Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2022 Open to Public

A F	or the	lpha 2021 calendar year, or tax year beginning $$ JUL $$ $$ 1 , $$ $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ and ending	<u>JUN 3</u>	0, 2022			
B (Check if opplicable	C Name of organization	D Em	ployer identifi	cation number		
Г	Addre	MUSEUM OF INNOVATION AND SCIENCE					
X	Name chang	MIGGI	1	4-12754	32		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		ephone numbe			
	□Final return		5	518-382-			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gros	ss receipts \$	4,205,050.		
L	Amen return	SCHENECIADI, NI 12300-3190	H(a) Is	s this a group re			
	Application pendi		I	or subordinates			
		SAME AS C ABOVE			icluded? Yes No		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or			list. See instructions		
		te: WWW.SCHENECTADYMUSEUM.ORG		Group exemptio			
			Year of format	tion: 1934 N	A State of legal domicile; NY		
P	art I	Summary	3 T3T 3	COLEMOR	7 NTD		
ě	1	Briefly describe the organization's mission or most significant activities: TO MAINT					
anc		TECHNOLOGY MUSEUM WHERE ALL OF OUR EXHIBITS,					
Governance	2	Check this box if the organization discontinued its operations or disposed of n		1	sets.		
õ	3	Number of voting members of the governing body (Part VI, line 1a)			12		
જ	I -	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2021 (Part V, line 2a)			23		
ties		Total number of individuals employed in calendar year 2021 (Fart v, line 2a) Total number of volunteers (estimate if necessary)			4		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
	Ť	The difference business taxable from the first of the second first tax is first taxable from the first taxable fro		or Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		71,058.	2,545,927.		
Revenue	l	Program service revenue (Part VIII, line 2g)	,	59,134.	415,642.		
š	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,617.	14,913.		
æ	I .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	43,684.	21,116.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		95,125.	2,997,598.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4	83,256.	782,711.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
g	b	Total fundraising expenses (Part IX, column (D), line 25) 88,968.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,029.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		30,285.	1,459,489.		
	19	Revenue less expenses. Subtract line 18 from line 12	3	64,840.	1,538,109.		
Net Assets or				of Current Year	End of Year		
ssets	20	Total assets (Part X, line 16)		31,782.	4,989,473.		
at As	21	Total liabilities (Part X, line 26)		297,107.	500,512.		
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20	3,2	34,675.	4,488,961.		
	art II	Signature Block		4- 4b- b4 -f	. Ialadaa aad baliaf itia		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		-	knowledge and belief, it is		
uue,	, correc	t, and complete. Declaration of pleaarer (other than officer) is based on all information of which prep	iaiti iias aiiy i		2023		
Cia:	_	Signature of officer		Date	0002		
Sig:		GINA GOULD, PRESIDENT					
Hei	•	Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN		
Paid	I	KEVIN TESTO KEVIN TESTO	01/23	3/23 if self-employ			
	arer	Firm's name BONADIO & CO., LLP	1		16-1131146		
-	Only	Firm's address 6 WEMBLEY CT		5 2.111			
	•	ALBANY, NY 12205		Phone no. (5	18) 464-4080		
Max	tho II	29 discuss this return with the preparer shown above? See instructions		,	X Ves No		

		-1275432	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> X</u>
1	Briefly describe the organization's mission:		
	TO INSPIRE A SENSE OF WONDER ABOUT EXTRAORDINARY SCIENTIFIC	AND	
	TECHNOLOGICAL DEVELOPMENTS: PAST, PRESENT AND FUTURE.		
	THE MUSEUM FULFILLS THIS MISSION BY PRESERVING AND INTERPRET		
	HISTORY OF TECHNOLOGICAL CHANGE AND ITS IMPACT ON SOCIETY AN	<u>ID CULTURE</u>	<u> </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?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t	otal expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$		592 .)
	MUSEUM PROGRAMS INCLUDE A PLANETARIUM; EDUCATION PROGRAMS IN		
	GUIDED TOURS AND CONTINUING PROGRAMS FOR ADULTS AND YOUNG PE		
	MUSEUM DEVOTED TO THE SUBJECTS OF SCIENCE, INDUSTRY, TECHNOL	JOGY AND	
	HISTORY.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
	-		
	Other and the Control of Control		
4d	Other program services (Describe on Schedule O.)		
A :-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 760,710.)	
<u>4e</u>	Total program service expenses ► /60, /10.	Earm Qf	90 (2021)
		FOILI O	- - (∠∪∠ I)

