			***Public Disclosure Copy***		
			EXTENDED TO MAY 15, 2023		
			Return of Organization Exempt From Income	Тах	OMB No. 1545-0047
For	" <b>Q</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for		<b>2021</b>
1 011		00	Do not enter social security numbers on this form as it may be made public		
		of the Treasury nue Service	<ul> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	0.	Open to Public Inspection
-			ar year, or tax year beginning JUL 1, 2021 and ending JUN 30,	2022	
	heck if				ation number
a	pplicab	le:			
	Addre chang	ess CHIL	DREN'S MUSEUM OF ILLINOIS		
	Name			23590	4
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephon	e number	
	Final returr		COUNTRY CLUB ROAD 217-	-423-5	437
	termii ated	City or to	own, state or province, country, and ZIP or foreign postal code G Gross receip	ots \$	871,862.
	Amer	DECA	TUR, IL 62521 H(a) Is this a	a group reti	
	Appli tion pendi			ordinates?	Yes X No
		SAME	AS C ABOVE H(b) Are all sub	pordinates incl	uded? Yes No
		empt status:			st. See instructions
			CMOFIL.COM H(c) Group		
			X Corporation Trust Association Other ► L Year of formation: 1	.989 <u>M</u>	State of legal domicile: IL
Pa	rt I	Summary		<b>N</b> OUT	
ĕ	1	Briefly describ	be the organization's mission or most significant activities: THE OPERATION OF	A CHI	LDREN 5
anc	•				
/ern	2 3	Check this bo			13
ğ	3 4		ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)		13
Activities & Governance	5		of individuals employed in calendar year 2021 (Part V, line 2a)		26
ties	6		of volunteers (estimate if necessary)		20
živi			d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, Part I, line 11		0.
			Prior Yea		Current Year
	8	Contributions		515.	610,395.
nu	9			587.	248,953.
Revenue	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	836.	872.
£	11	Other revenue		913.	-1,622.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 308 ,	851.	858,598.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10) 184,	930.	278,661.
Expenses	16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ď	b	Total fundraisi	ing expenses (Part IX, column (D), line 25)	<b>F</b> 00	
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	598.	474,579.
	18			528.	<u>753,240.</u> 105,358.
	19	Revenue less			
ts or		<b>T</b> . <b>i</b> . i i . //	Part X, line 16) Beginning of Curr 4, 237,		<u>End of Year</u> 4,290,585.
Net Assets	20	Total assets (F		357.	183,142.
let ⊿ Ind	21		(Part X, line 26)		4,107,443.
	22 Irt II	Signature		<u>+0+• </u>	-, - 0 / , 0 •
		-	I declare that I have examined this return, including accompanying schedules and statements, and to the	hest of my k	nowledge and helief it is
			. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	-	ano ano bonon, it is
	55110			- 301	
Sig	h	Signature	e of officer Date		
Her		RIKK	I PARKER, EXECUTIVE DIRECTOR		

	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	BRIDGETTE MUGGE	BRIDGETTE MUGGE	04/14/2	3 self-employed	P0067141	.8	
Preparer	Firm's name 🕒 SIKICH LLP		Firn	n's EIN ▶ 36	-3168081		
Use Only	Firm's address 🖌 132 S. WATER STR	EET SUITE 300					
	DECATUR, IL 62523 Phone no. (217) 423-6000						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) CHILDREN'S MUSEUM OF ILLINOIS	37-123590	04 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: <u>THE OPERATION OF A CHILDREN'S MUSEUM</u> .		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes 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 r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expens	ses, and
4a	(Code:) (Expenses \$403,772. including grants of \$) (Revenue)		<b>48,953.</b> )
	THE CHILDREN'S MUSEUM PROVIDES UNIQUE LEARNING AND EDUCA		
	OPPORTUNITIES FOR CHILDREN FROM A DIVERSE RANGE OF SOCIAL	L, ECONOM	IC AND
	EDUCATIONAL BACKGROUNDS THROUGH HANDS-ON EXPERIENCE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue (Code:))	ue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue (Code:))	ue\$	)
<u></u>	Other program convices (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	١.	
4e	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     403,772.	)	
10		F	orm <b>990</b> (2021)
132002	2 12-09-21		
	3		

07170421 765826 2503650.0

Form 990 (		CHILDREN'S		OF	ILLINOIS
Part IV	Checklist of R	equired Schedule	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			- 21
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		х
10000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	 (2021)
132003	12-09-21	Form	550	(2021)

132003 12-09-21

Form	990	(2021)
FUIII	330	120211

 Form 990 (2021)
 CHILDREN'S MUSEUM OF ILLINOIS
 37-1235904
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 Con

	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
		24b		<u> </u>
С	· · · · · · · · · · · · · · · · · · ·			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 23
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
<b>L</b>	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of acetion 512(b)(12)2. (Fillow Received and the D. D. (14) Fillow Received and the D. D. (14) Fillow Received and the D. D. (14) Fillow Received and the	25L		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t 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			
	1 1 -		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
10-1	(gambling) winnings to prize winners?	1c	990	 (2021)
132004	<sup>4</sup> 12-09-21 5	Form	550	(2021)

_	990 (2021) CHILDREN'S MUSEUM OF ILLINOIS	37-1235	904	Р	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	S			37
			<u>3a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	<u>4a</u>		X
D	If "Yes," enter the name of the foreign country				
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Av		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
ua			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or aifts			
D.			6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		x
			7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
-	to file Form 8282?	·	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	· · · ·	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	-		
-	Enter the amount of reserves on hand	13c			v
4a	<b>o o o o o o o o o o</b>		14a		X
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				- -
	excess parachute payment(s) during the year?		15		X
~	If "Yes," see the instructions and file Form 4720, Schedule N.		10		v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
-		anv/	1		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		4-		
7	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

<sup>132005</sup> <sup>12-09-21</sup> 07170421 765826 2503650.0

	55	S	COUN	ΓRΥ	CLUB	R
132006	6 12-09	-21				
071704	21	76	5826	250	3650.	0

Form 990 (2021)

Section A. Governing Body and Management

n	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>–</b>		
/a		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>1a</u>		- 23
D	a second other the approximation hashed	76		x
~	persons other than the governing body?	7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.	Х	
а	The governing body?	<u>8a</u>	X	
-	Each committee with authority to act on behalf of the governing body?	8b	~	
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	9		X
ec	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a	X	
U		150		
6-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{IL}$			
8	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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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			
	RIKKI PARKER - 217-423-5437			
	55 S COUNTRY CLUB ROAD, DECATUR, IL 62521			
				(2021

Part VI	Governance, Management, and Disclosure.	For each	ch "Yes" response to lines 2 through 7b below, and for a "No" r	esponse
	to line 8a, 8b, or 10b below, describe the circumstances, p			

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

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 0.

