

PUBLIC INSPECTION COPY

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CHILDRENS MUSEUM Doing business as BOSTON CHILDREN'S MUSEUM Number and street (or P.O. box if mail is not delivered to street address) Room/suite 308 CONGRESS STREET City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02210	D Employer identification number 04-2103993 E Telephone number (617) 426-6500
F Name and address of principal officer: AMY AUERBACH SAME AS C ABOVE		G Gross receipts \$ 10,909,391. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ BOSTONCHILDRENSMUSEUM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1913 M State of legal domicile: MA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																									
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 139 6 Total number of volunteers (estimate if necessary) 6 406 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -34,077. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.																									
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">3,283,707.</td> <td style="text-align: right;">3,174,342.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">5,451,237.</td> <td style="text-align: right;">4,217,278.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">179,551.</td> <td style="text-align: right;">-2,801.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">429,547.</td> <td style="text-align: right;">-51,343.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">9,344,042.</td> <td style="text-align: right;">7,337,476.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	3,283,707.	3,174,342.	9 Program service revenue (Part VIII, line 2g)	5,451,237.	4,217,278.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	179,551.	-2,801.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	429,547.	-51,343.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,344,042.	7,337,476.							
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	3,283,707.	3,174,342.																								
9 Program service revenue (Part VIII, line 2g)	5,451,237.	4,217,278.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	179,551.	-2,801.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	429,547.	-51,343.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,344,042.	7,337,476.																								
Expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">4,649,763.</td> <td style="text-align: right;">4,645,414.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 747,455.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">5,750,176.</td> <td style="text-align: right;">5,345,943.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">10,399,939.</td> <td style="text-align: right;">9,991,357.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-1,055,897.</td> <td style="text-align: right;">-2,653,881.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,649,763.	4,645,414.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 747,455.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,750,176.	5,345,943.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,399,939.	9,991,357.	19 Revenue less expenses. Subtract line 18 from line 12	-1,055,897.	-2,653,881.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,649,763.	4,645,414.																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 747,455.																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,750,176.	5,345,943.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,399,939.	9,991,357.																								
19 Revenue less expenses. Subtract line 18 from line 12	-1,055,897.	-2,653,881.																								
Net Assets or Fund Balances	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">57,204,138.</td> <td style="text-align: right;">55,831,310.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">13,800,565.</td> <td style="text-align: right;">14,816,958.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">43,403,573.</td> <td style="text-align: right;">41,014,352.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	57,204,138.	55,831,310.	21 Total liabilities (Part X, line 26)	13,800,565.	14,816,958.	22 Net assets or fund balances. Subtract line 21 from line 20	43,403,573.	41,014,352.													
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	57,204,138.	55,831,310.																								
21 Total liabilities (Part X, line 26)	13,800,565.	14,816,958.																								
22 Net assets or fund balances. Subtract line 21 from line 20	43,403,573.	41,014,352.																								

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 AMY AUERBACH, SVP & CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name EUGENE BORGONZI	Preparer's signature
	Date 04/30/21	Check if self-employed <input type="checkbox"/> PTIN P01269879
	Firm's name ▶ EDELSTEIN AND COMPANY, LLP	Firm's EIN ▶ 04-2442519
	Firm's address ▶ 160 FEDERAL STREET, 9TH FLOOR BOSTON, MA 02110	Phone no. 617-227-6161

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O - FORM 990 PART I LINE 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,927,184. including grants of \$ 0.) (Revenue \$ 2,555,966.) VISITOR PROGRAMS

THE GOAL OF VISITOR PROGRAMS IS TO PROVIDE HIGH QUALITY EXPERIENCES FOR OUR LARGE AUDIENCE OF DIVERSE VISITORS, WHETHER THEY COME IN AS SCHOOL OR COMMUNITY GROUPS, OR FAMILIES. WE SEEK TO ADDRESS THE LEARNING NEEDS AND INTERESTS OF CHILDREN BIRTH TO TEN YEARS OLD, AS WELL AS THEIR ACCOMPANYING ADULTS WHO COMPRISE 50% OF THE AUDIENCE. TO DO THIS, WE DEVELOP STAFF TALENT IN DELIVERING EXCELLENT CUSTOMER SERVICE, PUBLIC PROGRAMS, AND ENGAGING INTERACTION WITH VISITORS TO HELP THEM MAXIMIZE THE LEARNING IMPACT AND DELIGHT IN DISCOVERY. VISITOR PROGRAMS WORKS TO CREATE AN INCLUSIVE ENVIRONMENT THAT WELCOMES ALL.