Part IV Checklist of Required Schedules

			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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	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,	_ <u> </u>		
•	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? <i>If</i> "Yes," <i>complete</i>			1
0	, ,	8	Х	
_	Schedule D, Part III	<u> </u>	- 21	
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?			.
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		X
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		X
h	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_ v
	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,			37
	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	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

14-1275432 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 13 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

132004 12-09-21

(gambling) winnings to prize winners?

021) MUSEUM OF INNOVATION AND SCIENCE
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v			
5a	J 1 7 1	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C -		X			
L	any contributions that were not tax deductible as charitable contributions?	6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5					
·	to file Form 8282?	7с		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year	10					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	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?						
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a					
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	เงล					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
J	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes." complete Form 6069.						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	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.			
12a	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	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole
. =	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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			
	GINA GOULD - 518-382-7890			
	15 NOTT TERRACE HEIGHTS, SCHENECTADY, NY 12308			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 organizati		Jiya	ııı∠a			ipei	sait					
(A)	(B)			ر) Pos	C) itior	1		(D)	(E)	(F)		
Name and title	Average		(do not check more box, unless person					Reportable compensation	Reportable compensation	Estimated amount of		
	hours per week					s botr or/trus		from	from related	other		
	(list any	tor						the	organizations	compensation		
	hours for	direc				D.		organization	(W-2/1099-MISC/	from the		
	related	ee or	stee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization		
	organizations	Individual trustee or director	Institutional trustee		oyee	om pe		1099-NEC)	,	and related		
	below	/idua	tution	Je.	Key employee	est c loyee	ner			organizations		
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
(1) GINA GOULD	40.00											
PRESIDENT	1.00			Х				109,649.	0.	7,358.		
(2) NEIL GOLUB	0.75											
CHAIR	0.25	Х		Х				0.	0.	0.		
(3) MICHELLE BENNETT	0.75											
VICE PRESIDENT	0.25	Х		Х	L			0.	0.	0.		
(4) PAUL HOUPT, PH.D.	0.75											
SECRETARY	0.25	Х		Х				0.	0.	0.		
(5) WILLIAM FAUBION	0.75											
TREASURER	0.25	Х		Х				0.	0.	0.		
(6) MARSHALL G. JONES, PH.D.	0.75											
TRUSTEE	0.25	Х						0.	0.	0.		
(7) BRADLEY G. LEWIS, PH.D.	0.75											
TRUSTEE	0.25	Х						0.	0.	0.		
(8) JOHN POLIMENI, PH.D.	0.75											
TRUSTEE	0.25	Х						0.	0.	0.		
(9) ALAN EVANS	0.75											
TRUSTEE	0.25	Х						0.	0.	0.		
(10) EARL REDDING	0.75											
TRUSTEE	0.25	Х						0.	0.	0.		
(11) JOE SALINETTI	0.75								-	-		
TRUSTEE	0.25	Х						0.	0.	0.		
(12) ROBERT SCHWARTZ	0.75											
TRUSTEE	0.25	х						0.	0.	0.		
(13) WILLIAM SWEET	0.75	† <u></u>						1				
TRUSTEE	0.25	х						0.	0.	0.		
	1 0.23									ļ .		
		1										
		1										
		1										
		1										
		1		L		L		1	l	000		

132007 12-09-21 Form **990** (2021)