CHILDREN'S MUSEUM OF ILLINOIS

Χ

Yes No

13

1a

37-1235904	Page 6

Form 990 (202	21) CHILDREN'S MUSEUM OF ILLINOIS	37-1235904	Page 1
Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	sated	
E	mployees, and Independent Contractors		
Cł	heck if Schedule O contains a response or note to any line in this Part VII		
Section A. C	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	s tax year.
<ul> <li>List all o</li> </ul>	of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless	of amount of compens	ation.

Elst all of the organization's current officers, directors, trust 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		/ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	nstitutional trustee	_	Key employee	st col	2	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			5
(1) ABBY KOESTER	40.00									
PRESIDENT & CEO (THRU 4/9/22)				Х				59,107.	0.	0.
(2) RACHEL STRODE	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) ANN MATHIESON	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) CHRISTINA GILLEN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) CATHY BRIGGS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) CHRISTINA BOLSEN (BAKER)	1.00									_
CHAIRMAN (THRU 12/31/21)		Х		Х				0.	0.	0.
(7) RICHARD KACZYNSKI	1.00									-
TREASURER (THRU 12/31/21)		Х		Х				0.	0.	0.
(8) CHRISTEN MCLEOD	1.00									-
DIRECTOR	1	Х						0.	0.	0.
(9) KRISTA EARLY	1.00									•
DIRECTOR	1	Х						0.	0.	0.
(10) AMANDA WISE	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(11) SUE BREHENY	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(12) RAPHAELLA PRANGE	1.00							•	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) JOSH MAHON	1.00	77						0.	0	0
DIRECTOR (14) ABBY BOETHIN	1.00	Х						0.	0.	0.
	1.00	x						0.	0.	0.
DIRECTOR (START 10/1/21) (15) LESLIE RISBY	1.00	Δ						0.	0.	0.
	1.00	x						0.	0.	0.
DIRECTOR (START 11/1/21) (16) NATE TALLENT	1.00	Δ						0.	0.	0.
DIRECTOR (START 5/1/22)	<b>1.00</b>	x						0.	0.	0.
		~				-		0.	0.	0.
	1		1			Í		1		<b>–</b> 000 (acc ()

132007 12-09-21

Form 990 (2021)

#### 07170421 765826 2503650.0

	<u>990 (2021)</u> CHILDREN'	S MUSEU	JM	OF	' I	LL	ΙN	OI	S	37-12	359	904	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) (B) (C) (D) (E)									(F)				
	Name and title	Average	(do		Pos		۱ than c	ne	Reportable	Reportable	ortable Est		stimate	ed
		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation		an	nount	of
		week		cer an	id a d	irecto	or/trus I	tee)	from	from related			other	
		(list any	rector						the	organizations			pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MISC	ן /נ		om th	
		organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat d relat	
		below	lual tr	tional		n ploye	st con yee	_	1099-1120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	anzan	0110
						×	1 0				$\rightarrow$			
			1											
			1											
											-			
											-			
											-			
			1											
											-			
											-+			
											-+			
16	Subtotal								59,107.		0.			0.
	Total from continuation sheets to Part VII								0.		0.			0.
									59,107.		0.	0.		
2	Total (add lines 1b and 1c) Total number of individuals (including but no								,		••			••
2	compensation from the organization		056	11510	u al	000	<i>y</i> wii	016						0
													Yes	No
3	Did the organization list any <b>former</b> officer,	director trust			mol		0 0r	hia	best componented omp	0,000 00	ſ		100	
3		-		-	•			Ŭ	• • •		- 1	3		х
٨	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su										···	3		
4											- 1	4		х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										F	4		
5											- 1	5		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or sl	ich į	bers	on .					5		Δ
1	Complete this table for your five highest cor	moonsated ind	lono	ndor	at co	ontre	actor	re th	at received more than ¢	100.000 of comp		ion fre	-m	
•	the organization. Report compensation for t	-									715al			
	(A)	ine calendar ye		nui	ig w				(B)			(0	וי	
	Name and business	address	N	ONE	2				Description of s	ervices	C		<b>n</b> satio	n
								Ţ						
2	Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					0			·					

Form **990** (2021)

