

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

MADISON CHILDREN'S MUSEUM, INC.

39-1383497

Name and title of officer or person subject to tax

DEBORAH GILPIN
PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [] I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize SVA CERTIFIED PUBLIC ACCTS SC to enter my PIN 83497
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax [Signature] Date 11/30/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39051939120
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 11/17/2021

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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)

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization MADISON CHILDREN'S MUSEUM, INC.		D Employer identification number 39-1383497	
	Doing business as		E Telephone number 608-256-6445	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 N HAMILTON ST		G Gross receipts \$ 3,403,114.	
	City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53703-2116		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
F Name and address of principal officer: JENNIFER JOHNSON SAME AS C ABOVE		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527		H(c) Group exemption number		
J Website: WWW.MADISONCHILDRENSMUSEUM.ORG		L Year of formation: 1980		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		M State of legal domicile: WI		

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: MADISON CHILDREN'S MUSEUM PROVIDES EDUCATIONAL EXHIBITS AND PROGRAMS FOR LEARNING THROUGH PLAY			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	80
	6 Total number of volunteers (estimate if necessary)	6	96
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,928,094.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,889.	1,327.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	207,983.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,933,983.	3,095,481.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,097,896.	882,027.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	24,000.	5,000.
	b Total fundraising expenses (Part IX, column (D), line 25) 241,711.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,461,881.	940,874.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,583,777.	1,827,901.	
19 Revenue less expenses. Subtract line 18 from line 12	350,206.	1,267,580.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,899,936.	End of Year 15,559,382.
	21 Total liabilities (Part X, line 26)	2,051,988.	2,443,854.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,847,948.	13,115,528.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer <i>Deborah Gilpin</i>	Date 11/30/2021		
	DEBORAH GILPIN, PRESIDENT & CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name KIRSTEN HOUGHTON	Preparer's signature <i>Kirsten Houghton</i>	Date 11/17/2021	Check if self-employed <input type="checkbox"/> PTIN P01273230
	Firm's name SVA CERTIFIED PUBLIC ACCTS SC	Firm's EIN 39-1203191		Phone no. 6088318181
Firm's address 1221 JOHN Q. HAMMONS DRIVE MADISON, WI 53717				

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