Form 990 (2021) MUSEUM O	F INNOVA	TI	ON	Α	ND	S	CI	ENCE	14-12	¹ 543	2	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	erage rs per (do n box, office		Position (do not check more than one box, unless person is both an officer and a director/trustee)			n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of er
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	ompen from organiz and rel rganiza	the ation ated
										_		
		-								-		
		-										
		-								_		
										_		
										+		
1b Subtotal c Total from continuation sheets to Part V							>	109,649.	().		358. 0.
d Total (add lines 1b and 1c)							<u> </u>	109,649.).	7,	358.
Total number of individuals (including but recompensation from the organization	not limited to th	ose I	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		Ye	1 s No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportabl 0,000? <i>If</i> "Yes,	e coi " <i>coi</i>	mpe mple	ensat ete S	tion Sche	and and	oth	ner compensation from toor such individual	he organization			Х
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> Section B. Independent Contractors										5	,	Х
Complete this table for your five highest co	mpensated inc	leper	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	nsation	from	
the organization. Report compensation for (A)					ith c	or wi	thin	(B)			(C)	
Name and business	address	NC	ONE	<u> </u>				Description of s	services	Com	pensat	tion
2 Total number of independent contractors (•	ot lim	nited	l to t	thos		ted	above) who received me	ore than			
\$100,000 of compensation from the organ	Zalivii 🚩				·	•						

Form 990 (2021) MUSEUM
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	or note to any line	e in this Part VIII			
		Officer if Schedule O contains a response of	n note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
ìra our	k	Membership dues 1b	38,942.				
s, C	C	Fundraising events1c	46,106.				
ar /	c	Related organizations 1d					
s, (mil	6	Government grants (contributions)	832,660.				
ion	f	All other contributions, gifts, grants, and					
out the		similar amounts not included above	1,628,219.				
Öİİ		Noncash contributions included in lines 1a-1f	1,015,520.				
Sor	ŀ	Total. Add lines 1a-1f	•	2,545,927.			
			Business Code	, ,			
•	2 8	PROGRAMS AND ARCHIVES	900099	300,954.	300,954.		
vice	Ł	171/174770174	114,688.	114,688.			
ser iue	,		900099	,	,		
m S							
gra Re							
Program Service Revenue	•						
т.		All other program service revenue		415 640			
		Total. Add lines 2a-2f		415,642.			
	3	Investment income (including dividends, interes		12 724			12 724
	_	other similar amounts)		13,734.			13,734.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 33,537.					
	k	Less: rental expenses 6b 0.					
	c	Rental income or (loss) 6c 33,537.					
	c	Net rental income or (loss)		33,537.			33,537.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,158,864.					
	k	Less: cost or other basis					
e		and sales expenses 7b 1,157,685.					
enı		Gain or (loss) 7c 1,179.					
Revenue		Net gain or (loss)	•	1,179.			1,179.
erF		Gross income from fundraising events (not		·			·
Other I		including \$ 46,106. of					
•		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
		Less: direct expenses 8b	30,471.				
		Net income or (loss) from fundraising events	,=	-30,471.			-30,471.
		Gross income from gaming activities. See		, -			, -
	5.6	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 2	•	18,082.				
		and allowances 10a Less: cost of goods sold 10b	19,296.				
		Net income or (loss) from sales of inventory		-1,214.	-1,214.		
			Business Code				
ns	11 -	MISCELLANEOUS	221000	19,264.	19,264.		
Jeo Jue	ıı a						
ilar							
Miscellaneous Revenue		All other revenue					
Ξ		Total. Add lines 11a-11d		19,264.			
	12	Total revenue. See instructions		2,997,598.	433,692.	0.	17,979.
				, , , , , , , ,	,•		