4b (Code:) (Expenses \$ 2,894,725. including grants of \$ 0.) (Revenue \$ 371,937.) EDUCATION PROGRAMS

THE GOAL OF EDUCATION PROGRAMS IS TO DEVELOP AND IMPLEMENT INTERACTIVE EXPERIENCES THAT ENHANCE THE MUSEUM'S EXHIBITS FOR CHILDREN AND ADULTS IN THE AREAS OF STEM AND STEAM, VISUAL AND PERFORMING ARTS, HEALTH AND WELLNESS, CULTURES, EARLY CHILDHOOD DEVELOPMENT AND LEARNING, AND COMMUNITY ENGAGEMENT. EDUCATION PROGRAMS INCLUDE SELF-GUIDED AND STRUCTURED SCHOOL PROGRAMS, SCHOOL READINESS PROGRAMS IN PARTNERSHIP WITH COMMUNITY AGENCIES, DESIGNATED PROGRAMS FOR CHILDREN AND FAMILIES WITH SPECIAL NEEDS, SCIENCE DISCOVERY PROGRAMS, ART STUDIO WORKSHOPS, PERFORMING ARTS DEMONSTRATIONS AND WORKSHOPS, AND LIVE THEATER EXPRESSLY GEARED TO YOUNG VISITORS.

4c (Code:) (Expenses \$ 1,769,083. including grants of \$ 0.) (Revenue \$ 85,000.) EXHIBITIONS

THE GOAL OF EXHIBITIONS IS TO DEVELOP, DESIGN AND PRODUCE INNOVATIVELY AWESOME EXPERIENCES THAT ENGAGE CHILDREN AND ADULTS IN MEANINGFUL ACTIVITIES THAT INSPIRE CREATIVITY, CURIOSITY, EXPERIMENTATION, PROBLEM SOLVING, AND COLLABORATION. EXHIBITS ARE POWERFUL TOOLS FOR PLAY AND LEARNING, AND FOR OPENING THE IMAGINATION TO NEW WORLDS AND IDEAS. WITH A GREAT DEPTH AND BREADTH OF STAFF EXPERTISE IN THE ARTS, STEM/STEAM, HEALTH AND WELLNESS, CULTURES AND EARLY CHILDHOOD EDUCATION, THE MUSEUM CREATES EXHIBITS THAT MAY APPEAR DECEPTIVELY SIMPLE BUT ARE FOUNDED IN THE THEORY AND PRACTICE OF HOW CHILDREN AND FAMILIES LEARN BEST.

4d Other program services (Describe on Schedule O.) (Expenses \$ 231,746. including grants of \$ 0.) (Revenue \$ 1,204,375.)

4e Total program service expenses 7,822,738.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
AMY AUERBACH - (617) 426-6500
308 CONGRESS STREET, BOSTON, MA 02210

