directly corrected with income in column 10 in the controlling oppositions of the column 10 in the column											
(1) (2) (3) (4) Add columns 3 and 10. Enter here and on page 1, Part I, line 8, column (8). (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	1	zations									
22	7. Taxable Income			9. Total o		nents	in the controll	ling orgar	nization's		
22	(1)										
(4) Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (8). 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions (statistic schedule) (3) (4) Enter here and on page 1, Part 1, line 8, column (8). (5) Total deductions (9) (7) (8) (9) (1) (9) Enter here and on page 1, Part 1, line 8, column (8). (9) Enter here and on page 1, Part 1, line 9, column (8). Enter here and on page 1, Part 1, line 9, column (8). (9) Enter here and on page 1, Part 1, line 9, column (8). Enter here and on page 1, Part 1, line 9, column (8). Enter here and on page 1, Part 1, line 9, column (8). (9) Column (8) 1. Description of income 2. Cross income to consider the business income from page 1, Part 1, line 9, column (8). Enter here and on page 1, Part 1, line 9, column (8). Enter here and on page 1, Part 1, line 9, column (8). Enter here and on page 1, Part 1, line 9, column (8). (9) Column (9) Enter here and on page 1, Part 1, line 9, column (8). Enter here and on page 1, Part 1, line 9, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1, Part 1, line 10, column (8). Enter here and on page 1,											
Add column 5 and 10 Enter here and on page 1, Part I, line 8, column (8).	1										
Totals											
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected (affact) schedule (affact) schedule (affact) schedule (affact) schedule (affact) schedule) (2) (3) (4) Finite here and on page 1, Part I, line 9, column (A). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity unreliefed business income from trade or business income from trade or business income from trade or business income (4) (5) (6) (7) (8), or (17) Organization (affact) schedule (af							Enter here and	d on page	e 1, Part I, A).	Enter he	ere and on page 1, Part I, line 8, column (B).
(see instructions) 1. Description of income 2. Amount of income developmented (attach schedule) (atta	Totals				<u></u>	>			0.		0.
1. Description of income 2. Amount of income 3. Description discussed directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column 6 business income From Page 1, Income From Periodical Seported on a Consolidated Basis 1. Name of periodical 2. Cross page 1, Part I, line 9, column 6 business process income Part I I Income From Periodical Seported on a Consolidated Basis 1. Name of periodical 2. Cross page 1, Part I, line 9, column 6 business process page 1. Part I, line 9, column 6 business process page 1. Part I, line 9, column 6 business process page 1. Part I Income From Periodical Seported on a Consolidated Basis 1. Name of periodical 2. Cross page 1, Part I, line 9, col (A) 2. Cross page 1, Part I, line 9, col (A) 2. Cross page 1, Part I, line 9, col (A) 4. Net income (page) 4. Net income (page) 4. Net income (page) 4. Net income (page) 5. Cross income from activity that in several trade or business income 5. Cross income from activity that is not arrelated business income 6. Expenses attributable to column 5 but not income activity that is not arrelated business income 8. Expenses column 7. Six page 2. Cross page 1, Part I, line 9, col (A) 1. Name of periodical 2. Cross page 1, Part I, line 9, col (A) 2. Cross page 1, Part I, line 9, col (A) 3. Direct page 1, Part I, line 9, col (A) 4. Advertising gain, compute cold. Six through 7. 5. Circulation income 6. Readership costs column 6, but not more with column 6, but not more colos. Six through 7. (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9			Section 5	501(c)(7	7), (9), or	(17) Or	ganizatior	า			
1. Description of income 2. Amount of income (directly connected (attach schedule) ((see insti	ructions)									
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Part I, line 9, column (B). Part I, line 10, col. (A). Part II, line 10, col. (A). Part II line 10, col. (B). Pa	1. Desc	ription of income			2. Amount of	income	directly conne	ected	4. Set- (attach s	asides schedule)	and set-asides
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Enter here and on page 1, Part I, line 9, column (8).	(3)										
Totals	(4)										
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unrelated business income from trade or business income (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col. (A). O . Schedule J - Advertising Income (sees) income from page 1, Part 1, line 10, col. (B). Totals 1. Name of periodical 2. Gross suchina 3, If a gain, compute cols. 5 through 7. Totals (carry to Part II, line (5))					Enter here and of Part I, line 9, col	on page 1, lumn (A).					Enter here and on page 1. Part I, line 9, column (B).
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity and or business income from trade or business income for durielated business income with production of trade or business income for durielated business income for machinity that is not urrelated business income for machinity tha	Totals					0.					0.
1. Description of exploited activity unrelated business income from the exploited activity that is not unrelated business income from activity that is not unrelated	Schedule I - Exploited	Exempt Activity	y Income	, Other	Than Ad	vertisi	ing Incom	е			
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Enter here and on page 1, Part I, line 10, cot. (A). Totals O O O Cot. (B). Totals Description of page 1, Part I, line 10, cot. (B). Totals Description of page 1, Part I, line 26. O Cot. (Call Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical Description of periodical advertising income 1. Name of periodical advertising income 1. Name of periodical advertising income Description of periodical advertising costs and periodical advertising costs advertising costs and periodical advertising costs and pe	(1)										
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Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4) Totals (carry to Part II, line (5))		page 1, Part I, line 10, col. (A).	page 1, P	Part I, ol. (B).							on page 1, Part II, line 26.
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0											0.
1. Name of periodical 3. Direct advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.					solidated	Basis					
1. Name of periodical 3. Direct advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.											
(2) (3) (4) Totals (carry to Part II, line (5)) ► 0 • 0 • 0 •	1. Name of periodical	advertising			or (loss) (co	ol. 2 minus iin, comput					costs (column 6 minus column 5, but not more
(2) (3) (4) Totals (carry to Part II, line (5)) ► 0 • 0 • 0 •	(1)										
Totals (carry to Part II, line (5)) ► 0. 0.	(2)										
Totals (carry to Part II, line (5)) ► 0. 0.	(3)										
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(4)										
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Totals (carry to Dart II line (E))		0	Λ							0
	(ourly to rait ii, iiile (o))	🗾	<u>~ •1</u>		<u>* </u>		1		<u> </u>		Form 990-T (2017)