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 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 foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 87,755. 117,007. 17,551. 11,701. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 578,431. 428,641. 92,637. 57,153. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,873. 28,732. 21,549. 4,310. Other employee benefits 9 58,541. 43,906. 8,781. 5,854. 10 Payroll taxes 11 Fees for services (nonemployees): 9,091. 9,091. Management 1,252. 1,252. Legal 126,315. 126,315. Accounting Lobbying Professional fundraising services. See Part IV, line 17 14,082. 14,082. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 34,964. 34,964 column (A), amount, list line 11g expenses on Sch O.) 8,313. 33,253. 24,940. Advertising and promotion 12 Office expenses 13 56,179. 56,179. Information technology 14 15 Royalties 148,243. 46,103. 99,066. 3,074. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 400. 400. Conferences, conventions, and meetings 19 3. 3. 20 Payments to affiliates 21 103,647. 10,365. 93,282. Depreciation, depletion, and amortization 22 37,153. 37,153. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 69,164. 69,164. PROGRAM SERVICE EXHIBIT PROGRAM SERVICES OTHER 28,284. 28,284. 13,044. SUPPLIES 13,044. 1,704. 1,704. d LEASES e All other expenses 1,459,489. 760,710. 609,811. 88,968. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

t X	Balance Sheet					
	Check if Schedule O contains a response or n	ote to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			601,879.	1	1,006,212.
2					2	
3				4,000.	3	0.
4				22,124.	4	42,266.
5						
	trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
	controlled entity or family member of any of th	ese persor	ns		5	
6	Loans and other receivables from other disqua					
	under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			2,446.	8	4,774. 83,489.
9	Prepaid expenses and deferred charges			159,552.	9	83,489.
10a						
	basis. Complete Part VI of Schedule D	. 10a	4,510,072.			
b	Less: accumulated depreciation	1,718,272.	10c	2,117,588. 1,735,143.		
11			1,023,508.	11	1,735,143.	
12			12			
13				13		
14						
15						1.000.473
16				3,531,782.		4,989,473.
			l l	61,3/6.		89,999.
		64 021		/10 F12		
				04,931.		410,513.
	•				21	
22						
					00	
00				0		0.
				0.		0.
	· ·	-			24	
25						
	40.1.1.5			170.800.	25	0.
26						500,512.
		neck here	► X			
27				1,655,971.	27	3,051,692.
28	***************************************			1,578,704.	28	1,437,269.
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current fund	ls			29	
30					30	
31					31	
32			3,234,675.	32	4,488,961.	
	Total liabilities and net assets/fund balances		· -	3,531,782.	33	4,989,473.
	2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of the Loans and other receivables from other disque under section 4958(f)(1)), and persons describ 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must edited as a country labeled and accrued expenses 18 Grants payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, sub controlled entity or family member of any of the Secured mortgages and notes payable to unrelated Unsecured notes and loans payab	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these persor Loans and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in section Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 10b 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 11 Intangible assets 13 Other assets. Add lines 1 through 15 (must equal line 33 17 Accounts payable and accrued expenses 18 Grants payable 20 Escrow or custodial account liability. Complete Part IV of 22 Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these persor 23 Secured mortgages and notes payable to unrelated third payables on the secured of the secured of the parties, and other liabilities not included on lines 17:24), of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 12 Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 12 Capital stock or trust principal, or current funds Patiens and earnings, endowment, accumulated income, or	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 13 Secured mortgages and notes payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties 16 Other liabilities, Add lines 17 through 25 17 Organizations that follow FASB ASC 958, check here 18 Organizations that follow FASB ASC 958, check here 19 Total liabilities. Add lines 17 through 25 18 Organizations that do not follow FASB ASC 958, check here 20 Tay-exemption that donor restrictions 21 Organizations that do not follow FASB ASC 958	Cash - non-interest-bearing 601, 879.	Cash - non-interest-bearing 601,879 1