132008 12-09-21

CA         Feature of a search function revenue         Common of a search function revenue			Check if Schedule O contains a	response	or note to any line	e in this Part VIII			
Business Code         Image: Construct of the second						<b>(A)</b> Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
Business Code         Image: Construct of the second	t S	1 a	Federated campaigns	1a					
Business Code         Image: Construct of the second	ran	b		1b					
Business Code         Image: Construct of the second	, G	с		1c	34,653.				
Business Code         Image: Construct of the second	iifts ar A	d		1d					
Business Code         Image: Construct of the second	s, G mila	е		1e	76,097.				
Business Code         Image: Construct of the second	Si	f	All other contributions, gifts, grants, and						
Business Code         Image: Construct of the second	but		similar amounts not included above	1f	499,645.				
Business Code         Image: Construct of the second	d Or	g	Noncash contributions included in lines 1a-1f	1g \$					
2 a ADMISSIONS       611600       141,090.       141,090.         b OTHER SUPPORTING SERVI       611600       47,631.       47,631.         c MEMERSHIP       611600       37,369.       611600         g Total. Add Ines 2a2t       611600       22,863.       22,863.         g Total. Add Ines 2a2t       872.       611600       872.         g Total. Add Ines 2a2t       872.       872.         g Total. Add Ines 2a2t       872.       872.         g Total. Add Ines 2a2t       872.       872.         g Total. Add Ines 2a2t       863.       972.         g Total. Add Ines 2a2t       872.       872.         g Total. Add Ines 2a2t       872.       872.         g Total. Add Ines 2a2t       872.       872.         g Total Add Ines 2a2t       872.       872.         g Total Add Ines 2a2t       872.       872.         g Total Add Ines 2a2t       1,725.       1,725.         g Total Add Ines 1a3t       1,3	ano	h	Total. Add lines 1a-1f			610,395.			
Best of the state of the									
a       Total. Add lines 2a21       248,953.         a       Investment income (including dividends, interest, and other similar amounts).       872.         4       Income from investment of tax exempt bond proceeds       872.         5       Royatties       0) Personal         6 a       Gross rents       6a         7 a       Gross amount from sales of rask science from thindraising events       1,725.         7 a       Gross amount from sales of rask science from fundraising events       7a         7 a       Gross income from fundraising events       7a         7 a       Gross income from fundraising events       -3,347.         9 a       Gross income from fundraising events       -3,347.         9 a       Gross income from gaming activities.       9a         9 a       Gross income from gaming activities.       10a         10 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       0a         10 a       Gross aside of inventory, less returns and al	e	2 a					141,090.		
a       Total. Add lines 2a21       248,953.         a       Investment income (including dividends, interest, and other similar amounts).       872.         4       Income from investment of tax exempt bond proceeds       872.         5       Royatties       0) Personal         6 a       Gross rents       6a         7 a       Gross amount from sales of rask science from thindraising events       1,725.         7 a       Gross amount from sales of rask science from fundraising events       7a         7 a       Gross income from fundraising events       7a         7 a       Gross income from fundraising events       -3,347.         9 a       Gross income from fundraising events       -3,347.         9 a       Gross income from gaming activities.       9a         9 a       Gross income from gaming activities.       10a         10 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       0a         10 a       Gross aside of inventory, less returns and al	e vic	b		ERVI			47,631.		
a       Total. Add lines 2a21       248,953.         a       Investment income (including dividends, interest, and other similar amounts).       872.         4       Income from investment of tax exempt bond proceeds       872.         5       Royatties       0) Personal         6 a       Gross rents       6a         7 a       Gross amount from sales of rask science from thindraising events       1,725.         7 a       Gross amount from sales of rask science from fundraising events       7a         7 a       Gross income from fundraising events       7a         7 a       Gross income from fundraising events       -3,347.         9 a       Gross income from fundraising events       -3,347.         9 a       Gross income from gaming activities.       9a         9 a       Gross income from gaming activities.       10a         10 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       0a         10 a       Gross aside of inventory, less returns and al	s Se	С					37,369.		
a       Total. Add lines 2a21       248,953.         a       Investment income (including dividends, interest, and other similar amounts).       872.         4       Income from investment of tax exempt bond proceeds       872.         5       Royatties       0) Personal         6 a       Gross rents       6a         7 a       Gross amount from sales of rask science from thindraising events       1,725.         7 a       Gross amount from sales of rask science from fundraising events       7a         7 a       Gross income from fundraising events       7a         7 a       Gross income from fundraising events       -3,347.         9 a       Gross income from fundraising events       -3,347.         9 a       Gross income from gaming activities.       9a         9 a       Gross income from gaming activities.       10a         10 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       0a         10 a       Gross aside of inventory, less returns and al	leve	d	FIELD TRIPS		611600	22,863.	22,863.		
a       Total. Add lines 2a21       248,953.         a       Investment income (including dividends, interest, and other similar amounts).       872.         4       Income from investment of tax exempt bond proceeds       872.         5       Royatties       0) Personal         6 a       Gross rents       6a         7 a       Gross amount from sales of rask science from thindraising events       1,725.         7 a       Gross amount from sales of rask science from fundraising events       7a         7 a       Gross income from fundraising events       7a         7 a       Gross income from fundraising events       -3,347.         9 a       Gross income from fundraising events       -3,347.         9 a       Gross income from gaming activities.       9a         9 a       Gross income from gaming activities.       10a         10 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       -3,347.         9 a       Gross income from gaming activities.       0a         10 a       Gross aside of inventory, less returns and al	<u>е</u> о,	е							
3       investment income (including dividends, interest, and other similar amounts)       872.       872.         4       income from investment of tax exempt bond proceeds       872.       872.         5       Royaties       0) Real       (ii) Personal       872.         6 a Gross rents       6 a       1, 725.       1, 725.         b Less: rental expenses       6 b       0.       0.         c Rental income or (loss)       b c       1, 725.       1, 725.         7 a Gross amount from sales of assets other than investory       0.       0.       1, 725.         b Less: cost or other bais and sales expenses       7 b       7 c       1, 725.         c Gain or (loss)       7 c       7 c       0.       0.         b Less: direct expenses       7 b       0.       0.       0.         c Ruin or biotions reposition from fundiasing events (not including \$	P	f							
a       income from investment of tax-exempt bond proceeds       872.       872.         4       income from investment of tax-exempt bond proceeds       872.       872.         6       a       Gross rents       6       0.         b       Less: rental expenses       6       0.       0.         c       Rental income or (loss)       6       1.725.       1.725.         7       B       Gross amount from sales of assets other than inventory       1.725.       1.725.         9       Gross amount from sales of assets other than inventory       1.725.       1.725.         8       B       Gross income from fundralsing events (not including \$       34.653or       70.         10       A regain or (loss) from fundralsing events (not including \$       34.653or       -3.347.       -3.347.         9       Gross income from gaming activities. See Part IV, line 18       9.       13.264.       -3.347.         9       Gross income from gaming activities. See Part IV, line 19       9.       9.       -3.347.       -3.347.         9       Gross sales of inventory, less returns and allowances       10a       0a       0a       0a         10       Gross sales of inventory, less returns and allowances       0a       0a       0a		g				248,953.			
4       Income from investment of tax-exempt bond proceeds         5       Royatties         6 a       Gross rents         6 a       Gross rents         6 a       Gross rents         6 a       (0) Real         0 Real       (0) Personal         6 a       1,725.         6 b       0.4         c       Rental income or (loss)         d       Net rental income or (loss)         7 a       Gross anount from sales of the fasis and sales sopeness         a full sequences       10         6 a or (loss)       7c         c       Cain or (loss)         a forse snount from sales of a sequences       7c         7 a       7c         7 a       7c         7 a       7c         a forse income from fundraising events (not including \$34, 653. of contributions reported on line 10. See Part IV, line 18         8 a       9,9,917.         b Less: cincet expenses       9a         9 a       Gross income from gaming activities. See Part IV, line 18         b Less: cincet expenses       9a         9 a       9a         9 a       9a         9 a       9a         9 a       9a		3				0.50			0.50
5       Royatties       6a       (0) Real       (0) Personal         6 a       Gross rents       6a       1, 725.         b       Less: rental expenses       6b       0.         c       Rental income or (loss)       1, 725.       1, 725.         7 a       Gross anount from sales of assets other than inventory       7a       1, 725.         9       Gross anount from sales of assets other than inventory       7a       1, 725.         6 a       Gain or (loss)       7b       1, 725.         c       Gain or (loss)       7b       1         c       Gain or (loss)       7c       1         8 a       Gross income from fundraising events (not including \$						872.			872.
6 a Gross rents       6a 1,725.         b Less: rental expenses       6b 0.         c Rental income or (loss)       6c 1,725.         d Net rental income or (loss)       1,725.         7 a Gross amout from sales of assets other than inventory       1,725.         a Gross amout from sales of assets other than inventory       1,725.         a Gross amout from sales of assets other than inventory       1,725.         a Gross income from fundraising events (not including \$34,653. of contributions reported on line tc). See Part IV, line 18       1         b Less: direct expenses       b 13,264.         c Net income or (loss) from fundraising events (see Part IV, line 19       -3,347.         b Less: direct expenses       b 13,264.         c Net income or (loss) from fundraising events       -3,347.         b Less: direct expenses       b 13,264.         c Net income or (loss) from fundraising events       -3,347.         b Less: direct expenses       b 10         b Less: cirect expenses       b 10         c Net income or (loss) from gaming activities          c Net income or (loss) from gaming activities          c Net income or (loss) from sales of inventory          c Net income or (loss) from sales of inventory          c Net income or (loss) from sales of inventory					· · ·				
