				** PU	JBLIC DIS	SCLOSUF	RE CO)PY **	•			
	0		Retur	n of Org	ganizatio	on Exer	npt l	From	Incor	ne Tax	(OMB No. 1545-0047
For	тy	90	Under section 50									2021
		of the Treasury	Do I	not enter so	cial security nu	mbers on th	nis form	as it may	be made	e public.		Open to Public
Inter	nal Reve	enue Service			s.gov/Form990							Inspection
<u>A I</u>	or th		ar year, or tax yea	ar beginning	JUL 1,	2021	and	lending				
	Check if	C Name of	organization						D En	nployer ide	ntificati	on number
	Addr					TNO						
	chan Name		SON CHILD	RENSM	IUSEUM, .	INC.			┥.	0 1 2 0	2107	
	chan Initial	U	isiness as					Deems		<u>39-138</u>		
	returr Final	100	and street (or P.O. N HAMILTO		not delivered to si	(reet address)		Room/suit		lephone nur 508–25		15
	returr termi ated		own, state or prov		and ZIP or for	aign nostal c	odo			ss receipts \$	0 0 -	4,347,002.
	Amer	nded MADT	SON, WI			eigir postar c	oue			s this a grou	in retur	· · · · · ·
	Appli		nd address of prin			JOHNS	ON			or subordina		
	pend		AS C ABOV							vre all subordina		
1	Tax-ex	empt status:		501(c) () 🗲 (insert	: no.) 49	947(a)(1)	or 52	``			. See instructions
			MADISONCH							Group exem		
ĸ	^z orm o	f organization: 🗌	X Corporation	Trust	Association	Other		L Yea	ar of forma	tion: 198	0 м St	tate of legal domicile: WI
Pa	art I	,										
Ø	1		e the organization									
Governance		PROVIDE	S EDUCATI	ONAL EX	KHIBITS A	AND PRO	DGRAM	IS FOF	LEAI	RNING	THRO	UGH PLAY
srne	2	Check this box	if the	organization	discontinued its	operations	or dispo	sed of mo	re than 25	5% of its net	t assets	
Š	3 Number of voting members of the governing body (Part VI, line 1a)							3	22			
	4	 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 						4	22			
es	5										5	80
Activities &	6		of volunteers (estir								6	91
Act			business revenue								7a	0.
	b	Net unrelated	business taxable i	ncome from I	Form 990-T, Pai	rt I, line 11		<u></u>			7b	0.
		O and the diama		(11) (ha a a la)				_		<u>or Year</u> 386,17:	1	Current Year 4,245,079.
ne	8		and grants (Part V						2,0		0.	4,243,079.
Revenue		0	ce revenue (Part V							1,32		505.
Be	10		ome (Part VIII, col (Part VIII, column							<u>1,32</u> 207,98		0.
	12		add lines 8 throu				no 12))95,48		4,245,584.
	13		nilar amounts paic			-)			5,0		0.	0.
	14		o or for members								0.	0.
<i>(</i> 0	40						10)		5	382,02		1,787,210.
ses	16a	Professional fu	Indraising fees (Pa	art IX. column	n (A), line 11e)		,			5,00		25,000.
Expenses	b	Total fundraisi	ndraising fees (Pangenses (Pangen	IX. column (I	D), line 25)	▶ 3	74,6	69.				
ы	17		s (Part IX, column						9	940,87	4.	1,358,076.
	18		s. Add lines 13-17						1,8	327,90	1.	3,170,286.
	19		expenses. Subtrac						1,2	267,58	0.	1,075,298.
0r									Beginning	of Current Ye	ear	End of Year
t Assets or d Balances	20	Total assets (F	art X, line 16)							559,382		15,954,090.
tAs	21		(Part X, line 26)							443,85		1,763,264.
INet			und balances. Su	btract line 21	from line 20				13,1	L15,52	8.	14,190,826.
	art II	-										
											of my kno	owledge and belief, it is
true	, corre	ct, and complete.	Declaration of prepa	arer (other than	n officer) is based	on all informa	ation of w	hich prepar	er has any	knowledge.		
										1		

Sign	Signature of officer	Date									
Here	🔪 DEBORAH GILPIN, PRESIDENT & CEO										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Zirster Jought	Date	Check	PTIN					
Paid	KIRSTEN HOUGHTON		Junion Gilger	12/13/2022	self-employed	P0127323	0				
Preparer	Firm's name 🕒 SVA CERTIFIED PUB	BLIC ACCTS	SC	Firm'	s EIN ▶ 39	-1203191					
Use Only	Firm's address 🖕 1221 JOHN Q. HAM	MONS DRIVE									
	MADISON, WI 53717 Phone no.6088318181										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
132001 12-09	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