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	2	,99	7,5	98.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 45	9,4	89.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	, 53	8,1	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	, 23	4,6	75.
5	Net unrealized gains (losses) on investments	5		-29	7,7	84.
6	Donated services and use of facilities	6		1	3,9	61.
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	, 48	8,9	61.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	. [
	consolidated basis, or both:					
	Separate basis X 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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		[2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	o. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization MUSEUM OF INNOVATION AND SCIENCE 14-1275432 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	• •	,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	690,943.	431,460.	403,672.	1262015.	1713267.	4501357.
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	690,943.	431,460.	403,672.	1262015.	1713267.	4501357.
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)						4504055
	Public support. Subtract line 5 from line 4.						4501357.
		() 0047	(1.) 0040	() 0040	(1) 0000	() 0004	(A T)
	ndar year (or fiscal year beginning in)	(a) 2017 690, 943.	(b) 2018 431,460.	(c) 2019 403,672.	(d) 2020 1262015.	(e) 2021 1713267.	(f) Total 4501357 •
	Amounts from line 4	090,943.	431,400.	403,072.	1202013.	1/13/0/-	4301337.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	42,651.	42,472.	10,536.	8,617.	13,734.	118,010.
•	and income from similar sources Net income from unrelated business	42,031.	42,472.	10,550.	0,017.	13,734.	110,010.
9							
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	207,441.	115,562.	6,652.	59,126.	52,801.	441,582.
11	Total support. Add lines 7 through 10	,	, , , , ,			, , , ,	5060949.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th					D1(c)(3)	
	organization, check this box and stop			•			
Sed	ction C. Computation of Public						
14	Public support percentage for 2021 (li	ne 6, column (f), d	vided by line 11, c	column (f))		14	88.94 %
15	Public support percentage from 2020	Schedule A, Part	I, line 14			15	80.87 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2020. If the o	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	_	•	*	-		
b	10% -facts-and-circumstances test	· ·				•	10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu		-				>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar	nd see instructions	········ P

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.)

Se	ction A. Public Support	siow, piease comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						V
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1) = 2 · ·	, , , , , , , , , , , , , , , , , , ,	(2)	(4) = = =	(2,7===	(),
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	. —
Se	check this box and stop here ction C. Computation of Publi	c Support Par	rcentage				P
	•			l (f))		45	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
	•			ino 13 column (f)\		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, chece Private foundation. If the organization						
/()	ELIVATE TOURGATION. IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check fr	us dox and see in:	SILLICHOUS	■

Van Na

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.)

	162	NO
1		
-		
_		
2		
За		
3b		
35		
3с		
1-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
35		
9c		
10a		
10b		<u> </u>

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family 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			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
IJ	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A	(Form 990)	2021	MUSEUM	OF	INNOVATION	AND	SCIENCE
Part V	Type III	l Non-Functi	onally Integ	rate	d 509(a)(3) Suppo	orting	Organizations
$\overline{}$							

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
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				
c	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				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Pai	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(contine}	ued)			
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer	Amounts paid to supported organizations to accomplish exempt purposes					
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	es of supported organizations	3	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					
	(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			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) 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						
h	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: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
				90	hedule A (Form 990) 202		

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

MUSEUM OF INNOVATION AND SCIENCE

Employer identification number

14-1275432

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Page 2

Name of organization Employer identification number

MUSEUM OF INNOVATION AND SCIENCE

14-1275432

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201	\$ <u>206,346.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GOLUB FOUNDATION 461 NOTT STREET SCHENECTADY, NY 12308	\$ <u>1,015,520.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. SMALL BUSINESS ASSOCIATION 409 3RD STREET WASHINGTON, DC 20416	\$ 626,314.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 DORMITORY AUTHORITY OF THE STATE OF NEW YORK 515 BROADWAY ALBANY, NY 12207	Total contributions \$ 485,598.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MUSEUM OF INNOVATION AND SCIENCE

14-1275432

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	INVESTMENTS		
2			
		\$ <u>1,015,520.</u>	12/23/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
123453 11-11-		\$	Schedule R (Form 990) (2021)

Name of organization Employer identification number

	OF INNOVATION AND SCIE	ENCE		14-1275432
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) > \$
/) N	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization MUSEUM OF INNOVATION AND SCIENCE **Employer identification number** 14-1275432