6 a Gross rents       6a 1,725.         b Less: rental expenses       6b 0.         c Rental income or (loss)       • 1,725.         d Net rental income or (loss)       • 1,725.         7 a Gross amount from sales of assets other than inventory       • 1,725.         y Less: cost or other basis       • 1,725.         and sales expenses       7a         7a       • 1,725.         9 a Gross income from fundraising events (not including s 34,653. of contributions reported on line 1c). See         9 a Gross income from fundraising events       • -3,347.         9 a Gross income from gaming activities. See       9a         9 a Gross income from gaming activities. See       9a         9 a Gross income from gaming activities. See       9a         9 a Gross income or (loss) from gaming activities. See       9a         9 a Gross income or (loss) from gaming activities. See       9a         9 a Gross income or (loss) from sales of inventory.       • -3, 347.         9 a Gross income or (loss) from sales of inventory.       • -3, 347.         9 a Gross income from gaming activities. See       9a         9a       • • • • • • • • • • • • • • • • • • •		5							
b       Less: rental expenses       66       0.         c       Rental income or (loss)       66       1,725.         d       Net rental income or (loss)       1,725.       1,725.         7       a Gross amount from sales of assets other than inventory       b       1,725.       1,725.         b       Less: cost or other basis and sales expenses       7b       1       725.       1,725.         c       Gain or (loss)       7a       7b       1       725.       1,725.         d       Net gain or (loss)       7b       7c       7c       7c       7c         d       Net gain or (loss)       34,653 of contributions reported on line 10. See       8a       9,917.       8b       13,264.         9       Gross income from fundraising events       -3,347.       -3,347.       -3,347.         9       Gross sales of inventory, less returns and allowances       9a       9a       9a       9a         0       a Gross sales of inventory, less returns and allowances       10a       10a       10a       10a       10a       10a         0       a Gross sales of inventory, less returns and allowances       10a       10a       10a       10a       10a       10a       10a       10a		-		,	(II) Personal				
c       Rental income or (loss)       Gc       1,725.         d       Net rental income or (loss)       (i) Securities       1,725.         a       Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b       Less: cost or other basis and sales expenses       7b       7a         c       Gain or (loss)       7b       7a         c       Gain or (loss)       7c       7a         a       Gain or (loss)       7b       7a         a       Gross income from fundraising events (not including \$ 34,653 of contributions reported on line 1c). See       9a       9a         g       Gross income from gaming activities.       >       -3,347.       -3,347.         g       Gross income from gaming activities.       >       -3,347.       -3,347.         g       Gross sales of inventory, less returns and allowances       yb       yb          b       Less: cost of goods soid       10b        -0       <									
d Net rental income or (loss)       1,725.       1,725.         7 a Gross amount from sales of assets other than inventory       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
7 a Gross amount from sales of assets other than inventory				,125.		1 7 2 5			1 7 2 5
assets other than inventory       Ta       Ta         b Less: cost or other basis and sales expenses       Tb       Tc         c Gain or (loss)       Tc       Tc         B a Gross income from fundraising events (not inclucing \$34,653,of contributions reported on line 1c). See Part IV, line 18       >         B b Lass: direct expenses       Bb 13, 264.         c Net income or (loss) from gaming activities. See Part IV, line 19       >         9 a Gross income from gaming activities. See Part IV, line 19       >         10 a Gross sales of inventory, less returns and allowances       10a         10 a Gross alse of inventory, less returns and allowances       10a         11 a			· · · · ·	ocuritios	(ii) Other	1,723.			1,725.
B       Less: cost or other basis and sales expenses       Tb         c       Gain or (loss)       Tc         d       Net gain or (loss)       Tc         d       Second from fundraising events (not including \$34,653.or)       Tc         c       Net income or (loss) from fundraising events       -3,347.         9       Gross income from gaming activities. See Part IV, line 19       Second from gaming activities         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities		<i>i</i> a		ecunites					
and sales expenses       7b         c Gain or (loss)       7c         d Net gain or (loss)       7c         d Net gain or (loss)       >         or contributions reported on line 1c). See       >         Part IV, line 18       >         b Less: direct expenses       >         o Roros sales of inventory less returns and allowances       >         b Less: cost of goods sold       10a         c Net income or (loss) from sales of inventory       >         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       >         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       >         b Less: cost of goods sold       0b         c All other revenue          d All other revenue          d All other revenue          d All other revenue          d All other revenue		h							
c       Gain or (loss)       7c          d       Net gain or (loss)       >       >         8       Gross income from fundraising events (not including \$34, 653 of contributions reported on line 1c). See       >       >         Part IV, line 18       Ba       9, 917       >       >         b       Less: direct expenses       Bb       13, 264.       -3, 347.         c       Net income or (loss) from fundraising events       >       -3, 347.       -3, 347.         9       Gross income from gaming activities. See       9a       9a       -3       -3         9       b       Less: direct expenses       9b       -3       -3       -3, 347.         9       Gross income from gaming activities       >       -3       -3       -3       -3         10       a Gross sales of inventory, less returns and allowances       10a       10b       10b       -5         c       Net income or (loss) from sales of inventory       >        -5       -5         11       a	e	U							
C       Including \$34,033.0 cf contributions reported on line 1c). See Part IV, line 188b 13,264.         b       Less: direct expenses       8b 13,264.         c       Net income or (loss) from fundraising events       -3,347.         9 a       Gross income from gaming activities. See Part IV, line 199b       -3,347.         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       -3,347.         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       >         sore       Business Code	nue	~							
C       Including \$34,033.0 cf contributions reported on line 1c). See Part IV, line 188b 13,264.         b       Less: direct expenses       8b 13,264.         c       Net income or (loss) from fundraising events       -3,347.         9 a       Gross income from gaming activities. See Part IV, line 199b       -3,347.         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       -3,347.         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       >         sore       Business Code	leve		. ,						
C       Including \$34,033.0 cf contributions reported on line 1c). See Part IV, line 188b 13,264.         b       Less: direct expenses       8b 13,264.         c       Net income or (loss) from fundraising events       -3,347.         9 a       Gross income from gaming activities. See Part IV, line 199b       -3,347.         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       -3,347.         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       >         sore       Business Code	er F								
contributions reported on line 1c). See Part IV, line 18       Ba       9,917. Bb       13,264.         b       Less: direct expenses       Bb       13,264.         c       Net income or (loss) from fundraising events       -3,347.         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. 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          c       Business Code          11 a       Business Code          c		0 4							
Part IV, line 18       Ba       9, 917.         b       Less: direct expenses       Bb       13, 264.         c       Net income or (loss) from fundraising events       -3, 347.       -3, 347.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b       -3, 347.         b       Less: direct expenses       9b       -3, 347.       -3, 347.         c       Net income or (loss) from gaming activities       -       -         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       >       -	•								
b Less: direct expenses Bb 13, 264.   c Net income or (loss) from fundraising events -3, 347.   9 a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a   a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Met income or (loss) from sales of inventory   b Less: cost of goods sold   c Met income or (loss) from sales of inventory   d All other revenue   e Total Add lines 11a-11d   12 Total revenue. See instructions			• • • • •		9,917.				
c Net income or (loss) from fundraising events -3,347.   9 a Gross income from gaming activities. See 9a   9a 9a   9b 9a   9c 9a   9b 9a   9c 9b   9c 9c   9c 9c   10 a Gross sales of inventory, less returns   and allowances 10a   10a 10b   c Net income or (loss) from sales of inventory   b		b			13,264.				
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   10 a Gross sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions     858, 598.     248, 953.						-3,347.			-3,347.
b Less: direct expenses 9b 0 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 t 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions b Less: cost of goods sold 10b b Less: cost of goods sold 10b b Less: cost of goods sold 10b 10a 10b 10a 10b 10a 10b 10b 10									
b Less: direct expenses 9b 0 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 t 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions b Less: cost of goods sold 10b b Less: cost of goods sold 10b b Less: cost of goods sold 10b 10a 10b 10a 10b 10a 10b 10b 10			Part IV, line 19	9a					
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Business Code   b   c   b   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions     858, 598.		b							
and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   b Business Code   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions     858, 598.		с	Net income or (loss) from gaming ac	tivities	►				
b Less: cost of goods sold 10b ► −		10 a							
c       Net income or (loss) from sales of inventory       ▶         11 a       Business Code       □         b       □       □         c       □       □         d       All other revenue       □         e       Total revenue. See instructions       ▶       858,598.       248,953.       0.       -750.			and allowances	10a	1				
Business Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code         c       Image: Code       Image: Code       Image: Code         d       Image: Code       Image: Code       Image: Code       Image: Code         d       All other revenue       Image: Code       Image: Code       Image: Code         e       Total Add lines 11a-11d       Image: Code       Image: Code       Image: Code         12       Total revenue. See instructions       Image: Solution structure       Image: Solution structure       Image: Code       Image: Code									
11 a		С	Net income or (loss) from sales of inv	entory					
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         858,598.       248,953.         0.       −750.	s				Business Code				
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         858,598.       248,953.         0.       −750.	eou	11 a							
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         858,598.       248,953.         0.       −750.	lan.	b							
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         858,598.       248,953.         0.       −750.	Scel								
<b>12 Total revenue</b> . See instructions	Mis								
						858 598	248 953	0	-750
	13200					00,000			Form <b>990</b> (2021)