Form	990 (2021) MADISON CHILDREN'S MUSEUM, INC.	39-1383497 Page 2
	rt 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: MADISON CHILDREN'S MUSEUM CONNECTS CHILDREN WITH THEIR	FAMILIES, THEIR
	COMMUNITIES, AND THE WORLD BEYOND THROUGH DISCOVERY LE	•
	CREATIVE PLAY.	ARNING AND
2	Did the organization undertake any significant program services during the year which were not listed on the	2
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic	es? Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a	
	revenue, if any, for each program service reported.	
4a	000 101	Revenue \$
	EXHIBIT ENVIRONMENTS CREATE THE CORE EDUCATIONAL AREAS	AND PLAY SPACES
	WITHIN THE MUSEUM SETTING, PROVIDING INTERACTIVE, ENGA	GING PLAY
	OPPORTUNITIES FOR CHILDREN OF ALL AGES, ALONG WITH THE	IR ADULT
	CAREGIVERS. EXHIBITS ARE INTERDISCIPLINARY AND WEAVE T	OGETHER THEMES
	FROM OUR CORE EDUCATIONAL INITIATIVES: ART, HISTORY, C	ULTURE, SCIENCE,
	PHYSICAL, AND INNOVATION.	
	MCM'S EXHIBIT SPACES REOPENED JUNE 2021 WITH LIMITED H	
	INCREASED THROUGH THE NEXT YEAR. RELIEF FUNDING SUPPOR	
	SCHOOL GROUPS AS COMPLEMENTARY INFORMAL EDUCATIONAL EX	PERIENCES.
	THE WONDERGROUND PHASE 1 OPENED IN OCTOBER 2021. IT RE	
	CREATIVE AND INSPIRING "PIVOT" TO PROVIDE FAMILIES WIT	H OUTDOOR,
4b		Revenue \$)
	EDUCATION PROGRAMMING ENRICHES THE VISITOR EXPERIENCE	
		ACILITATION OF
	THE VISITOR EXPERIENCE IN THE MUSEUM'S EXHIBIT GALLERI PROVIDE DEEPER ENGAGEMENT FOR VISITORS IN THE MUSEUM'S	
	OF ARTS, SCIENCE AND INNOVATION, CULTURE AND HISTORY,	
	SUSTAINABILITY, EARLY LEARNING, AND ACCESSIBILITY. THE	-
	PROGRAMS TO EXPRESS ITS VALUES, INCLUDING THE IMPORTAN	
	CREATIVITY, RESILIENCE, SENSE OF PLACE, CRITICAL THINK	· · · · · · · · · · · · · · · · · · ·
	COLLABORATION.	
	DURING FY2022, THE MUSEUM EDUCATION TEAM ANIMATED SPAC	ES THROUGHOUT THE
	REGION OUTDOORS AND ONLINE. MCM SERVED 106,000 CHILDRE	
4c		Revenue \$)
	MARKETING AND COMMUNICATIONS PROGRAMS HELP THE MUSEUM	MEET ITS MISSION
	BY DEVELOPING AND DELIVERING INFORMATION ABOUT EXHIBIT	
	SPECIAL EVENTS TO CONSTITUENTS THROUGHOUT SOUTH CENTRA	
	MUSEUM USES A VARIETY OF COMMUNICATION METHODS INCLUDI	
	SOCIAL MEDIA, EMAIL, PUBLIC RELATIONS, ADVERTISING, AN	
	COLLATERAL MATERIALS TO SPREAD THE WORD ABOUT MUSEUM A	
	EXHIBIT SIGNAGE AND MANY MUSEUM PUBLICATIONS INCLUDE B	
	SPANISH VERSIONS. MARKETING AND EDUCATION TEAMS WERE C	
	VISITOR SERVICES FOR ALL FRONT-FACING STAFF TO ENSURE	
	CUSTOMER SERVICE, EFFICIENT CASH-HANDLING AND CONSISTE	NT DATA-TRACKING.
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 2,043,534.	
	SEE SCHEDULE O FOR CONTINUATION	Form 990 (2021)
132002	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION	

Form	990	(2021)

 Form 990 (2021)
 MADISON CHILDREN'S MUSEUM, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u></u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	x	
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	~	<u> </u>
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
132003			990 ((2021)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	Х	
10000	(gambling) winnings to prize winners?	Eorm		(2021)
132004	↓ 12-09-21 4	FOUL	550	(2021)

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Form	MADISON CHILDREN'S MUSEUM, INC. 39-1383	<u>497</u>	P	age 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 80			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
45	to the granization subject to the section (0.66) tay on power struct (a) of more than \$1,000,000 in comparation or	<u> </u>		<u> </u>

15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	
	excess parachute payment(s) during the year?	15
	If "Yes," see the instructions and file Form 4720, Schedule N.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16
	If "Yes," complete Form 4720, Schedule O.	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?
 If "Yes," complete Form 6069.

