

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

Form sections B through M: B Check if applicable, C Name of organization (SCIENCE MUSEUM OF MINNESOTA), D Employer identification number (41-0706172), E Telephone number ((651) 221-9418), G Gross receipts (\$ 42,304,966), H(a) Is this a group return (Yes X No), H(b) Are all subordinates included? (Yes No), I Tax-exempt status (X 501(c)(3)), J Website (WWW.SMM.ORG), K Form of organization (X Corporation), L Year of formation (1907), M State of legal domicile (MN)

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission (SEE SCHEDULE O), 2-7a Governance/Activities, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature fields: Sign Here (ALISON BROWN, PRESIDENT AND CEO), Paid (KAREN A. GRIES), Preparer Use Only (BAKER TILLY US, LLP)

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MUSEUM'S MISSION STATEMENT IS "TURN ON THE SCIENCE: INSPIRE LEARNING. INFORM POLICY. IMPROVE LIVES."

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 13,092,540. including grants of \$) (Revenue \$ 9,306,411.) MUSEUM EXPERIENCES: THE SCIENCE MUSEUM OF MINNESOTA IS COMMITTED TO INSPIRING LEARNING, INFORMING POLICY AND IMPROVING LIVES. IT WORKS TO REALIZE A WORLD IN WHICH ALL PEOPLE HAVE THE POWER TO USE SCIENCE TO MAKE LIVES BETTER. THE MUSEUM'S 34,000 M2 FACILITY OVERLOOKING THE MISSISSIPPI RIVER IN DOWNTOWN SAINT PAUL WELCOMED 442,000 VISITORS LAST YEAR BUT THE MUSEUM'S IMPACT IS REGIONAL, NATIONAL AND INTERNATIONAL THROUGH ITS EXHIBIT PRODUCTION AND EXHIBIT TOURING BUSINESSES, OMNITHEATER FILMS, SCHOOL OUTREACH AND PROFESSIONAL DEVELOPMENT SERVICES, AND AFFILIATION WITH THE NATIONAL INFORMAL SCIENCE EDUCATION NETWORK. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 7,760,867. including grants of \$) (Revenue \$ 793,119.) STEM EQUITY & EDUCATION: AS ONE OF THE LARGEST PROVIDERS OF INFORMAL SCIENCE EDUCATION, THE SCIENCE MUSEUM IGNITES INTEREST IN SCIENCE AND ADDRESSES THE URGENT AND ONGOING NEED TO BROADEN PARTICIPATION AND CREATE AN INCLUSIVE PATHWAY TO THE STEM WORKFORCE. THE SCIENCE MUSEUM OF MINNESOTA PROVIDES A HOST OF PROGRAMS THAT ADDRESS OPPORTUNITY GAPS IN STEM EDUCATION AND CONNECT THE DOTS FROM EARLY CHILDHOOD INTEREST IN STEM TO PURSUING ADVANCED EDUCATION AND CAREERS. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 3,804,041. including grants of \$) (Revenue \$ 312,603.) SCIENCE: LESS VISIBLE TO MUSEUM VISITORS IS THE INTERNATIONALLY RECOGNIZED RESEARCH BEING CONDUCTED EVERY DAY BY SCIENCE MUSEUM OF MINNESOTA SCIENTISTS AS PART OF THE CENTER FOR RESEARCH AND COLLECTIONS. STAFF CARE FOR A COLLECTION OF ABOUT 2 MILLION OBJECTS AND THROUGH THEIR RESEARCH LEARN ABOUT THE WORLD AROUND US SO THAT WE CAN MAKE INFORMED DECISIONS MOVING FORWARD. DIGITIZING THE MUSEUM'S COLLECTIONS IS AN INSTITUTIONAL STRATEGIC PRIORITY. IN FY23 WE CONTINUED TO DIGITIZE RECORDS AND IMAGED OBJECTS THROUGH SEVERAL PROJECTS INCLUDING THE WANNAGAN CREEK AND CHIAPAS PROJECTS, NEOTOMA PROJECT, AND MPCA CANNON RIVER PROJECT. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,302,108. including grants of \$) (Revenue \$ 1,994,012.)

4e Total program service expenses 31,959,556.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included on line 1a, above, who are independent (35); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ROBERT A. DOTY - 651-221-9418
120 WEST KELLOGG BLVD., ST. PAUL, MN 55102