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

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

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

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

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

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN LAMONICA TRUSTEE	0.38	X						0.	0.	0.
(2) HELEN ROSENFELD TRUSTEE, VICE CHAIR	0.50	X		X				0.	0.	0.
(3) THOMAS MCCROREY TRUSTEE, TREASURER	0.50	X		X				0.	0.	0.
(4) ANTHONY BORDON TRUSTEE	0.38	X						0.	0.	0.
(5) RENEE BOYNTON-JARRETT TRUSTEE	0.38	X						0.	0.	0.
(6) TODD CASSLER TRUSTEE	0.38	X						0.	0.	0.
(7) NIRAV DAGLI TRUSTEE, CHAIRMAN	3.75	X		X				0.	0.	0.
(8) RICK DIMINO TRUSTEE	0.50	X						0.	0.	0.
(9) DAVID HEALY TRUSTEE, VICE CHAIR	0.50	X		X				0.	0.	0.
(10) JASON JANOFF TRUSTEE	0.38	X						0.	0.	0.
(11) DEBORAH JOELSON TRUSTEE, VICE CHAIR	0.50	X		X				0.	0.	0.
(12) MIEKO KAMII TRUSTEE	0.38	X						0.	0.	0.
(13) MADGE MEYER TRUSTEE	0.38	X						0.	0.	0.
(14) LIAM PATRICK TRUSTEE	0.38	X						0.	0.	0.
(15) JAN SMITH TRUSTEE, VICE CHAIR (UNTIL 7/12/19)	1.80	X		X				0.	0.	0.
(16) AISHA AL RIYAMI TRUSTEE	0.38	X						0.	0.	0.
(17) AUNOY BANERJEE TRUSTEE	0.38	X						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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL BLANDINI TRUSTEE	0.38	X						0.	0.	0.
(19) JULIE GORDON TRUSTEE	0.38	X						0.	0.	0.
(20) KELLY HILLER TRUSTEE, SECRETARY	0.50	X		X				0.	0.	0.
(21) PRAKASH VENKATA TRUSTEE	0.38	X						0.	0.	0.
(22) DAVID BURT TRUSTEE	0.38	X						0.	0.	0.
(23) KEEGAN CALDWELL TRUSTEE	0.38	X						0.	0.	0.
(24) RYAN MURPHY TRUSTEE	0.38	X						0.	0.	0.
(25) SYLVIA STEVENS-EDOUARD TRUSTEE	0.38	X						0.	0.	0.
(26) PAUL LEONE TRUSTEE (AS OF 3/11/20)	0.38	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								858,811.	0.	79,755.
d Total (add lines 1b and 1c)								858,811.	0.	79,755.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CBRE, INC PO BOX 848844, LOS ANGELES, CA 90084	PROPERTY MANAGEMENT	758,184.
A.C.P. CLEANING INC P.O. BOX 2411, WOBURN, MA 01888	MUSEUM & TENANT CLEANING	683,432.
PAGE BUILDING CONSTRUCTION INC, 135 OLD PAGE STREET SUITE #4, STOUGHTON, MA 02072	GENERAL CONTRACTOR EXHIBIT RENOVATION	472,143.
SECURITAS SECURITY SERVICES US, 77 SUMMER STREET 4TH FLOOR, BOSTON, MA 02110	MUSEUM & BUILDING SECURITY	368,407.
FREUDENHEIM PARTNERS, 283 FRANKLIN STREET 4TH FLOOR, BOSTON, MA 02110	REAL ESTATE BROKER	210,149.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	488,576.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	483,061.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,202,705.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 56,291.				
	h Total. Add lines 1a-1f		3,174,342.				
	Program Service Revenue	2 a ADMISSIONS	Business Code				
		900099	2,385,585.	2,385,585.			
b MEMBERSHIPS		900099	1,204,375.	1,204,375.			
c PROGRAM FEES		900099	542,318.	539,454.	2,864.		
d TRAVELING EXHIBITS		900099	85,000.	85,000.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			4,217,278.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		94,839.			94,839.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	2,072,020.			
			(ii) Personal				
	b Less: rental expenses ...	6b	2,325,342.				
	c Rental income or (loss)	6c	-253,322.				
	d Net rental income or (loss)		-253,322.		-36,941.	-216,381.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	863,024.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	960,664.				
	c Gain or (loss)	7c	-97,640.				
	d Net gain or (loss)		-97,640.			-97,640.	
8 a Gross income from fundraising events (not including \$ 488,576. of contributions reported on line 1c). See Part IV, line 18	8a		103,251.				