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Form	990	(2021)

MADISON CHILDREN'S MUSEUM, INC.

<u>39-1383497 Page 6</u>

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.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
•	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
~				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			15		
				8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			00	- 23	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec				3		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			Yes	
10-	Did the exercitation have lead charters, branches, or efficience?		l	10-	res	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		ſ	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the	e form?	11a	~	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," describe				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?		ſ	13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by independen	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official		r	15a	Х	
b	Other officers or key employees of the organization			15b		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 arrangen	ment with a				
	taxable entity during the year?		r	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its participatio	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (sectior	n 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,		finand	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	►			
	DEBORAH GILPIN - 608-256-6445					
	100 N HAMILTON ST, MADISON, WI 53703					

Form 990 (39-1383497	Page 7				
Part VII	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending w	vith or within the organization?	s tax year.				
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless of amount of compens	ation.				

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title Average hours per (stary) below Description below Description below Pepotable compension from prantation Reportable compension from the area at extent used Estimated compension from the area at extent used Estimated compension from the organization (1) DEB GILPIN 35.00 x 102,330. 0. 6,100. (2) DEB GILPIN 35.00 x x 0. 0. 0. (2) DEB GILPIN 35.00 x x 0. 0. 0. (3) JOIN HINT2Z 0.50 x x 0. 0. 0. (3) JOIN HINT2Z 0.50 x x 0. 0. 0. (4) CRISTINA CHOI 0.50 x x 0. 0. 0. DIRECTOR x x 0. 0. 0. 0. (7) BEB BRUBERTE 1.000 x x 0. 0. 0. <	(A)	(B)	(C)					(D)	(E)	(F)	
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Form **990** (2021)

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	990 (2021) MADISON C	HILDREN	1'S	SM	US	ΕU	м,	I	INC.	39-13	<u>883</u>	<u>497</u>	P	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	st Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) (C) Average hours per week veck more than one box, unless person is both an officer and a director/trustee)					than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fi org an	pensa rom th janizat d relat anizati	e ion ed
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	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 102,330.		0.		6,1	0.00.
2	Total number of individuals (including but no compensation from the organization							o re			1			1
3	Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	1		Yes	No
	line 1a? If "Yes," complete Schedule J for su											3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
0	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		Х
1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	ensat	tion fro	om	
	(A) Name and business			ONE	U				(B) Description of s		С		C) nsatio	n
2	Total number of independent contractors (ir	-	ot lin	nitec	d to t			ted	above) who received me	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				0	,						000	

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Ра	rt VII							
		Check if Schedule O	contains a respor	nse or note to any lin	e in this Part VIII (A)	(B)	(C)	
					(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
					Total Toveride	function revenue	business revenue	from tax under
								sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
Sift: ar /	d	Related organizations	1d	3,850,293.				
s, (mil	е	Government grants (contr	ibutions) 1e					
ion Si	f	All other contributions, gifts,	grants, and					
but		similar amounts not included	above 1f	394,786.				
l O L	g	Noncash contributions included in	lines 1a-1f 1g \$					
Col	h	Total. Add lines 1a-1f			4,245,079.			
				Business Code				
e	2 a							
vic	b							
Ser	с							
am	d							
Program Service Revenue	e							
Pro	f	All other program service	revenue					
		Total. Add lines 2a-2f						
	3	Investment income (includ	ding dividends, in	terest, and				
		other similar amounts)	-		505.			505.
	4	Income from investment of						
	5	Royalties	· · · · · · · · · · · · · · · · · · ·					
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
		assets other than inventory	7a101,41	8.				
	b	Less: cost or other basis						
an		and sales expenses	7ь101,41	8.				
Revenue	с	Gain or (loss)	7c	0.				
Rev	d	Net gain or (loss)			0.			
er		Gross income from fundraisi						
Oth			of					
		contributions reported on						
		Part IV, line 18		8a				
	b	Less: direct expenses		8b				
		Net income or (loss) from		ts 🕨				
	9 a	Gross income from gamin	g activities. See					
		Part IV, line 19		9a				
	b			9b				
	с	Net income or (loss) from	gaming activities					
	10 a	Gross sales of inventory, I	less returns					
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	с	Net income or (loss) from	sales of inventor	y 🕨				
S				Business Code				
e out	11 a							
scellaneo Revenue	b							
Sell	с							
Miscellaneous Revenue	d	All other revenue						
~	е	Total. Add lines 11a-11d				-		
	12	Total revenue. See instruction	ons	►	4,245,584.	0.	0.	505.
13200	9 12-09-	-21						Form 990 (2021

MADISON CHILDREN'S MUSEUM, INC.