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Ad	counts. Complete if the
	Organization driented (150 or) or other observations	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dono	or advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	ırpose conferr	ing
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at	•		
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	zation during the tax
_	year >			
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the periodic r		· ·	Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcin	ig conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	neonyation oa	coments during the year
′	\$\\$\$ \$\$ \$\$	ing of violations, and emorcing co	i isei valioi i ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservatio			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o imanolar t		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue state	ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or researc	ch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	·
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fi	inancial gain, _l	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

laintaining Collections of Art, Historical Treasures, or Other Similar Assets	(continued)	
uisition, accession, and other records, check any of the following that make significant use of its		
at apply):		

Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, o	Other S	Similar	Assets	(contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	X Public exhibition	d	X Loan or exc	hange progra	ım					
b	X Scholarly research	е								
С	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes	X	No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par		3				,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	arv for contributions	s or other ass	ets not inc	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									,
			- · · · · · · · · · · · · · · · · · · ·					Amount	:	
С	Beginning balance					1c				
q	Additions during the year					1d				
e						1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				•	•		_ 103]
	rt V Endowment Funds. Complete it	the organization an	swered "Yes" on Fo	orm 990 Part	IV line 10					1
	Sompleto II	(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	vears	hack
1a	Beginning of year balance	1,578,704.	1,504,116.	 	7,083.		55,847.			
			312,353.	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	,	,	
b		-141,435.	37,235.	†	7,033.		21,236.	-4,986		986
ر م	Net investment earnings, gains, and losses	111,133.	37,233.		,033.		21,230.	1,		
d										
е			275,000.					_	414,	171
	and programs		275,000.						,	<u> </u>
f	Administrative expenses	1,437,269.	1 570 704	1 50/	1 116	1 /	77 002	083. 1,455,		0 4 7
g	End of year balance	•	1,578,704.		1,116.	1,4	77,083.	,	433,	047.
2	Provide the estimated percentage of the curre	ent year end balance)) neid as:						
а	Board designated or quasi-endowment		_%							
b		%								
С		% 								
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administer	ed for the	organiza	ition	Г	V	NI -
	by:								Yes	NO
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizate							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pai	rt VI Land, Buildings, and Equipm		D . W. F. 44 0		5	40				
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990						
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value									
		basis (investm	,	(other)	depr	eciation				
1a	Land			8,039.	4 4	50 5			3,03	
b	•		3,08	8,161.	1,86	68,38	34.	1,219	9,77	<u>/ </u>
С	1									
d	Equipment		99	3,072.	52	24,10	00.	468	3,97	<u>/2.</u>

Schedule D (Form 990) 2021

60,800.

2,117,588.

e Other

60,800.

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

		NNOVATION AND	SCIENCE	14-1275432 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	_		
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	1)			
Dart VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
rait VIII	Complete if the organization answered "Yes"	on Form 000 Port IV line:	110 Coo Form 000 Bort V line 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or and of year market value
(4)	(a) Description of investment	(b) Book value	(c) Welfilod of Valuation. Cost of	or end-or-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		. ▶
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	
1.	(a) Description of liability			(b) Book value
(1) Fed	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(0)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

(9)