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ALISON BROWN PRESIDENT AND CEO | 40.00 | X | | X | | | 419,320. | 0. | 58,633. | |
| (2) MARY LARSON VP OF MISSION ADVANCEMENT | 40.00 | | | | X | | 245,326. | 0. | 10,591. | |
| (3) JULIETTE FRANCIS VP OF PEOPLE AND MUSEUM CULTURE | 40.00 | | | | X | | 208,820. | 0. | 42,630. | |
| (4) JOANNE JONES-RIZZI VP OF SCIENCE, EQUITY, & EDUCATION | 40.00 | | | | X | | 218,859. | 0. | 16,916. | |
| (5) MARK DAHLAGER VP OF MUSEUM EXPERIENCES | 40.00 | | | | X | | 215,353. | 0. | 11,720. | |
| (6) LAURIE FINK CHAIR OF SCIENCE | 40.00 | | | | X | | 129,863. | 0. | 35,094. | |
| (7) ROBERT DOTY CFO (STARTED 09/2022) | 40.00 | | | X | | | 71,785. | 0. | 3,263. | |
| (8) MELISSA FEICK CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (9) JESSICA J HELLMAN, PH. D VICE CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (10) FUNLOLA OTUKOYA SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (11) JOHN J. CORKREAN TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (12) KEVIN R RONNEBERY, MD TRUSTEE - E&I CHAMPION | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) ADAM FREEMAN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) ADAM MISHLER TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) BRETT E. EDELSON TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) BRYAN HUGHES TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) CATHERINE SIMPSON TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) CHADY ALAHMAR TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) CHUCK R. KUMMETH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) DON SHELBY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) ERIC ENGH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) HOLLY J. MORRIS, PH. D TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) JAYSHREE SETH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) JENNIFER SPAULDING SCHMIDT TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) JILL WALKER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) JOHN P. BANOVTZ, PH. D TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,509,326. | 0. | 178,847. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,509,326. | 0. | 178,847. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------------|---------------------|
| SALO LLC PO BOX 1414, MINNEAPOLIS, MN 55480-1414 | CONSULTING SERVICES | 905,333. |
| MARCO TECHNOLOGIES, LLC, NW7128 PO BOX 1450, MINNEAPOLIS, MN 55485-7128 | TECHNOLOGY SERVICES AND EQUIPMENT | 332,350. |
| CY-CON INC., 110 SYCAMORE STREET WEST, ST. PAUL, MN 55117 | CONSTRUCTION SERVICES | 260,956. |
| MINNESOTA PUBLIC RADIO 480 CEDAR STREET, ST. PAUL, MN 55101 | GRANT SUBAWARDEE | 224,932. |
| KATHLEEN ABBOTT 8736 SUMMER WIND BAY, WOODBURY, MN 55125 | FUNDRAISING CONSULTING SERVICES | 199,088. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 25

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 6,324,106. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 14,396,219. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 13,374. | | | | |
| | h Total. Add lines 1a-1f | | | 20,720,325. | | | |
| Program Service Revenue | 2 a ADMISSIONS AND FEES | Business Code 713990 | 5,689,179. | 5,689,179. | | | |
| | b FILM/EXHIBIT RENTAL AN | 713990 | 4,126,983. | 4,126,983. | | | |
| | c MEMBERSHIPS | 713990 | 1,868,957. | 1,868,957. | | | |
| | d PARKING RAMP | 812930 | 1,228,719. | | 568,947. | 659,772. | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 12,913,838. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 865,813. | | 298,945. | 566,868. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 287,135. | | | |
| | | | (ii) Personal | | | | |
| | | | | 116,458. | | | |
| | b Less: rental expenses | 6b | 170,677. | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | 170,677. | | 170,677. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 6,277,720. | | | |
| | | | (ii) Other | | | | |
| | | | | 6,604,797. | | | |
| | b Less: cost or other basis and sales expenses | 7b | -327,077. | | | | |
| c Gain or (loss) | 7c | | | | | | |
| d Net gain or (loss) | | | -327,077. | | -327,077. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | 1,240,135. | | | | | |
| b Less: cost of goods sold | 10b | 519,109. | | | | | |
| c Net income or (loss) from sales of inventory | | | 721,026. | 721,026. | | | |
| Miscellaneous Revenue | 11 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 35,064,602. | 12,406,145. | 1,038,569. | 899,563. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 631,575. | | 631,575. | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 15,852,894. | 12,758,086. | 1,546,952. | 1,547,856. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 381,712. | 311,496. | 32,424. | 37,792. |
| 9 Other employee benefits | 2,111,596. | 1,636,273. | 276,804. | 198,519. |
| 10 Payroll taxes | 1,202,424. | 931,757. | 157,623. | 113,044. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 168,053. | | 168,053. | |
| c Accounting | 62,113. | | 62,113. | |
| d Lobbying | 86,000. | | | 86,000. |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 191,883. | | 191,883. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 3,971,952. | 1,700,475. | 1,604,167. | 667,310. |
| 12 Advertising and promotion | 1,927,638. | 1,927,638. | | |
| 13 Office expenses | 520,644. | 455,563. | 57,271. | 7,810. |
| 14 Information technology | 190,233. | 165,503. | 20,925. | 3,805. |
| 15 Royalties | | | | |
| 16 Occupancy | 1,690,254. | 1,478,972. | 185,928. | 25,354. |
| 17 Travel | 541,197. | 476,253. | 54,120. | 10,824. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 470,330. | 459,748. | 5,879. | 4,703. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 5,787,475. | 5,697,197. | 50,154. | 40,124. |
| 23 Insurance | 527,883. | 461,898. | 58,067. | 7,918. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a FABRICATION AND EXHIBIT | 2,707,401. | 2,707,401. | | |
| b UBI TAXES PAID | 44,042. | 44,042. | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | 904,992. | 747,254. | 60,381. | 97,357. |
| 25 Total functional expenses. Add lines 1 through 24e | 39,972,291. | 31,959,556. | 5,164,319. | 2,848,416. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|--|--|-------------------------|--------------|--------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 29,650. | 1 | 29,650. |
| | 2 Savings and temporary cash investments | 750,741. | 2 | 5,456,323. |
| | 3 Pledges and grants receivable, net | 505,261. | 3 | 595,155. |
| | 4 Accounts receivable, net | 2,386,544. | 4 | 2,166,654. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 184,662. | 8 | 221,561. |
| | 9 Prepaid expenses and deferred charges | 594,868. | 9 | 436,920. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 209,284,327. | | |
| | b Less: accumulated depreciation | 10b 138,418,503. | | |
| | 11 Investments - publicly traded securities | 75,690,639. | 10c | 70,865,824. |
| | 12 Investments - other securities. See Part IV, line 11 | 18,525,168. | 11 | 15,225,881. |
| | 13 Investments - program-related. See Part IV, line 11 | 22,611,543. | 12 | 23,629,339. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 174,104. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 121,453,180. | 15 | 815,591. | |
| | | 16 | 119,442,898. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,278,875. | 17 | 2,879,674. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,638,834. | 19 | 962,843. |
| | 20 Tax-exempt bond liabilities | 9,983,218. | 20 | 8,596,315. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 505,863. | 25 | 3,065,483. |
| | 26 Total liabilities. Add lines 17 through 25 | 15,406,790. | 26 | 15,504,315. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 72,435,760. | 27 | 69,101,606. |
| | 28 Net assets with donor restrictions | 33,610,630. | 28 | 34,836,977. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 106,046,390. | 32 | 103,938,583. |
| 33 Total liabilities and net assets/fund balances | 121,453,180. | 33 | 119,442,898. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 35,064,602. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 39,972,291. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -4,907,689. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 106,046,390. |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,015,825. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -215,943. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 103,938,583. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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? _____
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 Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