132009 12-09-21

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39-1383497

MADISON CHILDREN'S MUSEUM, Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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,	131,442.		82,739.	48,703
e	trustees, and key employees	131,442.		02,139.	40,705
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	1,379,751.	1,063,127.	172,287.	144,337
' 8	Pension plan accruals and contributions (include	_, _ , _ , , , ,	_,,,.	_,_,_,,	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	125,717.	116,337.	2,316.	7.064
0	Payroll taxes	150,300.	120,413.	13,911.	7,064 15,976
1	Fees for services (nonemployees):				
a	Management				
b	Legal	525.		525.	
С	Accounting	16,000.		16,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	25,000.			25,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	252,431.	118,957.	113,774.	19,700
2	Advertising and promotion	7,297.	7,297.		
3	Office expenses	199,396.	115,799.	56,138.	27,459
4	Information technology	43,639.	24,319.	5,465.	13,855
5	Royalties				
6	Occupancy	245,670.	119,410.	73,308.	52,952
7	Travel	6,945.	5,051.	1,894.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 510	4 000	4 9 4 9	
9	Conferences, conventions, and meetings	13,518.	4,992.	4,942.	3,584
0		28,135.	7,677.	4,735.	15,723
1	Payments to affiliates	404 200	227 000	157 200	
2	Depreciation, depletion, and amortization	494,309. 33,775.	337,020.	<u>157,289.</u> 33,775.	
3	Insurance	55,115.		55,115.	
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 0.)	9,329.	3,135.	5,878.	316
a ⊾	BAD DEBT EXPENSE	7,107.	5,155.	7,107.	510
0		,,10,.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c d	-				
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	3,170,286.	2,043,534.	752,083.	374,669
<u>5</u> 6	Joint costs. Complete this line only if the organization	5,110,2000	2,013,3310	, 52, 005.	574,009
0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

10

INC.

16061212 767667 19003.0

MADISON CHILDREN'S MUSEUM, INC.

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

223,033. 117,402. 1 1 Cash - non-interest-bearing 1,704,237. 922,943. 2 Savings and temporary cash investments 2 1,179,901. 542,411. Pledges and grants receivable, net 3 3 209,017. 424,366. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 6,882. 6,319. 8 Inventories for sale or use 8 25,511. 30,678. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 18,727,553. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 5,502,495. 11,535,508. 13,225,058. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,312,783. 47,423. 15 15 Other assets. See Part IV, line 11 15,559,382. 15,954,090. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 267,585. 196,675. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 1,521,288. 1,488,453. Secured mortgages and notes payable to unrelated third parties 23 23 403,457. 7,226. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 322,434. 25 0. of Schedule D 2,443,854. 763,264. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 14,027,864. 12,431,655. Net assets without donor restrictions 27 27 Net assets with donor restrictions 683,873. 162,962. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 13,115,528. 14,190,826. Total net assets or fund balances 32 32 15,559,382. 15,954,090. 33 33 Total liabilities and net assets/fund balances

(B) End of year

Form 990 (2021)

(A) Beginning of year

Form 990 (2021)

Part X | Balance Sheet

	990 (2021) MADISON CHILDREN'S MUSEUM, INC.	39-1	<u>383497</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
			4 0 4 1		~ 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,24		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,170		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,07		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,11	5,5	28.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14,190),8	26.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	1
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	•	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1
				990	(2021)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