10

# 07170421 765826 2503650.0

2021.05070 CHILDREN'S MUSEUM OF ILLI 25036501

37-1235904 Page **9** 

## CHILDREN'S MUSEUM OF ILLINOIS

Form 990 (2021) CHILDRE
Part VIII Statement of Revenue

CHILDREN'S MUSEUM OF ILLINOIS

Check if Schedule O contains a r o not include amounts reported on lines 6b.	(A)	(B) Program service	(C)	( <b>D)</b> Fundraising
b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organization	ations			
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and for	reign			
individuals. See Part IV, lines 15 and 16 $\dots$				
Benefits paid to or for members				
Compensation of current officers, directors		14 050	00 111	1 4 9 5 6
trustees, and key employees		14,056.	28,111.	14,056
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) an	d			
persons described in section 4958(c)(3)(B)				
Other salaries and wages		100,058.	50,030.	50,029
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contribution	s)			
Other employee benefits				
Payroll taxes	22,321.	9,937.	6,804.	5,580
Fees for services (nonemployees):				
a Management				
<b>b</b> Legal				
c Accounting	8,765.		8,765.	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, lir	ne 17			
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 2				
column (A), amount, list line 11g expenses on So	ch 0.) 25,713. 2,146.		25,713.	
Advertising and promotion	2,146.		2,146.	
Office expenses	20,157.	9,924.	6,959.	3,274
Information technology				
Royalties				
Occupancy	83,736.	81,201.	2,535.	
Travel				
Payments of travel or entertainment expense	ses			
for any federal, state, or local public official	s			
Conferences, conventions, and meetings				
Interest	3,958.		3,958.	
Payments to affiliates				
Depreciation, depletion, and amortization	246,833.	109,882.	75,243.	61,708
Insurance	32,383.	32,383.		
Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. line 24e amount exceeds 10% of line 25. column				
amount, list line 24e expenses on Schedule O.)				
a DISCOVERY WORKSHOP/CLA		15,966.		
b EXHIBIT MAINTENANCE	15,869.	15,869.		
c MEMBERSHIPS	7,815.	7,815.		
d BANK CHARGES	6,159.	1,602.	1,519.	3,038
e All other expenses	5,079.	5,079.		
Total functional expenses. Add lines 1 through	24e 753,240.	403,772.	211,783.	137,685
Joint costs. Complete this line only if the organiz				
reported in column (B) joint costs from a combir				
educational campaign and fundraising solicitation				
Check here F if following SOP 98-2 (ASC 958-7)				

11

07170421 765826 2503650.0

33

Total liabilities and net assets/fund balances

4,237,541.

33

4,290,585.