Form **990** (2022)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 28,833,330. | 14,449,032. | 16,093,705. | 14,814,505. | 20,720,325. | 94,910,897. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 28,833,330. | 14,449,032. | 16,093,705. | 14,814,505. | 20,720,325. | 94,910,897. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 6,862,106. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 88,048,791. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 28,833,330. | 14,449,032. | 16,093,705. | 14,814,505. | 20,720,325. | 94,910,897. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | 584. | | 14,593. | 566,868. | 582,045. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 613,353. | 286,888. | 50,861. | 56,483. | 381,598. | 1,389,183. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | 2,217,000. | | 2,217,000. |
| 11 Total support. Add lines 7 through 10 | | | | | | 99,099,125. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 63,770,830. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 88.85 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 92.70 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

Part IV Supporting Organizations (continued)

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

Section 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 officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>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.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 | |

| Section 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Schedule A (Form 990) 2022

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

PROCEEDS FROM CONSERVATION EASEMENT

2021 AMOUNT: \$ 2,217,000.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization

SCIENCE MUSEUM OF MINNESOTA

Employer identification number

41-0706172

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

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

| | |
|---|--|
| Name of organization SCIENCE MUSEUM OF MINNESOTA | Employer identification number 41-0706172 |
|---|--|

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 | <hr/> <hr/> <hr/> | \$ 6,565,280. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 1,802,855. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 1,200,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 1,184,848. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 1,022,796. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 1,013,199. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization SCIENCE MUSEUM OF MINNESOTA | Employer identification number 41-0706172 |
|---|--|

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 |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 757,482. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 600,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 573,219. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 550,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization SCIENCE MUSEUM OF MINNESOTA | Employer identification number 41-0706172 |
|---|--|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|---|--|
| Name of organization SCIENCE MUSEUM OF MINNESOTA | Employer identification number 41-0706172 |
|---|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
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) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Table with 2 columns: Name of organization (SCIENCE MUSEUM OF MINNESOTA) and Employer identification number (41-0706172)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | | | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 86,000. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 86,000. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

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

| | |
|--|----|
| 1 Dues, assessments and similar amounts from members | 1 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE SCIENCE MUSEUM OF MINNESOTA ENGAGED A MINNESOTA GOVERNMENT

RELATIONS FIRM TO REPRESENT THE MUSEUM'S INTEREST TO THE MINNESOTA

LEGISLATURE AS WELL AS A NATIONAL GOVERNMENT RELATIONS FIRM TO

REPRESENT THE MUSEUM'S INTEREST ON A NATIONAL LEVEL.

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

2022

Open to Public
Inspection

Name of the organization **SCIENCE MUSEUM OF MINNESOTA** Employer identification number **41-0706172**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 1 |
| b Total acreage restricted by conservation easements | 67.00 |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | |

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

4 Number of states where property subject to conservation easement is located 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 80