Name	of	the organization						Employer	identification number			
		MADI	SON CHILDRI	EN'S MUSEUM,	INC.			3	9-1383497			
Par	: 1	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	ee instruction	S.				
The o	gan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1 [A church, convention of ch)(A)(i).					
2		A school described in secti										
3		A hospital or a cooperative				(b)(1)(A)(ii	i).					
4		A medical research organization)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 [X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental u	unit or from th	ne general j	public described in			
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9 [An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
_	university:											
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acquir	red by the org	anization a	fter June 30, 1975.			
_		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). 🤇	Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting			
		organization. You must c	omplete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ing			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	ported			
		organization(s). You mus										
с		Type III functionally inte						ly integrate	d with,			
		its supported organization	.,.,	-			-					
d		Type III non-functionally						-				
		that is not functionally int			•		-	an attentiv	reness			
		requirement (see instructi	,	•								
е		Check this box if the orga					Type I, Type	II, Type III				
		functionally integrated, or	51	hally integrated supportion	ng organiz	ation.						
		er the number of supported o	•									
g		vide the following informatior i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization		anization listed	(v) Amount of	monetary	(vi) Amount of other			
	`	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)			
		-		above (see instructions))	163							
_												
Total												

MADISON CHILDREN'S MUSEUM, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3283672.	8903099.	3928094.	2886171.	4245079.	23246115.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3283672.	8903099.	3928094.	2886171.	4245079.	23246115.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						23246115.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3283672.	8903099.	3928094.	2886171.	4245079.	23246115.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	480.	6,480.	5,864.	558.	505.	13,887.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						23260002.
12						12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi		-				
14	Public support percentage for 2021 (I		-			14	99.94 %
15						15	99.94 %
16a	33 1/3% support test - 2021. If the o						57
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •		7	
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•				
10	Private foundation. If the organization	IT UIU HOT CHECK A	oox on line 13, 16a	a, 100, 17a, 0r 17b	o, check this dox al		
						Schedule A	(Form 990) 2021

Schedule A (1 01111 3301 202)	Schedule A ((Form 990)	2021
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MADISON CHILDREN'S MUSEUM INC. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		•				•
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	on,
							>
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			,,	
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ition	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	<u>box on line 14, 19</u>	a, or 19b, check t	his box and see ins	tructions	
13202	23 01-04-22					Schedule	A (Form 990) 2021
			15	5			

MADISON CHILDREN'S MUSEUM, INC.

Ye<u>s</u>

No

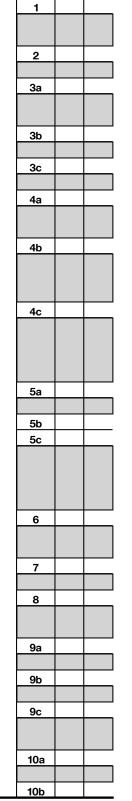
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21



Schedule A (Form 990) 2021

2021.05010 MADISON CHILDREN'S MUSEUM 19003.01

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MADISON CHILDREN'S MUSEUM, INC. chedule A (Form 990) 2021

2

1

Yes No

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion 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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D. A	I Type III Su	pporting O	rganizations			

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

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

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

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

2a 2b 3a 3b

Yes No

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 MADISON CHILDREN'S MUS	EUM, I	NC.	39-1383497 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain i	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

MADISON CHILDREN'S MUSEUM, INC.

Par	rt V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continu	ied)	
Secti	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<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	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
Ū	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
7					
0	and 4c.				
-	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	MADISC	N CHILDREN	'S MUSEUM,	INC.	39-1383497 Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Sectio	formation. Protect 1, 2, 3b, 3c, 4b n D, lines 2 and 3;	ovide the explanation , 4c, 5a, 6, 9a, 9b, 9 Part IV, Section E, I	ns required by Part I c, 11a, 11b, and 11c ines 1c, 2a, 2b, 3a, a	, line 10; Part II, line 17a ; Part IV, Section B, line	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
132028 01-04-2	22					Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	MADISON CHILDREN'S MUSEUM, INC.	39-1383497
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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).

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

Schedule B (Form 990) (2021) Name of organization

MADISON CHILDREN'S MUSEUM, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,850,293.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>394,786.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

16061212 767667 19003.0

Employer identification number

39-1383497

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

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39-1383497

Schedule B (Form 990) (2021)

MADISON CHILDREN'S MUSEUM, INC.

Name of organization

Schedule E	B (Form 990) (2021)			Page 4
Name of o	rganization			Employer identification number
MADIS	ON CHILDREN'S MUSEUM, I	NC.		39-1383497
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations described in set b) through (e) and the following line entri- charitable, etc., contributions of \$1,000 or I	ry. For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.			(1)5	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee
-				
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		e) Transfer of gift	I	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
123454 11-11	1-21	ł		Schedule B (Form 990) (2021)

16061212 767667 19003.0

SCHEDULE D)
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(Form	990)
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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.