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

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FORM 990-T		OTHER INCOME			STATEMENT
DESCRIPTION	1				AMOUNT
AMOUNTS PAI	- ID FOR DISALLOWED H	FRINGES			37,583
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 12			37,583
FORM 990-T	NET	OPERATING LOSS D	EDUCTI	ON	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED		OSS AINING	AVAILABLE THIS YEAR
06/30/09 06/30/10 06/30/12 06/30/13 06/30/14 06/30/15 06/30/16	27,534. 3,193. 16,550. 111,347. 22,288. 29,569. 74,462.	27,534. 3,193. 16,550. 6,181. 0. 0.		0. 0. 0. 105,166. 22,288. 29,569. 74,462.	0. 0. 0. 105,166. 22,288. 29,569. 74,462.
NOL CARRYOV	VER AVAILABLE THIS	YEAR		231,485.	231,485.
FORM 990-T	SCHEDUI	LE E - OTHER DEDU	CTIONS		STATEMENT 3
DESCRIPTION	ī	ACTI NUM	VITY BER	AMOUNT	TOTAL
CONTRACT SE REPAIRS AND TELEPHONE, POSTAGE AND COMPUTER AND MATERIALS A INSURANCE PROFESSIONA BANK SERVICE DEPRECIATION	PERATING EXPENSES ERVICES O MAINTENANCE INTERNET & FAX O PRINTING ND EQUIPMENT AND SUPPLIES AL FEES CE CHARGES AND OTHE ON AND AMORTIZATION SE INCLUDING INTERES ERHEAD AND RENTALS	1		3,349 557,417 89,266 66,589 12,478 2,112 589 3,909 41,823 14,633 1,877 548,549 123,294 98,829 273,665 2,363	7. 5. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9

THE CHILDRENS MUSEUM			04-21039	993
- SUBTOTAL	i – 1		1,841,30	57.
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	(N) 3(B)		1,841,30	57.
FORM 990-T AVERAGE ACQUISITI ALLOCABLE TO DEBT-F			STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION INDEBT - SUBTOTAL		13,250,000.	13,250,00	00.
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	IN 4		13,250,00	00.

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FORM 990-T	ERTY	STATEMENT	5		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED	BASIS - SUBTOTAL -	- 1	31,167,163.	31,167,16	53.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	5		31,167,16	53.