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5,000.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 41,242,677. | 47,638,287. | 40,694,499. | 44,874,751. | 44,806,240. |
| b Contributions | 3,355,577. | 2,349,131. | 449,149. | 287,607. | 901,475. |
| c Net investment earnings, gains, and losses | 3,272,280. | -5,252,243. | 10,894,844. | 285,137. | 1,845,914. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 5,891,476. | 3,492,498. | 4,400,205. | 4,752,996. | 2,678,878. |
| f Administrative expenses | | | | | |
| g End of year balance | 41,979,058. | 41,242,677. | 47,638,287. | 40,694,499. | 44,874,751. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 27.8900 %
 - b Permanent endowment 48.4100 %
 - c Term endowment 23.7000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 2,429,155. | | 2,429,155. |
| b Buildings | | 122,080,260. | 63,395,931. | 58,684,329. |
| c Leasehold improvements | | 2,045,546. | 1,013,756. | 1,031,790. |
| d Equipment | | 9,954,329. | 5,740,247. | 4,214,082. |
| e Other | | 72,775,037. | 68,268,569. | 4,506,468. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 70,865,824. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) BENEFICIAL INTEREST IN TRUST | 1,362,354. | END-OF-YEAR MARKET VALUE |
| (B) ALTERNATIVE INVESTMENTS - COMMINGLED | | |
| (C) FUNDS | 14,655,845. | END-OF-YEAR MARKET VALUE |
| (D) ALTERNATIVE INVESTMENTS - HEDGE FUNDS | 3,843,177. | END-OF-YEAR MARKET VALUE |
| (E) ALTERNATIVE INVESTMENTS - PRIVATE | | |
| (F) EQUITY | 3,767,963. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 23,629,339. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) INTEREST RATE SWAP LIABILITY | 373,332. |
| (3) ANNUITY OBLIGATIONS | 71,539. |
| (4) CAPITAL LEASE | 620,612. |
| (5) LINE OF CREDIT PAYABLE | 2,000,000. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 3,065,483. |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 38,308,168. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 3,015,825. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 419,624. |
| e | Add lines 2a through 2d | 2e | 3,435,449. |
| 3 | Subtract line 2e from line 1 | 3 | 34,872,719. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 191,883. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 191,883. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 35,064,602. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 40,415,975. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 635,567. |
| e | Add lines 2a through 2d | 2e | 635,567. |
| 3 | Subtract line 2e from line 1 | 3 | 39,780,408. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 191,883. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 191,883. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 39,972,291. |

Part XIII Supplemental Information.

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

PART II, LINE 5:

WRITTEN POLICIES ARE IN PLACE REGARDING MONITORING, INSPECTING,
 RESPONDING TO VIOLATIONS AND ENFORCING CONSERVATION EASEMENTS. OUR
 EASEMENTS CONTAIN PROVISIONS GRANTING US THE RIGHT OF ACCESS TO THE
 PROPERTY FOR PURPOSES OF INSPECTING THE EASEMENT. THE POLICY REGARDING
 RESPONSE TO VIOLATIONS AND ENFORCEMENT SET FORTH PROCEDURES REGARDING THE
 IDENTIFICATION, DOCUMENTATION, AND CLASSIFICATION OF RESPONSES TO
 EASEMENT VIOLATIONS. IT ALSO INCLUDES A PROCESS FOR ADDRESSING
 VIOLATIONS.

PART II, LINE 9:

THE MUSEUM DOES NOT RECORD ANY VALUE FOR CONSERVATION EASEMENTS IN ITS

Part XIII Supplemental Information (continued)

REVENUE AND EXPENSE STATEMENT OR BALANCE SHEET.

PART III, LINE 1A:

THE MUSEUM'S COLLECTIONS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTIONS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY RESTRICTED NET ASSETS IF A DONOR MAKES A CONTRIBUTION INTENDED TO FUND THE SUBSEQUENT PURCHASE OF COLLECTIONS. CONTRIBUTIONS OF COLLECTIONS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS.

PART III, LINE 4:

THE SCIENCE MUSEUM OF MINNESOTA HAS A COLLECTION OF NEARLY TWO MILLION ARTIFACTS AND SPECIMENS FROM THE DISCIPLINES OF ANTHROPOLOGY, BIOLOGY, PALEONTOLOGY AND GEOLOGY. THESE OBJECTS ARE USED AS THE BASIS FOR RESEARCH AND SCHOLARLY PUBLICATIONS BY SCIENCE MUSEUM CURATORS, AS WELL AS VISITING SCIENTISTS. THE COLLECTIONS ENABLE COLLABORATION WITH OTHER MEMBERS OF THE SCIENTIFIC COMMUNITY THROUGH LOANS AND TRADES OF CASTS AND SPECIMENS WITH OTHER INSTITUTIONS. THE MUSEUM'S STEWARDSHIP OF THIS COLLECTION ENSURES THE PHYSICAL INTEGRITY OF ITS INDIVIDUAL PIECES, AS WELL AS PREPARING ARTIFACTS AND SPECIMENS FOR PUBLIC EXHIBITION.