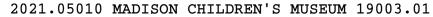
Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	MADISON CHILDREN'S			39-1383497
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advise	ed funds	
•	are the organization's property, subject to the organization's	5		Yes No
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
			•	Yes No
Par				
1	Purpose(s) of conservation easements held by the organizati		urerv, m	
•	Preservation of land for public use (for example, recrea		a historic	ally important land area
	Protection of natural habitat			historic structure
	Preservation of open space		acentined	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form (of a conse	privation essement on the last
2	day of the tax year.			Held at the End of the Tax Year
•				2a
	Total number of conservation easements			
	· · · · · · · · · · · · · · · · · · ·	usture included in (a)	·····	2b 2c
	Number of conservation easements on a certified historic str			
a	Number of conservation easements included in (c) acquired a			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organizat	ion during the tax
	year			
4	Number of states where property subject to conservation ear			
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervation e	asements during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservat	ion easen	ients during the year
•	► \$	a patiefy the many improved of easting 170/		
8	Does each conservation easement reported on line 2(d) abov	• • • •		
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati	•		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that d	lescribes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	hor Sim	ilar Assots
1 01	Complete if the organization answered "Yes" on Form			
4.				
Ta	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pul			of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
~				\$
2	If the organization received or held works of art, historical tre		gain, pro	viae
	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1			• \$
		<i>.</i>		\$ 0.1.1.1.D./E
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21			

25)	
	0 - 0 4 0	



<u>Sche</u>		CHILDREN'S					39-13	83497	7 _{Pa}	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical	Treasures, o	r Other	Similar	· Asset	s _{(contin}	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of	the following tha	t make sig	gnificant u	se of its	-		
	collection items (check all that apply):									
а	Public exhibition	d	Loan o	r exchange progr	am					
b	Scholarly research	е		0.0						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they furth	er the organization	on's exem	not purpos	se in Par	t XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran				"Yes" on	Form 990	. Part IV.			ri
	reported an amount on Form 990, Par		5				, , ,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contribu	itions or other as	sets not i	ncluded				
	on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part XIII									
			-					Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" o	n Form 990, Parl	t IV, line 1	0.		_		
		(a) Current year	(b) Prior yea	ar (c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, colun	nn (a)) held as:						
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment									
с		%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are he	ld and administe	red for the	e organiza	tion			
	by:	-				-		ſ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 1	1a. See Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investm	• •	Cost or other asis (other)		ccumulate preciation	d	(d) Bool	k value	Э
1a	Land									
	Buildings		18,	134,339.	5,0	80,06		13,054	1,2	78.
	Leasehold improvements			19,064.		19,06				0.
	Equipment			574,150.	4	103,37	70.	17(),78	30.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part 2	X. column (B). I	ne 10c.)			▶ 1	13,22	5,0	58.
									000	0004

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MADISON CH	LDREN'S MUSEU	M, INC.	39-1383497 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes (a) Description of investment	on Form 990, Part IV, line (b) Book value		X, line 13. tion: Cost or end-of-year market value
(1)	(,	(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
) Description		(b) Book value
(1)	,		(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	25)		►
2. Liability for uncertain tax positions. In Part XIII, provid			
organization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 MADISON CHILDREN'S MUSEUM		39-1383497	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
		ments With Expe		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	2a.	nses per Return.	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	nses per Return.	
Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.	nses per Return.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. 2 a	nses per Return.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2 a 2 b	nses per Return.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2b 2c	nses per Return.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses	2a. 2a 2b 2c 2d	nses per Return.	
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2d	11	
Pa 1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	11	
Pa 1 2 b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	11	
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d 2d	11	
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Bathrough 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2c 2d 4a 4b	11 2e 3 1 2e 3	
Pa 1 2 a b c d 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2c 2d 4a 4b	11 2e 3 4c	

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.

132054 10-28-21

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021	
Department of the Treasury		Attach to For					- h	Open to Public	
Internal Revenue Service		o to www.irs.gov/Form990 for	^r instruction	s and	the latest informati	on.		Inspection	
Name of the organization		CHILDREN'S MUS	ETTM TI	NC.			Employer ide	entification number	
Part I Fundrais									
required to	complete this par	t.							
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 	tions email solicitations tations dicitations on have a written o red in Form 990, P) highest paid indiv	f X S g X S or oral agreement with any indivi- eart VII) or entity in connection widuals or entities (fundraisers)	olicitation of olicitation of pecial fundra vidual (inclue with profess	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye		
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or co	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
ALAN YOUNG - N3341	СТҮ НЖҮ О,	CAPITAL CAMPAIGN	Yes	No	-				
CATAWBA, WI 54515		CONSULTING		X	0.		25,000.	-25,000.	
				-					
Total				►			25,000.	-25,000.	
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to s	olicit contrib	utions	or has been notified	it is e	exempt from re	egistration	
WI									
	aduation Ast N-1	ioo ooo tha Instructions for F		000 -	7		Cala a de d	0.000 0001	
LHA FOR Paperwork R	eduction Act Not	ice, see the Instructions for F	orm 990 or	ээ0-F	.		Schedul	e G (Form 990) 2021	

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MADISON CHILDREN'S MUSEUM, INC.