Pai	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn.		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements		1		
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b	Donat	ted services and use of facilities	2b			
С	Recov	veries of prior year grants	2c			
d		(Describe in Part XIII.)				
е	Add li	nes 2a through 2d		2e		
3	Subtra	act line 2e from line 1		3		
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b		4c		
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5		
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per F	Return.		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T T		
1		expenses and losses per audited financial statements		1		
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а		ted services and use of facilities	2a	-		
b	Prior y	year adjustments	2b	-		
С		losses	2c	-		
d	Other	(Describe in Part XIII.)	2d			
е		nes 2a through 2d		2e		
3	Subtra	act line 2e from line 1		3		
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		tment expenses not included on Form 990, Part VIII, line 7b		-		
b		(Describe in Part XIII.)	4b			
С		nes 4a and 4b		4c		
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		; Part X, line 2; Part XI,		
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.			
ד גרם	от т	TT ITNID 13.				
PAI	KT I	II, LINE 1A:				
COT	TEC	T ONG				
COI	יהפר	TIONS				
mui	. WITT	CEITMC'C COLLECTIONS ARE MARE IID OF ARMIT	ZACMC OF HICMODI	CAT		
LUI	r MO	SEUMS'S COLLECTIONS ARE MADE UP OF ARTIE	ACTS OF HISTORI	CAL,		
ατττ	מזזח	AL, OR SCIENTIFIC SIGNIFICANCE THAT ARE	מבוט בטם בטווכאש	T ON A T		
C01	TIOK	AL, OR SCIENTIFIC SIGNIFICANCE THAT ARE	HELD FOR EDUCAL	TONAL,		
DEG	ם גים ב	CH CCTENMIETC OF CUDAMORIAL DURDOCEC		MC TC		
KE;	DEAR	CH, SCIENTIFIC, OR CURATORIAL PURPOSES.	EACH OF THE ITE	MD ID		
~ 7 F	n 7 T 🔿	GED DEGERIZED AND GARED EOD AND AGET	TENTER TENTENTAR	MITETO		
CA.	LALO	GED, PRESERVED, AND CARED FOR, AND ACTIV	/ITIES VERIFYING	THEIK		
T3 32 3	comp	NOE AND ACCECUTION MILETO CONDITION ADE DI	EDEODMED COMMINI	OHOLV MIE		
ĊΧ.	L D.T.E.	NCE AND ASSESSING THEIR CONDITION ARE PR	REOKMED CONTINU	OUSLY. THE		
COLLEGIIONG ADE GUDTEGII IIO A DOLLOW HUAR DEGULDEG DROGEERG EROM EVELD						
COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR						
SALES TO BE USED FOR THE IMPROVEMENT AND MAINTENANCE OF EXISTING						
οAI	TES	TO DE USED FOR THE IMPROVEMENT AND MAIN!	LEMANCE OF EXIST	TING		
~^1	TEC	TONG				
しい	الابد	TIONS.				

IN ACCORDANCE WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, THE VALUE

132054 10-28-21

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

	OF INNOVATION AND	SCIE	<u>inci</u>	Ξ	14-1275	432
Part I Fundraising Activities. required to complete this part	Complete if the organization answit.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			•			
List all states in which the organizatio or licensing.			utions	or has been notified	it is exempt from re	gistration

132081 10-21-21

Schedule G (Form 990) 2021

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
		ANNUAL GALA			col. (c))	
		(event type)	(event type)	(total number)	33(0)/	
1	Gross receipts	46,106.			46,106.	
2	Less: Contributions	46,106.			46,106.	
3	Gross income (line 1 minus line 2)					
4	Cash prizes					
5	Noncash prizes					
6	Rent/facility costs					
7	Food and beverages					
8	Entertainment					
9		30,471.			30,471.	
10		•		>	30,471.	
11	Net income summary. Subtract line 10 from I			_	-30,471.	
rt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than		
	\$15,000 on Form 990-EZ, line 6a.		· · · · · · · · · · · · · · · · · · ·		T	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
1	Gross revenue					
2	Cash prizes					
2						
3	Noncash prizes					
	Noncash prizes Rent/facility costs					
4						
4	Rent/facility costs	Yes %	Yes %	Yes %		
4 5	Rent/facility costs	Yes% No	Yes%	Yes% No		
4 5 6	Rent/facility costs Other direct expenses	No No		No No		
4 <u>5</u> 6	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No S in column (d)	No No	No▶		
4 <u>5</u> 6	Rent/facility costs Other direct expenses Volunteer labor	No S in column (d)	No No	No▶		
4 5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No n 5 in column (d) from line 1, column (d) ucts gaming activities:	No	No		
4 5 6 7 8 Entils t	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No States?	No	Yes No	
4 5 6 7 8 Ent ls t	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and No," explain:	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No States?	No ►		
4 5 6 7 8 Ent ls t lf " We	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these servoked, suspended, or te	states?	No ►		
	2 3 4 5 6 7 8 9 10 11 1	4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 11 Net income summary. Subtract line 10 from letter in the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes	1 Gross receipts 46,106. 2 Less: Contributions 46,106. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 30,471. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 III Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo	1 Gross receipts 46,106. 2 Less: Contributions 46,106. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses ummary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or r \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo	1 Gross receipts 46,106. 2 Less: Contributions 46,106. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 30,471. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming	