PART V, LINE 4:

THE MUSEUM TYPICALLY SPENDS 4-6% OF THE ENDOWMENT'S ASSETS EVERY YEAR TO FUND GENERAL OPERATIONS OF THE MUSEUM OR DONOR SPECIFIED PURPOSES WHICH ARE ALIGNED WITH THE MISSION OF THE MUSEUM. ANY EXCESS EARNINGS ARE REINVESTED TO AUGMENT THE ENDOWMENT AND TO COMPENSATE FOR INFLATION AND RECESSIONS IN FUTURE YEARS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE MUSEUM HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A TAX-EXEMPT

ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

CORRESPONDING PROVISION OF STATE LAW. ACCORDINGLY, THE MUSEUM IS NOT

SUBJECT TO FEDERAL INCOME TAXES EXCEPT TO THE EXTENT IT DERIVES INCOME

FROM CERTAIN ACTIVITIES NOT SUBSTANTIALLY RELATED TO ITS TAX-EXEMPT

PURPOSES (UNRELATED TRADE OR BUSINESS ACTIVITIES). FOR THE YEARS ENDED

JUNE 30, 2023 AND 2022, THE MUSEUM RECORDED TAX PAYABLES OF \$103,114 AND

\$37,270, RESPECTIVELY. DURING THE YEARS ENDED JUNE 30, 2023 AND 2022, THE

MUSEUM INCURRED UNRELATED BUSINESS INCOME RELATING TO THEIR ALTERNATIVE

INVESTMENTS. AS A RESULT, THE MUSEUM HAS RECORDED INCOME TAX EXPENSE OF

\$44,042 AND \$97,175 FOR THE YEARS ENDED JUNE 30, 2023 AND 2022

RESPECTIVELY, WHICH HAS BEEN NETTED AGAINST INVESTMENT INCOME IN THE

ACCOMPANYING STATEMENT OF ACTIVITIES.

THE MUSEUM FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN

EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION

THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT

CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE MUSEUM FOR

UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2023 AND 2022. THE MUSEUM'S TAX

RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE

AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS 52,559.

UNREALIZED LOSS ON INTEREST RATE SWAPS -266,495.

CHANGE IN SPLIT INTEREST AGREEMENTS -2,007.

Part XIII Supplemental Information (continued)

MUSEUM STORE DIRECT EXPENSES 519,109.

DIRECT RENTAL PROPERTY EXPENSES 116,458.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 419,624.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL PROPERTY EXPENSES 116,458.

MUSEUM STORE DIRECT EXPENSES 519,109.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 635,567.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 3:

ACCRUAL METHOD

PART IV, LINE 1:

THE MUSEUM HAS DIRECTLY INVESTED IN FOREIGN CORPORATIONS AND FILED THE REQUIRED FORMS 926 FOR THE TAX YEAR.

PART IV, LINE 3:

THE MUSEUM HAS DIRECTLY INVESTED IN FOREIGN CORPORATIONS. HOWEVER, THE MUSEUM DOES NOT MEET THE FILING REQUIREMENTS OF FILING FORM 5471 FOR THE TAX YEAR.

PART IV, LINE 4:

THE MUSEUM INVESTS IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT INTERESTS IN PASSIVE FOREIGN INVESTMENT COMPANIES. THE INVESTMENT PARTNERSHIPS HAVE PROPERLY FILED FORM 8621, OR THE UNDERLYING INVESTMENTS DID NOT GENERATE ANY UNRELATED BUSINESS INCOME. UNDER THESE FACTS, IT IS NOT NECESSARY FOR THE MUSEUM TO FILE AN ADDITIONAL 8621.

PART IV, LINE 5:

THE MUSEUM HAS DIRECTLY INVESTED IN FOREIGN PARTNERSHIPS. HOWEVER, THE MUSEUM DOES NOT MEET THE FILING REQUIREMENTS OF FILING FORM 8865 FOR THE TAX YEAR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SCIENCE MUSEUM OF MINNESOTA

Employer identification number

41-0706172

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2022

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ALISON BROWN PRESIDENT AND CEO | (i) | 398,520. | 0. | 20,800. | 17,163. | 41,470. | 477,953. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) MARY LARSON VP OF MISSION ADVANCEMENT | (i) | 244,176. | 0. | 1,150. | 6,305. | 4,286. | 255,917. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JULIETTE FRANCIS VP OF PEOPLE AND MUSEUM CULTURE | (i) | 208,120. | 0. | 700. | 8,804. | 33,826. | 251,450. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) JOANNE JONES-RIZZI VP OF SCIENCE, EQUITY, & EDUCATION | (i) | 218,309. | 0. | 550. | 8,443. | 8,473. | 235,775. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) MARK DAHLGER VP OF MUSEUM EXPERIENCES | (i) | 215,053. | 0. | 300. | 5,481. | 6,239. | 227,073. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) LAURIE FINK CHAIR OF SCIENCE | (i) | 129,563. | 0. | 300. | 5,514. | 29,580. | 164,957. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **SCIENCE MUSEUM OF MINNESOTA** Employer identification number **41-0706172**

| Part I Bond Issues | | SEE PART VI FOR COLUMN (A) CONTINUATIONS | | | | | | | | | | |
|---------------------------|--|--|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | HOUSING AND REDEVELOPMENT AUTHORITY OF THE CITY OF ST PAUL, MN | 52-1440935 | NONE | 04/01/20 | 13,900,000. | REFINANCE, DIRECT PURCHASE | | X | | X | | X |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

| Part II Proceeds | | A | | B | | C | | D | |
|-------------------------|--|-------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| 1 | Amount of bonds retired | 5,200,000. | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 13,900,000. | | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | 11,900,000. | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | 2,000,000. | | | | | | | |
| 13 | Year of substantial completion | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | | | | | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