			285,909.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events		-182,658.			-182,658.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ANCILLARY SERVICES	Business Code					
		900099	293,216.	293,216.			
	b OTHER INVESTMENT INCOME FROM K-1	523000	91,421.			91,421.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d		384,637.					
12 Total revenue. See instructions		7,337,476.	4,507,630.	-34,077.	-310,419.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	493,740.		385,793.	107,947.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,480,973.	2,845,423.	214,826.	420,724.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,123.	53,459.	18,282.	3,382.
9 Other employee benefits	314,443.	271,839.	16,622.	25,982.
10 Payroll taxes	281,135.	209,370.	36,557.	35,208.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,336.	807.	7,529.	
c Accounting	34,644.		34,644.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,075.		15,075.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	969,193.	883,229.	43,690.	42,274.
12 Advertising and promotion	141,792.	141,792.		
13 Office expenses	250,469.	143,558.	58,067.	48,844.
14 Information technology	283,597.	98,870.	180,881.	3,846.
15 Royalties				
16 Occupancy	1,553,628.	1,310,813.	218,780.	24,035.
17 Travel	54,991.	36,466.	11,031.	7,494.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,405,907.	1,268,086.	120,659.	17,162.
23 Insurance	117,185.	105,853.	9,578.	1,754.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL- REPAI	252,865.	239,324.	7,466.	6,075.
b MATERIALS AND SUPPLIES	110,122.	107,238.	601.	2,283.
c BANK AND CC FEES	103,342.	102,532.	477.	333.
d OTHER INVESTMENT DEDUCT	37,494.		37,494.	
e All other expenses	7,303.	4,079.	3,112.	112.
25 Total functional expenses. Add lines 1 through 24e	9,991,357.	7,822,738.	1,421,164.	747,455.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,553,306.	1	8,190,188.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	822,422.	3	631,983.
	4 Accounts receivable, net	668,962.	4	153,386.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	48,708.	9	53,855.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 64,452,812.		
	b Less: accumulated depreciation	10b 34,787,067.		
		30,348,916.	10c	29,665,745.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	16,302,622.	12	16,240,927.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	459,202.	15	895,226.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,204,138.	16	55,831,310.	
Liabilities	17 Accounts payable and accrued expenses	1,318,734.	17	1,022,882.
	18 Grants payable		18	
	19 Deferred revenue	300,000.	19	260,000.
	20 Tax-exempt bond liabilities	11,567,099.	20	11,083,411.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	327,216.	24	1,280,150.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	287,516.	25	1,170,515.
	26 Total liabilities. Add lines 17 through 25	13,800,565.	26	14,816,958.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	31,099,099.	27	29,437,988.
	28 Net assets with donor restrictions	12,304,474.	28	11,576,364.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	43,403,573.	32	41,014,352.
33 Total liabilities and net assets/fund balances	57,204,138.	33	55,831,310.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,337,476.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,991,357.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,653,881.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,403,573.
5	Net unrealized gains (losses) on investments	5	668,042.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-403,382.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	41,014,352.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization: **THE CHILDRENS MUSEUM**
Employer identification number: **04-2103993**