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 MUSEUM OF INNOVATION AND SCIENCE	14-12/5432 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	ره ا مدا
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	he amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
on 166, onto hand address of the time party.	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
<u> </u>	
Description of services provided	
Description of services provided -	
111 	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
•	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ v □ u.
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

83 10-21-21 Schedule G (Form 990) 2021

Schedule G	G (Form 990)	MUSEUM OF	' INNOVATION	AND SCIENCE	14-1275432	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (continue	d)			
		Continue	u)			
-						
-						
-						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization MUSEUM OF INNOVATION AND SCIENCE Employer identification number 14-1275432

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	1,015,520.	FAIR MARKET	VAI	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
44	Qualified conservation contribution - Other							
14	Real estate - Residential							
15 16								
16 17	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	zotion during	the tax year for a	antributions				
23	for which the organization completed Form 82							
	for which the organization completed Form 62	oo, Fait V, L	onee Acknowledg	ement 29			Yes	No
202	During the year, did the organization receive by	, contributio	n any proporty rop	orted in Part Llines 1 throug	sh 28 that it		163	NO
Sua			*	· · · · · · · · · · · · · · · · · · ·				
	must hold for at least three years from the date exempt purposes for the entire holding period?					30a		Х
_		·				30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	action that re	auiros tha ravious	of any populandard contribut	iono?	04	х	
31					ions?	31		
	Does the organization hire or use third parties contributions?		•	•		32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

132142 11-17-21 Schedule M (Form 990) 2021

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MUSEUM OF INNOVATION AND SCIENCE

Employer identification number 14-1275432

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ARE DESIGNED WITH OUR MISSION IN MIND: TO INSPIRE A SENSE OF WONDER
ABOUT EXTRAORDINARY SCIENTIFIC AND TECHNOLOGICAL DEVELOPMENTS: PAST,
PRESENT, AND FUTURE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BEGININNING IN THE 19TH CENTURY. WE EXPLORE THE CREATIVE PROCESS AND
HUMAN SPIRIT THAT INSPIRES DISCOVERY AND INVENTION, AND IMAGINE WHAT IS
YET TO BE.
FORM 990, PART VI, SECTION A, LINE 6:
THE MUSEUM HAS DUES PAYING MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT 990 IS FIRST REVIEWED IN DETAIL BY THE MUSEUM'S DIRECTOR OF
FINANCE AND THE EXECUTIVE DIRECTOR. ANY CHANGES, COMMENTS AND QUESTIONS
ARE REVIEWED WITH THE TAX PREPARER. A REVISED DRAFT IS COMPLETED AND
FORWARDED TO THE FINANCE COMMITTEE, COMPRISED OF MEMBERS OF THE GOVERNING
BODY, FOR THEIR APPROVAL AND SUBMISSION TO THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
TRUSTEES SIGN A CONFLICT OF INTEREST POLICY YEARLY AND PROVIDE A SUMMARY OF
ALL DISCLOSED CONFLICTS TO THE BOARD OF TRUSTEES.

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

COMPARISON TO 2 INDUSTRY SALARY GUIDES AND THEN APPROVED BY FINANCE AND

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization MUSEUM OF INNOVATION AND SCIENCE 14-1275432 EXECUTIVE COMMITTEES. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST AND CAN ALSO BE ACCESSED AT WWW.GUIDESTAR.ORG FORM 990, PART XII, LINE 2C: NO CHANGE FROM PRIOR YEAR. FORM 990, PART IX, LINE 24A: ALL LOBBYING EXPENSES ARE REFLECTED IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES, IN THE SCIENCE CENTER PLANNING INCLUDED ON LINE 24A, AS THEY PERTAIN TO THE MUSEUM'S PLANS FOR BUILDING A NEW SCIENCE CENTER.