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

Schedule K (Form 990) 2022

Part III Private Business Use

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

Part IV Arbitrage

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

| | A | | B | | C | | D | |
|--|-----------|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | | | | | | |
| b Name of provider | U.S. BANK | | | | | | | |
| c Term of hedge | 9.0000000 | | | | | | | |
| d Was the hedge superintegrated? | | X | | | | | | |
| e Was the hedge terminated? | | X | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

HOUSING AND REDEVELOPMENT AUTHORITY OF THE CITY OF ST PAUL, MN

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SCIENCE MUSEUM OF MINNESOTA

Employer identification number

41-0706172

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 6 | 13,374. | FAIR MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN PART I, COLUMN (B), REPRESENTS THE NUMBER OF DONORS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SCIENCE MUSEUM OF MINNESOTA

Employer identification number

41-0706172

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

THE SCIENCE MUSEUM OF MINNESOTA ENVISIONS A WORLD IN WHICH EVERYONE HAS
THE POWER TO USE SCIENCE TO MAKE LIVES BETTER. THE MUSEUM IS ONE OF THE
STATE'S OLDEST AND BEST-KNOWN CULTURAL INSTITUTIONS, WITH A HISTORY
DATING BACK TO 1907. THE MUSEUM SERVES HUNDREDS OF THOUSANDS OF PEOPLE
EACH YEAR WITH A COMBINATION OF HIGH-QUALITY STEM LEARNING EXPERIENCES,
HIGHLY-REGARDED SCIENCE AND RESEARCH PROGRAMS THAT SPAN THE GLOBE, AND
A WORLD-CLASS COLLECTION OF NEARLY TWO MILLION FOSSILS, ARTIFACTS, AND
CULTURAL OBJECTS THAT SPAN BILLIONS OF YEARS OF EARTH'S HISTORY. THE
MUSEUM'S MISSION IS TO TURN ON THE SCIENCE: INSPIRE LEARNING, INFORM
POLICY, AND IMPROVE LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN FY23, WE COUNTED 1,475,075 ENGAGEMENTS WITH OUR GENERAL AUDIENCE. IN
ADDITION TO THOSE THAT OCCURRED DURING VISITS, PROGRAMS, OR EVENTS AT
THE MUSEUM, WHERE WE KNOW A GREAT DEAL ABOUT WHO OUR AUDIENCE IS, THE
REMAINDER OCCURRED IN CONTEXTS SUCH AS ONLINE AUDIENCES, TRAVELING
EXHIBIT AUDIENCES OR COMMUNITY OUTREACH AUDIENCES WHERE WE DO NOT HAVE
DETAILS ABOUT WHO OUR AUDIENCE IS, BUT ARE STILL DELIVERING SCIENCE
MUSEUM PRODUCED STEM CONTENT.

FOR THE SCIENCE MUSEUM OF MINNESOTA, THE EXPERIENCE IS ESSENTIAL TO
ACHIEVING THE MUSEUM'S MISSION. THE MUSEUM STRIVES TO PROVIDE
HIGH-QUALITY EXPERIENCES BOTH ONSITE AND BEYOND THE MUSEUM'S DOORS -
ONLINE AND AT OTHER MUSEUMS.

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|---|--|
| Name of the organization SCIENCE MUSEUM OF MINNESOTA | Employer identification number 41-0706172 |
|---|--|

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN FY23, JUST OVER 44% OF PUBLIC SCHOOL STUDENTS WHO CAME ON A FIELD TRIP IDENTIFIED AS BLACK, INDIGENOUS, OR PEOPLE OF COLOR (BIPOC), HIGHER THAN THE PROPORTION OF BIPOC STUDENTS IN THE STATE. ALSO, NEARLY 40% OF PUBLIC SCHOOL STUDENTS WHO ATTENDED A FIELD TRIP WERE STUDENTS WHO RECEIVED FREE OR REDUCED-LUNCH; THIS IS HIGHER THAN THE STATEWIDE PERCENTAGE OF STUDENTS WHO RECEIVED FREE OR REDUCED-LUNCH.

THE SCIENCE MUSEUM PROVIDES A HOST OF PROGRAMS TO HELP ADDRESS OPPORTUNITY GAPS IN STEM EDUCATION AND CONNECT THE DOTS FROM A CHILDHOOD INTEREST IN STEM TO PURSUING ADVANCED EDUCATION AND CAREERS.

WE ENGAGE WITH YOUNG LEARNERS IN VARIOUS WAYS, AND HAVE A BROAD REACH:

SCHOOL PROGRAMMING INCLUDING:

1. A FIELD TRIP TO, OR VISIT FROM, THE SCIENCE MUSEUM IS MORE THAN A HIGHLIGHT FOR STUDENTS IT'S A CHANCE TO SPARK A YOUNG LEARNER'S CREATIVITY AND INSPIRE KIDS TO SEE THE MANY WAYS THAT STEM CONNECTS TO THEIR DAILY LIVES. LAST FISCAL YEAR 67,111 STUDENTS AND CHAPERONES PARTICIPATED.

2. THROUGH OUTREACH ASSEMBLIES, 20,149 SCIENCE MUSEUM EDUCATORS PRESENT LARGER-THAN-LIFE SCIENCE LESSONS TO AN ENTIRE GRADE LEVEL OR SCHOOL. LAST FISCAL YEAR, WE REACHED STUDENTS AND EDUCATORS IN 75 OUT OF 87 MINNESOTA COUNTIES THROUGH AT LEAST ONE EDUCATION PROGRAM, INCLUDING OUTREACH ASSEMBLIES.