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,947,903.	3,648,229.	2,392,221.	3,283,707.	3,174,342.	16,446,402.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,199,706.	5,935,949.	6,086,827.	6,323,457.	4,507,630.	28,053,569.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	9,147,609.	9,584,178.	8,479,048.	9,607,164.	7,681,972.	44,499,971.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	151,695.	114,350.	134,893.	133,433.	136,808.	671,179.
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						0.
c Add lines 7a and 7b	151,695.	114,350.	134,893.	133,433.	136,808.	671,179.
8 Public support. (Subtract line 7c from line 6.)						43,828,792.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	9,147,609.	9,584,178.	8,479,048.	9,607,164.	7,681,972.	44,499,971.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,968,919.	2,489,679.	3,137,917.	2,745,339.	2,258,280.	12,600,134.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		41,769.				41,769.
c Add lines 10a and 10b	1,968,919.	2,531,448.	3,137,917.	2,745,339.	2,258,280.	12,641,903.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	11,116,528.	12,115,626.	11,616,965.	12,352,503.	9,940,252.	57,141,874.

14 First five years. 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 **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	76.70 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	77.28 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	22.12 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	21.60 %

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization THE CHILDRENS MUSEUM **Employer identification number** 04-2103993

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,302,622.	16,394,624.	15,941,565.	14,788,889.	16,017,077.
b Contributions	5,183.	151,693.	5,150.	105,088.	
c Net investment earnings, gains, and losses	662,152.	472,401.	1,154,389.	1,767,886.	-505,564.
d Grants or scholarships					
e Other expenditures for facilities and programs	729,030.	716,096.	706,480.	720,298.	722,624.
f Administrative expenses					
g End of year balance	16,240,927.	16,302,622.	16,394,624.	15,941,565.	14,788,889.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 40.31 %
 - b Permanent endowment 32.65 %
 - c Term endowment 27.04 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,331,193.		3,331,193.
b Buildings		46,411,446.	22,642,510.	23,768,936.
c Leasehold improvements				
d Equipment		2,183,032.	1,959,542.	223,490.
e Other		12,527,141.	10,185,015.	2,342,126.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,665,745.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) TIFF MULTI-ASSET FUND	7,837,135.	END-OF-YEAR MARKET VALUE
(B) THE TIFF CENTERSTONE FUND		
(C) LP	6,008,172.	END-OF-YEAR MARKET VALUE
(D) TIFF SHORT-TERM FUND	2,395,620.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	16,240,927.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DERIVATIVE FINANCIAL INSTRUMENTS	913,428.
(3) SECURITY DEPOSITS	257,087.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,170,515.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	10,500,821.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	668,042.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	668,042.
3	Subtract line 2e from line 1	3	9,832,779.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,075.
b	Other (Describe in Part XIII.)	4b	-2,510,378.
c	Add lines 4a and 4b	4c	-2,495,303.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,337,476.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,890,042.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,951,254.
e	Add lines 2a through 2d	2e	2,951,254.
3	Subtract line 2e from line 1	3	9,938,788.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,075.
b	Other (Describe in Part XIII.)	4b	37,494.
c	Add lines 4a and 4b	4c	52,569.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,991,357.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, THE VALUE OF PROPERTY DONATED FOR THE MUSEUM COLLECTION IS NOT REFLECTED ON THE STATEMENT OF FINANCIAL POSITION. THE COLLECTION IS DEEMED INEXHAUSTIBLE. THE COLLECTION IS MAINTAINED FOR EDUCATION AND RESEARCH AND FURTHERANCE OF THE MUSEUM'S GOALS RATHER THAN FINANCIAL GAIN. THE COLLECTION IS PROTECTED, KEPT UNENCUMBERED AND IS SUBJECT TO AN ORGANIZATIONAL POLICY THAT ENCOURAGES PERMANENT POSSESSION.

PART III, LINE 4:

BOSTON CHILDRENS MUSEUM HAS BEEN A COLLECTING INSTITUTION SINCE ITS BEGINNING IN 1913 AND TODAY THE COLLECTIONS NUMBER APPROXIMATELY 50,000

Part XIII Supplemental Information (continued)

OBJECTS, INCLUDING CULTURAL ARTIFACTS AND NATURAL HISTORY SPECIMENS, WHICH CAN BE BROKEN INTO SIX MAIN COLLECTING AREAS: NATIVE AMERICAN, JAPANESE, AMERICANA, GLOBAL DOLLS, GENERAL CULTURAL COLLECTIONS, AND NATURAL HISTORY. THE COLLECTION IS MOST FREQUENTLY USED TO ENHANCE MUSEUM EXHIBITS, FOR SCHOLARLY RESEARCH, AS WELL AS EDUCATIONAL PROGRAMMING.

PART V, LINE 4:

THE ORGANIZATION'S TERM ENDOWMENTS REPRESENT ACCUMULATED INVESTMENT GAINS SUBJECT TO THE MUSEUM'S ENDOWMENT SPENDING POLICY. THE MUSEUM USES ITS PERMANENT ENDOWMENTS IN ACCORDANCE WITH UPMIFA AND SPENDS FOUR-AND-A-HALF PERCENT OF THE AVERAGE OF THE FMV OF EACH OF THE PREVIOUS 12 QUARTERS TO SUPPORT CURRENT OPERATIONS. THE BOARD-DESIGNATED AND QUASI-ENDOWMENTS ARE USED AT THE BOARD'S DISCRETION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-2,325,342.
BOOK-TAX RENTAL INCOME ADJUSTMENT PER IRC 467	-222,530.
DEDUCTIONS REPORTED ON K-1 RECORDED IN UNREALIZED GAIN ON FINANCIALS	37,494.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-2,510,378.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	2,325,342.
UNREALIZED LOSS ON DERIVATIVE INSTRUMENTS	625,912.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,951,254.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEDUCTIONS REPORTED ON K-1 RECORDED IN UNREALIZED GAIN ON