Form 990 (2021)

CHILDREN'S MUSEUM OF ILLINOIS

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

(A) Beginning of year (B) End of year 123,404. 399,820. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 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 disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 10,932. 10,932. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other \_\_\_\_\_10a 6,497,744. basis. Complete Part VI of Schedule D 2,669,382. 4,045,635. 3,828,362. b Less: accumulated depreciation ...... 10b 10c 51,471. 57,570. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 4,237,541. 4,290,585. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 33,142. 27,871. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 201,486. 150,000. 25 of Schedule D 229,357. 183,142. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,015,086. 3,944,498. 27 27 Net assets without donor restrictions 63,686. Net assets with donor restrictions 92,357. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 4,008,184. 4,107,443. Total net assets or fund balances 32 32

rm	990	(2021)	

	1990 (2021) CHILDREN'S MUSEUM OF ILLINOIS	37-12	35904	Pag	<sub>ge</sub> 12
Pa	rt 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	858		
2	Total expenses (must equal Part IX, column (A), line 25)	2	753		
3	Revenue less expenses. Subtract line 2 from line 1	3	105		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,008		
5	Net unrealized gains (losses) on investments	5	- 6	5,09	99.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,107	7,44	<u>43.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	····	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			I
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2021
Open to Public Inspection

# Name of the organization

Nam	lame of the organization Employer identification number								
		CHIL	DREN'S MUSI	EUM OF ILLIN	DIS			3	7-1235904
Par	tI	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck 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		· ·					
3		A hospital or a cooperative							
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7		An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from th	e general	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-			-		-	•
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
	v	university:							
10	X	An organization that norma							
		activities related to its exem	• • •	•					0
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	$\pi$ er June 30, 1975.
		See section 509(a)(2). (Con		voluto toot for public oo	Total Cas	oootion E(	O(a)(A)		
11 12		An organization organized a	-	•	•			rn ( out tho	nurnance of one or
12		An organization organized a more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina
u		the supported organization		-	• • • •	-			
		organization. You must c			majority c				sporting
b		<b>Type II.</b> A supporting org	-		ion with it	s supporte	d organizatio	n(s) by hay	vina
2		control or management o	-				-		•
		organization(s). You mus			ante perce			ye ine ealer	
с		<b>Type III functionally inte</b>			in connect	tion with, a	and functional	lv integrate	ed with.
		its supported organization						.,	
d		Type III non-functionally		-				ted organi:	zation(s)
		that is not functionally int	• •					•	
		requirement (see instructi			•		-		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported c	organizations						
g		vide the following information		d organization(s).					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota									

Schedule A	Form	990	202
		330	1202

Part II

CHILDREN'S MUSEUM OF ILLINOIS

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		(b) 2018	(0) 2019	( <b>u</b> ) 2020	(e) 2021	(1) 101ai
8	Gross income from interest,						
U	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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						····· <b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o	-			14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the c				line 15 is 33 1/3%	or more, check thi	is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	0	
۲.	meets the facts-and-circumstances te	-			•		
D	10% -facts-and-circumstances test						10%00
	more, and if the organization meets the						
18	organization meets the facts-and-circu Private foundation. If the organization		-				
10		T dia not check a	55X OF INE 15, 10	u, 100, 17a, 01 17b	, oncor uno DUX a		Form 990) 2021

### CHILDREN'S MUSEUM OF ILLINOIS 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

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	519,095.	175,111.	400,162.	254,515.	610,395.	1959278.	
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose	236,689.	289,155.	174,340.	49,587.	234,406.	984,177.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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	755,784.	464,266.	574,502.	304,102.	844,801.	2943455.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
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.	
с	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						2943455.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total	
9	Amounts from line 6	755,784.	464,266.	574,502.	304,102.	844,801.	2943455.	
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources	10,359.	1,195.	1,163.	836.	872.	14,425.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b	10,359.	1,195.	1,163.	836.	872.	14,425.	
11	Net income from unrelated business activities not included on line 10b.							
	whether or not the business is							
	regularly carried on	21,195.	31,052.	20,191.	3,913.		76,351.	
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.)	787,338.	496,513.	595,856.	308,851.	845,673.	3034231.	
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	n,	
_	check this box and stop here							
	tion C. Computation of Publi						07 01	
	Public support percentage for 2021 (li			.,,		15	97.01 %	
	Public support percentage from 2020					16	97.89 %	
	tion D. Computation of Inves		•	(2)			10	
	Investment income percentage for 20					17	<u>.48 %</u> .26 %	
	Investment income percentage from 2					18		
19a	33 1/3% support tests - 2021. If the							
	more than 33 1/3%, check this box ar							
b	<b>33 1/3% support tests - 2020.</b> If the	•						
00	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organizatio	TI UIU NOT CHECK A	oox on line 14, 19a	a, or typ, check th	IS DOX AND SEE INST		(Eorm 000) 0001	
13202	2023 01-04-22 Schedule A (Form 990) 2021							

16

07170421 765826 2503650.0

<sup>2021.05070</sup> CHILDREN'S MUSEUM OF ILLI 25036501

#### CHILDREN'S MUSEUM OF ILLINOIS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

## Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

132024 01-04-21

### CHILDREN'S MUSEUM OF ILLINOIS

V. N

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion <b>I</b>	B. Type I Supporting Organizations			
				Yes	No
1	more direct <i>effect</i>	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported dization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	bried organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(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.	
Section C. Ty	pe II Supporting Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Section D. All Type III Supporting Organizations	

			res	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?	1		
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).	2		
3	By reason of the relationship described on line 2, above, 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.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗋	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (	see instruction <u>s).</u>
-----	--	---	----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Schedule A (Form 990) 2021

07170421 765826 2503650.0

18

Schedule A	(Form 990)	2021	CHILDREN'S	MUSEUM	OF	ILLINOIS	
Part V	Type III	Non-	Functionally Integrated	509(a)(3) S	uppo	orting Organizatio	ns

1	Check here if the organization satisfied the Integral Part Test as a qualifyir		lov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	1
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021 CHILDREN'S MUSEUM OF ILLINOIS
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu	ied)	
Secti	on D - Distributions		·	_	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
2	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
7					
0	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 CI	HILDREN'S MUSE	UM OF ILLIN	OIS	37-1235904 Page 8
Part VI	Supplemental Informat Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; ar (See instructions.)	tion. Provide the explanat bb, 3c, 4b, 4c, 5a, 6, 9a, 9b 2 and 3; Part IV, Section E ad Part V, Section E, lines 2	ions required by Part , 9c, 11a, 11b, and 11 , lines 1c, 2a, 2b, 3a, , 5, and 6. Also comp	II, line 10; Part II, line 17a or c; Part IV, Section B, lines 1 and 3b; Part V, line 1; Part V lete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V, al information.
	(				
132028 01-04-2	2		21		Schedule A (Form 990) 2021

2021.05070 CHILDREN'S MUSEUM OF ILLI 25036501

SCHEDULE D	)
------------	---

# **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.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 37 - 1235904