39-1383497 Page 2

Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
		nutions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
		Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
Ē	8 9	Entertainment Other direct expenses				
		Direct expense summary. Add lines 4 through			•	
Pa	irt I	Net income summary. Subtract line 10 from line Gaming. Complete if the organization a		990, Part IV, line 19, or r		
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Å	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Net gaming moone sammary. Subtrast mer				1
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:		states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te	rminated during the tax y	ear?	Yes No
13208	32 10	-21-21			Sche	dule G (Form 990) 2021

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Schedule G (Form 990) 2021	MADISON CHILDREN'S	S MUSEUM,	INC.	39-1383497 Page 3
11 Does the organization conduct	gaming activities with nonmembers?			
	neficiary or trustee of a trust, or a mem ?			Yes No
13 Indicate the percentage of gam				
14 Enter the name and address of	the person who prepares the organizati	on's gaming/spec	cial events books and reco	rds:
Name 🕨				
Address 🕨				
15a Does the organization have a co	ontract with a third party from whom the	e organization rec	eives gaming revenue?	Yes No
b If "Yes," enter the amount of ga	ming revenue received by the organizat	tion 🕨 \$	and the an	nount
of gaming revenue retained by	he third party 🕨 \$	_		
c If "Yes," enter name and addres	s of the third party:			
Name				
Address 🕨				
16 Gaming manager information:				
······································				
Name 🕨				
Gaming manager compensation	▶ \$			
Description of sonvices provider	1 🕨			
Description of services provided				
Director/officer	Employee Inc	lependent contra	ctor	
17 Mandatory distributions:				
•	er state law to make charitable distribu	tions from the ga	mina proceeds to	
retain the state gaming license?				Yes No
b Enter the amount of distribution	s required under state law to be distrib			
organization's own exempt acti				
	prmation. Provide the explanations reasonable and addition and addition			/); and Part III, lines 9, 9b, 10b,
132083 10-21-21				Schedule G (Form 990) 2021
		31		

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Schedule G	(Form	990)	

Part IV	Supplemental Information (continued	d)
_		
		Schedule G (Form 990
132084 11-18-	21	

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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization 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.



MADISON CHILDREN'S MUSEUM, INC.

Employer identification number 39-1383497

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

SCREEN-FREE, ACTIVE PLAY THAT IS FULL OF OPPORTUNITIES FOR CREATIVE

EXPRESSION AND SOCIAL EMOTIONAL LEARNING, ALL WHILE ENSURING THAT

MADISON CHILDREN'S MUSEUM EMERGES FROM THE PANDEMIC STRONGER THAN EVER.

WONDERGROUND IS AN UTTERLY UNIQUE AND CREATIVE FOUR-SEASON PLAY SPACE

WHERE CHILDREN ENGAGE IN ROBUST PHYSICAL ACTIVITY.

IN FY 2122 THE WONDERGROUND WAS USED 75% OF ALL VISITORS.

BY DESIGN INCLUDES GROUNDBREAKING DESIGN AND MATERIAL CHOICES.

1) IT MAKES ACTIVE PLAY ACCESSIBLE: THE THICKET, A 30' SOARING CLIMBING

SCULPTURE INCLUDES DESTINATION AREAS THAT ARE ACCESSIBLE TO KIDS WHO

ARE IN WHEELCHAIRS OR HAVE LIMITED MOBILITY; A RAMP THAT WINDS BENEATH

A PLATFORM AND ENDS UP INSIDE A PINECONE, THREE FEET OFF THE GROUND;

SPIRAL STAIRS THAT ARE ACCESSIBLE TO KIDS WHO CAN PULL THEMSELVES OUT

OF A CHAIR UP TO THE TOP OF STAIRS VIA A TRANSFER STATION; AND THE

ENTIRE ACTIVE, GROUND-LEVEL PLAY AREA OF ROLLING TOPOGRAPHY PROVIDES

ACCESS OVER ENGINEERED WOOD FIBER MATERIAL. KIDS WITH LIMITED MOBILITY

CAN GO INTO THE LOG CABIN, ITS ORCHARD AND YARD, MOVE ALL AROUND THE

THICKET CLIMBER, THE GIANT BUCKET, AND THE HANDICAPPED-ACCESSIBLE NOOK

THAT SITS AGAINST THE BUILDING.