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization THE CHILDRENS MUSEUM	Employer identification number 04-2103993
---	---

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TATAMI MAT REPAIRS & MATERIALS AND SUPPLIES FOR JAPAN EDUCATION PROGRAM AND EXHIBIT	6,458.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING	N/A	0.
NORTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCE	4,956.
NORTH AMERICA	0	0	FUNDRAISING	N/A	0.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	FAMILY MEMBERSHIP REVENUE	0.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FUNDRAISING	N/A	0.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	COLLEGE GROUP VISIT, CONSULTING & ADMISSION FEES	0.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING	N/A	0.
3 a Subtotal	0	0			11,414.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			11,414.

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

Schedule F (Form 990) 2019

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	FAMILY MEMBERSHIP REVENUE	0.
Totals					

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

Table with 9 columns: (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 noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other). The table contains 8 empty rows.

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
3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 separately 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; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2019

Part V Supplemental Information

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

PART I, LINE 3:

EXPENDITURES ARE ACCOUNTED FOR ON THE ACCRUAL BASIS USED FOR FINANCIAL STATEMENT PURPOSES.

FORM 990, SCHEDULE F, PART I, LINE 3

THE MUSEUM RECEIVED CONTRIBUTIONS FROM INDIVIDUALS LOCATED IN THE FOLLOWING REGIONS:

EUROPE

MIDDLE EAST AND NORTH AFRICA

NORTH AMERICA

CENTRAL AMERICA AND THE CARRIBEAN

NO EXPENDITURES WERE MADE IN THESE REGIONS IN ORDER TO OBTAIN THESE CONTRIBUTIONS AND THOSE INDIVIDUALS HAVE BEEN REPORTED ON SCHEDULE B, IF APPLICABLE, IN ACCORDANCE WITH SCHEDULE B INSTRUCTIONS.

THE MUSEUM ALSO RECEIVED PROGRAM SERVICE AND MEMBERSHIP REVENUES FROM THE FOLLOWING REGIONS:

EUROPE

EAST ASIA AND THE PACIFIC

CENTRAL AMERICA AND THE CARRIBEAN

NO EXPENDITURE WERE MADE IN THESE REGIONS IN ORDER TO OBTAIN THESE REVENUES.

FORM 990, SCHEDULE F, PART IV, LINE 3

THE MUSEUM HAD OWNERSHIP INTERESTS IN FOREIGN CORPORATIONS THROUGH ITS INVESTMENT IN A DOMESTIC PARTNERSHIP, BUT DID NOT MEET ANY OF THE FILING REQUIREMENTS FOR FORM 5471.

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART IV, LINE 4

THE MUSEUM WAS AN INDIRECT SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY (PFIC) THROUGH ITS INVESTMENT IN A DOMESTIC PARTNERSHIP. THE DOMESTIC PARTNERSHIP HAS MADE THE QUALIFIED ELECTING FUND (QEF) ELECTION AND HAS FILED THE FORM 8621 ON BEHALF OF ITS PARTNERS. ALSO NONE OF THE INCOME DERIVED FROM THE PFIC IS UNRELATED BUSINESS TAXABLE INCOME. THEREFORE, THE MUSEUM MEETS TWO EXCEPTIONS FOR FILING FORM 8621.