	CHILDREN'S MUSEUM			37-1235904
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	imilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised	d 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 hel	d in donor advised fund	
Ū	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor o			
		· · ·		
Par	impermissible private benefit? <b>t II</b> Conservation Easements. Complete if the org	agnization answord "Vos	" on Form 000 Part IV	
			5 OITFOITT 990, Fait IV,	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	ation or education)	1	prically important land area
	Protection of natural habitat		Preservation of a certi	ified historic structure
-	Preservation of open space	<b>.</b>		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribu	ition in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			ization during the tax
	year ►			
4	Number of states where property subject to conservation eas	sement is located 🕨 🔄		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	t holds?		Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservatio	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enf	orcing conservation eas	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements	s of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements that	at describes the
	organization's accounting for conservation easements.	Ũ		
Par		f Art, Historical Trea	asures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reve	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	If the organization received or held works of art, historical tre	asures or other similar as		· · ·
2				PIONICE
-	the following amounts required to be reported under FASB A	-		► ¢
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 990.		Schedule D (Form 990) 2021
132051	10-28-21	27		
		<u> </u>		

Sche		N'S MUSEUM					37-12	35904	l Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	r Other	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	he following that	t make si	ignificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 📃 Loan or	exchange progra	am					
b	Scholarly research	e	e 🗌 Other_							
с	Preservation for future generations									
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 of	or receive donations o	of art, historical t	reasures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiz	ation answered	"Yes" on	Form 990	, Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribu	ions or other as	sets not i	included				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
с	Beginning balance					1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow of	r custodial acco	unt liabili	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V Endowment Funds.</b> Complete							() -		
		(a) Current year	(b) Prior yea	r (c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
<b>1</b> a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr			n (a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment									
с		<u>%</u>								
2-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	tion that are had	d and administry	ad for th		tion			
Ja		ssion of the organiza	allon that are her			ie organiza		Г	Yes	No
	by: (i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the	-						00		
Par	t VI Land, Buildings, and Equipm		which funds.							
	Complete if the organization answere		), Part IV, line 11	a. See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn	• •	Cost or other Isis (other)		ccumulate preciation	ed	(d) Bool	k value	Э
1a	Land			-						
	Buildings		4,	413,755.	1,5	554,73	12.	2,859	9,04	43.
	Leasehold improvements		,	·					-	
	Equipment			23,967.		19,24	48.	4	1,71	19.
	Other		2,	060,022.	1,0	095,42			1,60	
	. Add lines 1a through 1e. (Column (d) must e					- 		3,828		
		· · · · · · · · · · · · · · · · · · ·								

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 CHILDREN'S	MUSEUM OF ILL	INOIS	37-1235904 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of Security or Category (including name of security)	(b) Book value	(c) Method of Valuatio	on: Cost or end-of-year market value
(1) Financial derivatives			
<ul><li>(2) Closely held equity interests</li><li>(3) Other</li></ul>			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	•		
Part VIII Investments - Program Related.	" on Form 000 Port IV line	11a Cas Form 000 Dart V	line 10
Complete if the organization answered "Yes (a) Description of investment	(b) Book value		nine 13. on: Cost or end-of-year market value
	(b) BOOK value		on cost of end-or-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		e 11d. See Form 990, Part X	
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11e or 11f. See Form 990,	Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SBA LOAN			150,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lii			
2. Liability for uncertain tax positions. In Part XIII, provid		-	
organization's liability for uncertain tax positions unde	ы газь азь 740. Uneck h	iere il trie text of the foothot	e nas been provided in Part XIII 🕰

132053 10-28-21

OULIC	edule D (Form 990) 2021 CHILDREN'S MUSEUM OF IL	LINOIS		37-12	235904 I	- <sub>age</sub> <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	865,7	/63.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-6,099.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d			13,264.			
е	Add lines <b>2a</b> through <b>2d</b>			2e		.65.
3	Subtract line 2e from line 1			3	858,5	<u> 98.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	858,5	598.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin					
1	Total expenses and losses per audited financial statements					
	Total expenses and losses per audited infancial statements			1	766,5	504.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	766,5	504.
2 a				1	766,5	504.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			766,5	504.
a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b			766,5	504.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	13,264.			
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	13,264.	1 2e	13,2	264.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	13,264.			264.
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	13,264.	2e	13,2	264.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	13,264.	2e	13,2	264.
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	13,264.	2e	13,2	264.
a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	13,264.	2e	<u>13,2</u> 753,2	<u>864.</u> 840.
a b c 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	13,264.	2e 3	13,2	<u>864.</u> 840.

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 X, LINE 2:

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIED FOR

THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS

BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER

30

SECTION 509 (A)(2).

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES

# PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### DIRECT FUNDRAISING EVENT EXPENSES

132054 10-28-21

Schedule D (Form 990) 2021

13,264.

13,264.

		(Form	990)	2021
l	>/1	•		

Part XIII	Supplemental Information	(continued)
		Schedule D (Form 990) 2021

SCHEDULE G (Form 990)Supplemental Information Regarding Fundraising or Gaming ActivitiesComplete 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.						ities	OMB No. 1545-0047	
						r 19,	or if the	2021
Department of the Treasury		Attach to Form 990		Open to Public				
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		N'S MUSEUM OF ILLI	NOIS	5			Employer id 37-1235	entification number 5904
		Complete if the organization answe			n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
· · · · · · · · · · · · · · · · · · ·		 ed funds through any of the followin	g activ	vities.	Check all that apply.			
a 📃 Mail solicitat				•	overnment grants			
	email solicitations				nment grants			
c Phone solici		g [] Special	lunura	asing	events			
•		or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with p			U U	_	Ye	
<b>b</b> If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	ne fur	ndraiser is to b	e
			(iii) fundr	Did		(v)	Amount paid	(ui) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity		or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