3. THE LENDING LIBRARY IS A COLLECTION OF EDUCATIONAL MATERIALS FOR TEACHERS AND OTHER EDUCATION PROFESSIONALS TO CHECK OUT AND USE TO ENGAGE THEIR STUDENTS IN A VARIETY OF SCIENTIFIC SUBJECT AREAS. 4,273 STUDENTS AND 96 EDUCATORS ENGAGED WITH MATERIALS FROM THE LENDING

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LIBRARY IN 6 COUNTIES.

OUT-OF-SCHOOL PROGRAMMING:

1. LAST SUMMER THE MUSEUM HOSTED 1,506 CAMPERS FOR SUMMER CAMPS

PROGRAM.

OVERALL, INCLUDING THE PROGRAMS DETAILED ABOVE AND OTHERS, THERE WERE

102,379 ENGAGEMENTS WITH K-12 AUDIENCES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ADDITION TO STEWARDING AND DIGITIZING OUR COLLECTIONS, SCIENCE

MUSEUM SCIENTISTS ARE IN THE FIELD AND LAB COLLECTING AND ANALYZING

SAMPLES AND OBJECTS THAT IMPACT DECISIONS TO IMPROVE WATER QUALITY,

TEACH US ABOUT THE WORLD AROUND US, AND CONTRIBUTE TO GLOBAL KNOWLEDGE.

WE SHARE THIS KNOWLEDGE BY CONNECTING WITH OUR PEERS AT CONFERENCES AND

OTHER SITE VISITS, MENTORING STUDENTS AND EARLY CAREER SCIENTISTS, VIA

PRESENTATIONS, AND THROUGH PUBLICATIONS. THESE CONNECTIONS LEAD TO NEW

PARTNERSHIPS AND COLLABORATIONS, IT FURTHERS SCIENTIFIC KNOWLEDGE, AND

HELPS WITH WORKFORCE DEVELOPMENT.

KEY PROJECTS INCLUDE:

1. COLLECTING AND EXAMINING CRETACEOUS LEAVES TO BUILD TOWARD A NEW

CLIMATE STUDY THAT COULD EXTEND MINNESOTA'S CLIMATE DATA AT LEAST 90

MILLION YEARS FURTHER INTO THE PAST.

2. ADDING TO OUR EXISTING FOSSIL COLLECTIONS FROM BOTH SIDES OF THE

MASS EXTINCTION EVENT 66 MILLION YEARS AGO.

3. STUDYING THE INVASIVE DIATOM DIDYMOSPHENIA IN STREAMS ALONG THE

NORTH SHORE OF LAKE SUPERIOR.

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4. UNDERSTANDING HOW HARMFUL ALGAL BLOOMS FORM IN RELATIVELY PRISTINE ECOSYSTEMS LIKE THE BOUNDARY WATERS AND SUPERIOR NATIONAL FOREST.

5. STUDYING THE IMPACTS OF RISING SALT LEVELS IN MINNESOTA LAKES.

6. THE DAKOTA COLLECTION PROJECT RESULTED IN AN ASSESSMENT OF THE DAKOTA COLLECTION, DOZENS OF COMMUNITY VISITS, ELEVATED AWARENESS OF THE COLLECTION AMONG DAKOTA COMMUNITY MEMBERS, POLICY DEVELOPMENT FOR OBJECT CARE, AND A LENGTHY LIST OF STEPS FOR CONTINUING THIS WORK.

7. DOCUMENTING OVER 100,000 YEARS OF HUMAN HABITATION AT THE PEDERSEN SITE. THIS PROJECT STUDIES CLIMATE CHANGE AND CULTURE OF AN ISLAND IN SW MINNESOTA.

8. TEACHING THE NEXT GENERATION OF SCIENTISTS AT AN ARCHAEOLOGICAL FIELD SCHOOL WITH THE UNIVERSITY OF MINNESOTA. THE STUDENTS SURVEYED BOUNDARIES OF OUR ST. CROIX WATERSHED RESEARCH STATION LOG CABIN SITE AND EXCAVATED AN EXPANDED AREA OF PINE NEEDLES SITE RECOVERING LATE WOODLAND MATERIALS AND INTACT PIT FEATURES THAT INCLUDE PALEO-SUBSISTENCE SAMPLES (WOOD CHARCOAL).

9. UPDATING THE STONE TOOLS OF MINNESOTA, A GUIDE TO LITHIC TECHNOLOGY FOR MINNESOTA.

10. INVENTORY AND DIGITIZATION OF ETHNOGRAPHIC SEED COLLECTION, FOLLOWING COMMUNITY INTEREST AND FEEDBACK FROM COMMUNITY CONVERSATIONS.

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

OTHER PROGRAM SERVICES INCLUDE UNALLOCATED COSTS INCLUDING COMMUNICATIONS AND MARKETING, VOLUNTEERS, AND EVALUATION AND OTHER ACTIVITIES TO SUPPORT MUSEUM MEMBERS AND VISITORS.