FORM 990, SCHEDULE F, PART IV, LINE 5

THE MUSEUM HAD AN INDIRECT OWNERSHIP INTEREST IN FOREIGN PARTNERSHIP(S) THROUGH ITS INVESTMENT IN A DOMESTIC PARTNERSHIP. THE DOMESTIC PARTNERSHIP FILED FORM 8865, IF REQUIRED, AND REPORTED ALL THE REQUIRED INFORMATION. THEREFORE, THE MUSEUM DOES NOT NEED TO FILE FORM 8865.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

THE CHILDRENS MUSEUM

Employer identification number

04-2103993

Part I

Fundraising Activities. Complete if the organization answered "Yes" on 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

2 a 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 10 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			
Total						

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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WONDER BALL (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	591,827.			591,827.
	2 Less: Contributions	488,576.			488,576.
	3 Gross income (line 1 minus line 2)	103,251.			103,251.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	95,412.			95,412.
	7 Food and beverages	105,138.			105,138.
	8 Entertainment	4,600.			4,600.
	9 Other direct expenses	80,759.			80,759.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				285,909.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-182,658.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHILDRENS MUSEUM

Employer identification number

04-2103993

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 on 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 type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input 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 (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CAROLE CHARNOW PRESIDENT/CEO	(i)	236,942.	0.	0.	10,000.	15,236.	262,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY AUERBACH SVP/CFO	(i)	148,078.	0.	0.	6,365.	9,617.	164,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Horizontal lines for supplemental information.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **THE CHILDRENS MUSEUM** Employer identification number **04-2103993**

Part I Bond Issues												
SEE PART VI FOR COLUMN (A) CONTINUATIONS												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431181	57583RGQ2	09/25/06		SEE SCHEDULE K, PAGE 2, PART V		X		X		X
B												
C												
D												

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	6,921,695.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	30,000,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	396,523.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	22,681,782.									
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2007									
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	CITIZENS BANK							
c Term of hedge	10.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

SCHEDULE K, PART I, ITEM A, COLUMN F

DESCRIPTION OF BOND PURPOSE
 TO FINANCE AND REFINANCE THE CAPITAL COSTS OF THE: A) ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF THE BORROWER'S FACILITIES; B) PROJECTS ORIGINALLY FINANCED WITH SERIES 2001 BONDS; AND C) CERTAIN COSTS OF ISSUANCE.

SCHEDULE K, PART IV, QUESTIONS 3, 4, 5, 6, 7

ARBITRAGE

THE MUSEUM HAS TWO QUALIFIED HEDGES.

- 3- YES
- 4A- YES
- 4B- CITIZENS BANK
- 4C- 5 YEARS
- 4D- NO
- 4E- NO

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions *(continued)*

5- NO

5B, C, D- N/A

6- NO

7- YES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE CHILDRENS MUSEUM** Employer identification number **04-2103993**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	56,291.	MARKET QUOTATIONS
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				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

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

Multiple horizontal lines for supplemental information.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE CHILDRENS MUSEUM

Employer identification number

04-2103993

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BOSTON CHILDREN'S MUSEUM ENGAGES CHILDREN AND FAMILIES IN JOYFUL

DISCOVERY EXPERIENCES THAT INSTILL AN APPRECIATION OF OUR WORLD,

DEVELOP FOUNDATIONAL SKILLS, AND SPARK A LIFELONG LOVE OF LEARNING.

BOSTON CHILDREN'S MUSEUM IS A WELCOMING, IMAGINATIVE, CHILD-CENTERED

LEARNING ENVIRONMENT THAT SUPPORTS DIVERSE FAMILIES IN NUTURING THEIR

CHILDREN'S CREATIVITY AND CURIOSITY. WE PROMOTE THE HEALTHY DEVELOPMENT

OF ALL CHILDREN SO THAT THEY WILL FULFILL THEIR POTENTIAL AND

CONTRIBUTE TO OUR COLLECTIVE WELLBEING AND FUTURE PROSPERITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIPS

EXPENSES \$ 231,746. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,204,375.

FORM 990, PART VI, SECTION A, LINE 4:

IN JUNE 2020 THE BYLAWS WERE REVISED AS FOLLOWS:

COMPOSITION AND ELECTION OF TRUSTEES:

NOTWITHSTANDING THE FOREGOING, IN AN EFFORT TO MAINTAIN LEADERSHIP

STABILITY DURING EXTRAORDINARY CIRCUMSTANCES TO SERVE THE BEST INTERESTS OF

THE CORPORATION, THE GOVERNANCE COMMITTEE MAY NOMINATE EXTENDING THE TERM

OF ONE OR MORE TRUSTEES WHO ARE AT THE END OF THEIR TERM, ALLOWING THEM TO

SERVE ONE ADDITIONAL TERM WITHOUT A ONE YEAR WAITING PERIOD. IN SUCH A

CASE, THE GOVERNANCE COMMITTEE WILL ACCOMPANY THE NOMINATION WITH THE

CIRCUMSTANCE-RELATED INFORMATION AS APPROPRIATE.