132081 10-21-21

 Schedule G (Form 990) 2021
 CHILDREN'S MUSEUM OF ILLINOIS
 37-1235904
 Page 2

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributio , ¢5 000

	of fundraising event contributions and gro		,	•	T S greater than \$5,000.
		(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
		DUCK DERBY	ADULT NIGHT	NONE	(add col. (a) through
		(event type)	(event type)	(total number)	– col. <b>(c)</b> )
1	Gross receipts	42,958.	1,612,		44,570
2	Less: Contributions	34,653.			34,653
3	Gross income (line 1 minus line 2)	8,305.	1,612.		9,917
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages	12,584.			12,584
8	Entertainment				
					680.
10			•	•	13,264
				•	-3,347
		(a) Bingo	bingo/progressive bingo	(C) Other gaming	col. (a) through col. (c
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
		Yes%	Yes %	└── Yes % └── No	
6	Volunteer labor	No No			
	Volunteer labor Direct expense summary. Add lines 2 through			▶	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
7 8	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	n 5 in column (d)			
7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	n 5 in column (d) from line 1, column (d) ucts gaming activities:		►	Yes No
7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	n 5 in column (d) <u>7 from line 1, column (d)</u> ucts gaming activities: ctivities in each of these	states?	►	YesN
7 Ent Is t If "I	Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	n 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	<b>&gt;</b>	
7 Ent Is t If "I We	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming ad	n 5 in column (d) <i>f</i> from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	<b>&gt;</b>	
7 Ent Is t If "I We	Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain: ere any of the organization's gaming licenses re	n 5 in column (d) <i>f</i> from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	<b>&gt;</b>	
r	3 4 5 6 7 8 9 10 11 1 2 3 4	<ul> <li>2 Less: Contributions</li> <li>3 Gross income (line 1 minus line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary. Add lines 4 through</li> <li>11 Net income summary. Subtract line 10 from 1</li> <li>11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>	1       Gross receipts       42,958.         2       Less: Contributions       34,653.         3       Gross income (line 1 minus line 2)       8,305.         4       Cash prizes       5         5       Noncash prizes       12,584.         6       Rent/facility costs       12,584.         7       Food and beverages       12,584.         8       Entertainment       680.         10       Direct expenses summary. Add lines 4 through 9 in column (d)       111         11       Net direct expenses       680.         10       Direct expense summary. Subtract line 10 from line 3, column (d)       111         11       Intercome summary. Subtract line 10 from line 3, column (d)       111         11       Intercome summary. Subtract line 10 from line 3, column (d)       111         11       Intercome summary. Subtract line 10 from line 3, column (d)       111         11       Intercome summary. Subtract line 6a.       (a) Bingo         1       Gross revenue       2         2       Cash prizes       3         3       Noncash prizes       4         4       Rent/facility costs       5         5       Other direct expenses       9	DUCK DERBY       ADUL/T NIGHT         (event type)       (event type)         1 Gross receipts       42,958.       1,612.         2 Less: Contributions       34,653.         3 Gross income (line 1 minus line 2)       8,305.       1,612.         4 Cash prizes       5         5 Noncash prizes       12,584.         6 Rent/facility costs       12,584.         7 Food and beverages       12,584.         8 Entertainment       680.         9 Other direct expenses       680.         10 Direct expenses summary. Add lines 4 through 9 in column (d)       11 Net income summary. Subtract line 10 from line 3, column (d)         11 Net income summary. Subtract line 10 from line 3, column (d)       11 Net income summary. Subtract line 6a.         (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo         1 Gross revenue       (a) Bingo         2 Cash prizes       3         3 Noncash prizes       4         4 Rent/facility costs       4         5 Other direct expenses       9         4 Rent/facility costs       4         5 Other direct expenses       9         5 Other direct expenses       9         6 Other direct expenses       9	DUCK       DERBY       ADULT       NIGHT         (event type)       (event type)       (total number)         1       Gross receipts       42,958.       1,612.         2       Less: Contributions       34,653.

Sch	edule G (Form 990) 2021	CHILDREN'S MUSEUM OF ILLINOIS 37	7-123590	4 Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	Yes	s 🗌 No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed		
			Yes	No 📃 No
	Indicate the percentage of gaming			
				%
			13b	%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:		
	Name			
	Address 🕨			
15a	Does the organization have a cont	tract with a third party from whom the organization receives gaming revenue?	Yes	5 🗌 No
b	If "Yes," enter the amount of gami	ing revenue received by the organization ▶ \$ and the amount		
		e third party ▶\$		
с	If "Yes," enter name and address	of the third party:		
	Name 🕨			
	Address			
16	Gaming manager information:			
10	Gaming manager information.			
	Name			
	Gaming manager compensation	► \$		
	Description of services provided	·		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
		state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	s 🗌 No
b	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in the	e	
_	organization's own exempt activiti			
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.		
_				
13208	33 10-21-21		hedule G (Fori	m 990) 2021
		34		

07170421 765826 2503650.0

Schedule G	G (Form	990)

Part IV	Supplemental Information	<b>n</b> (continued)		
132084 11-18-	21			Schedule G (Form 990)

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

CHILDREN'S MUSEUM OF ILLINOIS

Employer identification number 37 - 1235904

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

FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM. ONCE COMPLETED, A COPY IS

PROVIDED TO THE PRESIDENT & CEO WHO IN TURN MAKES IT AVAILABLE FOR THE

BOARD TO REVIEW BEFORE FILING. ANY QUESTIONS OR COMMENTS CAN BE DIRECTED

TO THE PRESIDENT & CEO OR TO THE OUTSIDE CPA FIRM DIRECTLY. ONLY AFTER IT

HAS BEEN MADE AVAILABLE TO THE BOARD MEMBERS IS THE FORM 990 FILED WITH THE PROPER AUTHORITIES.

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

EACH DIRECTOR, PRINCIPAL OFFICER, AND COMMITTEE MEMBER MUST ANNUALLY SIGN A STATEMENT INDICATION THAT THEY ARE NOT A PARTY WITH A CONFLICT OF INTEREST. PERIODIC REVIEWS ARE ALSO DONE BY THE MUSEUM TO ENSURE COMPLIANCE WITH THIS POLICY.

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

THE BOARD APPROVES THE SALARY AND ALL SALARY ADJUSTMENTS OF THE PRESIDENT & CEO. A NUMBER OF FACTORS GO INTO THEIR SALARY DECISIONS, BUT ALL CHANGES ARE VOTED ON AND APPROVED BY THE BOARD MEMBERS. SALARY ADJUSTMENTS FOR EMPLOYEES OTHER THAN THE PRESIDENT & CEO ARE DECIDED ON BY THE PRESIDENT & CEO. THE PRESIDENT & CEO IS GIVEN A MAXIMUM ADJUSTMENT %, APPROVED BY THE BOARD, AND THEN THE PRESIDENT & CEO HAS THE AUTHORITY TO DETERMINE THE ACTUAL PERCENTAGE CHANGE THAT WILL BE APPLIED TO EACH EMPLOYEE, NOT TO EXCEED THE MAXIMUM % APPROVED BY THE BOARD MEMBERS.

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

 GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 C

36

Schedule O (Form 990) 2021 Name of the organization	Employer identification number
CHILDREN'S MUSEUM OF ILLINOIS	37-1235904
EQUEST AT THE MUSEUM'S OFFICE.	
	Schedule O (Form 990) 20