EXPENSES \$ 7,302,108. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,994,012.

FORM 990, PART VI, SECTION A, LINE 1A:

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|---|--|
| Name of the organization SCIENCE MUSEUM OF MINNESOTA | Employer identification number 41-0706172 |
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THE BYLAWS OF THE SCIENCE MUSEUM OF MINNESOTA SECTION 5.2 STATES "THE BOARD OF TRUSTEES MAY DESIGNATE AN EXECUTIVE COMMITTEE COMPOSED OF AT LEAST THREE TRUSTEES DESIGNATED BY THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE GOVERNANCE OF THE BUSINESS OF THIS CORPORATION IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, AND THE EXECUTIVE COMMITTEE SHALL AT ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF TRUSTEES."

FORM 990, PART VI, SECTION B, LINE 11B:
THE SCIENCE MUSEUM OF MINNESOTA'S FORM 990 IS MADE AVAILABLE TO THE MUSEUM'S BOARD OF TRUSTEES. THE BOARD OF TRUSTEES HAS DELEGATED AUTHORITY FOR THE REVIEW AND APPROVAL OF THE FORM 990 TO THE MUSEUM'S AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS VALIDATED ON AN ANNUAL BASIS FOR BOARD MEMBERS AND SENIOR STAFF. THE POLICY COVERS BOTH THE RESPONSIBLE PERSON AND ANY FAMILY MEMBERS.

PRIOR TO ANY TRANSACTION INVOLVING A CONFLICT OF INTEREST, SENIOR STAFF OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR THE PURPOSES OF THE VOTES. SUCH A PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER.

AN EMPLOYEE WHO IS NOT A MEMBER OF THE BOARD OF TRUSTEES OF THE SCIENCE

| | |
|---|--|
| Name of the organization SCIENCE MUSEUM OF MINNESOTA | Employer identification number 41-0706172 |
|---|--|

MUSEUM OF MINNESOTA SHALL DISCLOSE TO HIS/HER SUPERVISOR ANY CONFLICT OF INTEREST THAT SUCH EMPLOYEE HAS WITH RESPECT TO A CONTRACT OR TRANSACTION. SUCH DISCLOSURE SHALL BE MADE AS SOON AS THE CONFLICT OF INTEREST IS KNOWN TO THE EMPLOYEE. EMPLOYEES SHALL REFRAIN FROM ANY ACTION THAT MAY INFLUENCE THE SCIENCE MUSEUM OF MINNESOTA'S PARTICIPATION IN SUCH CONTRACT OF TRANSACTION. DURING THE FISCAL YEAR THE BOARD OF TRUSTEES DID NOT REPORT ANY CONFLICTS.

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

THE EXECUTIVE AND COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES. ANNUALLY THE COMMITTEE REVIEWS AND REPORTS ON THE CEO'S PERFORMANCE AGAINST OBJECTIVES AND RECOMMENDS THE CEO'S COMPENSATION TO THE BOARD OF TRUSTEES WHO APPROVE. PERIODICALLY THE SCIENCE MUSEUM CONTRACTS WITH AN EXTERNAL COMPENSATION CONSULTANT TO EVALUATE ALL BENCHMARK POSITIONS, INCLUDING THE CEO, AND REVIEWS COMPARATIVES OF A SELECTED PEER GROUP. COMPARATIVE MARKET DATA IS A BLEND OF NON-PROFIT AND FOR-PROFIT ORGANIZATIONS LOCALLY, REGIONALLY OR NATIONALLY. THE LAST COMPENSATION REVIEW PROCESS WAS HELD IN OCTOBER 2022.

ANNUALLY THE CEO REVIEWS THE OFFICERS' PERFORMANCE AGAINST OBJECTIVES AND DETERMINES COMPENSATION. PERIODICALLY THE SCIENCE MUSEUM CONTRACTS WITH AN EXTERNAL COMPENSATION CONSULTANT TO EVALUATE ALL BENCHMARK POSITIONS, INCLUDING OFFICERS, AND REVIEWS COMPARATIVES OF A SELECTED PEER GROUP. COMPARATIVE MARKET DATA IS A BLEND OF NON-PROFIT AND FOR-PROFIT ORGANIZATIONS LOCALLY, REGIONALLY OR NATIONALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MN, MI, MS, MO, NV, NH, NJ, NM

| | |
|---|--|
| Name of the organization SCIENCE MUSEUM OF MINNESOTA | Employer identification number 41-0706172 |
|---|--|

NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 18:

THE PUBLIC INSPECTION COPY OF THE MOST RECENT FORM 990 AND THE MOST RECENT

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

THE PUBLIC INSPECTION COPIES OF FORM 990-T AND 1023, GOVERNING DOCUMENTS

AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST. THE MOST RECENT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE.

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

| | |
|--|---------|
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS | 52,559. |
|--|---------|

| | |
|--|-----------|
| UNREALIZED GAIN ON INTEREST RATE SWAPS | -266,495. |
|--|-----------|

| | |
|--|---------|
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS | -2,007. |
|--|---------|

| | |
|------------------------------------|-----------|
| TOTAL TO FORM 990, PART XI, LINE 9 | -215,943. |
|------------------------------------|-----------|