COMPOSITION AND ELECTION OF OVERSEERS OF THE CORPORATION:

THE BOARD OF TRUSTEES SHALL CONTINUE TO ELECT OVERSEERS AT THE ANNUAL

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

THE CHILDRENS MUSEUM

Employer identification number

04-2103993

MEETING OR BY ACTION DURING THE YEAR. NOTWITHSTANDING THE FOREGOING, IN AN EFFORT TO MAINTAIN LEADERSHIP STABILITY DURING EXTRAORDINARY CIRCUMSTANCES AND TO SERVE THE BEST INTERESTS OF THE CORPORATION, THE GOVERNANCE COMMITTEE MAY NOMINATE EXTENDING THE TERM OF ONE OR MORE OVERSEERS WHO ARE AT THE END OF THEIR TERM, ALLOWING THEM TO SERVE ONE ADDITIONAL TERM WITHOUT A ONE YEAR WAITING PERIOD. IN SUCH A CASE, THE GOVERNANCE COMMITTEE WILL ACCOMPANY THE NOMINATION WITH THE CIRCUMSTANCE-RELATED INFORMATION AS APPROPRIATE. THERE SHALL AT ALL TIMES BE NOT MORE THAN NINETY OVERSEERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE AND AUDIT COMMITTEES ARE THE GOVERNING BODIES THAT HAVE RESPONSIBILITY FOR REVIEWING THE FORM 990. THIS FORM WAS DISTRIBUTED BY EMAIL TO THESE COMMITTEES PRIOR TO THE FILING DATE, LEAVING TIME FOR QUESTIONS AND COMMENTS. IN ADDITION, THE ENTIRE BOARD OF TRUSTEES ALSO RECEIVES A COPY OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, THE MUSEUM ASKS ALL THE TRUSTEES AND OFFICERS TO REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY STATEMENT. IT IS THE RESPONSIBILITY OF THE PRESIDENT/CEO AND THE BOARD CHAIR TO REVIEW AND DISCLOSE CONFLICTS AND HANDLE THE MATTER AS HE OR SHE DEEMS APPROPRIATE. THE CONFLICT OF INTEREST POLICY STATEMENT ALSO OBLIGATES EACH FIDUCIARY, ON AN ONGOING BASIS, TO REPORT ANY CONFLICTS EITHER EXISTING OR PERCEIVED TO THE PRESIDENT/CEO OR BOARD CHAIR.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR REVIEWING AND DETERMINING THE CEO'S COMPENSATION IS AS

Name of the organization THE CHILDRENS MUSEUM	Employer identification number 04-2103993
---	---

FOLLOWS: THERE IS A COMPENSATION COMMITTEE, WHICH IS A SUBSET OF THE BOARD OF TRUSTEES WHICH CONVENES TWICE A YEAR TO REVIEW THE CEO'S PERFORMANCE AND CONSIDER MARKET DATA FOR THIS POSITION. BASED ON THIS REVIEW, A COMPENSATION PACKAGE IS ADJUSTED AND AGREED UPON EACH YEAR.

IN 2017, THE MUSEUM HIRED AN INDEPENDENT COMPENSATION CONSULTANT TO ANALYZE CURRENT SALARY AND WAGES OF THE ENTIRE ORGANIZATION AGAINST MARKET CONDITIONS. NEW JOB RANGES AND POSITION CATEGORIES WERE ESTABLISHED AND A PLAN WAS CREATED TO ADJUST SALARIES AND WAGES OVER TIME.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON DERIVATIVE INSTRUMENTS	-625,912.
BOOK-TAX RENTAL INCOME ADJUSTMENT PER IRC 467	222,530.
TOTAL TO FORM 990, PART XI, LINE 9	-403,382.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE MUSEUM'S FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.