2) SUSTAINABILITY PRACTICES AND EXPERIENCES FOR VISITORS. MCM HAS BEEN RECOGNIZED FOR ITS OUTSTANDING SUSTAINABILITY WORK. TWO NOTABLE AWARDS ARE LEED CERTIFICATION FOR AN EXISTING BUILDING (THE FIRST MUSEUM IN WISCONSIN TO ACHIEVE THAT) AND THE 2021 AMERICAN ALLIANCE FOR MUSEUMS' SUSTAINABLE EXHIBIT DESIGN AWARD. MCM'S COMMITMENT TO SUSTAINABILITY IS GOOD FOR KIDS, OUR COMMUNITY, AND THE WORLD FOR MANY REASONS: EDUCATING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number				
MADISON CHILDREN'S MUSEUM, INC.	39-1383497				
KIDS ABOUT SUSTAINABLE PRACTICES PREPARES THEM TO BE "GOOD	GLOBAL				
CITIZENS," IT CONTRIBUTES TOWARD OUR OVERALL HEALTH AND SU	RVIVAL, AND				
IT'S INSPIRING TO SEE HOW SEEMINGLY USELESS OR DISCARDED T	HINGS CAN BE				
REPURPOSED TO BE USEFUL, BEAUTIFUL, WHIMSICAL, AND FUN. WE	ARE USING				
LOCAL, NATURAL AND SUSTAINABLE MATERIALS. BY USING BUILDIN	G MATERIALS				
THAT STORE CARBON (BLACK LOCUST TREES), PACKING OUR SPACE	WITH PLANTS				
THAT HELP ABSORB CARBON, AND INTENTIONALLY USING RECYCLED	PLASTIC AND				
RECLAIMED MATERIALS WHENEVER POSSIBLE, WE ARE HELPING CREA	TE A NEW				
STORY FOR OUR PLANET'S FUTURE.					
WITH THE WONDERGROUND EXPANSION, EXHIBITS OCCUPY MORE THAN	40,000				
SQUARE FEET OF INDOOR AND OUTDOOR PUBLIC SPACE - DESIGNED	AND				
FABRICATED BY A WISCONSIN WORKFORCE IN COLLABORATION WITH	FABRICATED BY A WISCONSIN WORKFORCE IN COLLABORATION WITH THE				
COMMUNITYINCLUDING MORE THAN 130 LOCAL ARTISTSAND FEATURE	THE USE OF				
LOCALLY OBTAINED MATERIALS. EXHIBIT AREAS PROMOTE LEARNING	THROUGH PLAY				
FOR AGES 5 AND UNDER IN THE WILDERNEST AND URB GARDEN EXHI	BITS, BOTH OF				
WHICH ARE CONSTRUCTED OF ALL NATURAL MATERIALS. THE FOLLOW	ING AREAS				
ENGAGE CHILDREN UP TO AGE 12: THE TWO-STORY HODGEPODGE MAH	AL CLIMBER				
AND HUMAN-SIZED GERBIL WHEEL FOR WHOLE-BODY EXERCISE; AND	THE ART				
STUDIO FOR CREATIVE EXPRESSION. AN ACCESSIBLE GREEN ROOF,	THE ROOFTOP				
RAMBLE, ENABLES FOUR-SEASON EXPLORATION OF NATURE IN A "PA	RK IN THE				
SKY". AN INTERACTIVE EXHIBIT ABOUT LAKES AND WATER QUALITY	CALLED				
SEYMORE'S ADVENTURE; AN EXHIBIT CALLED FROM COOPS TO CATHEDRALS ABOUT					
NATURE, CHILDHOOD AND THE ARCHITECTURE OF FRANK LLOYD WRIGHT; A SMALL					
COLLECTIONS EXHIBIT CURRENTLY FEATURING COLLECTIONS OF CHILDREN'S					
ENVIRONMENTAL GOOD DEEDS, ACTIONS AND PRACTICES; AN ART EXHIBIT ABOUT					
NATURE MADE BY CHILDREN FROM A LOCAL COMMUNITY ART CENTER; A WHIMSICAL					
AUTOMATA EXHIBIT; AN HISTORICAL EXHIBIT ABOUT THE HISTORY					
132212 11-11-21 34	Schedule O (Form 990) 2021				

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SEWING CIRCLES CALLED "A STITCH IN TIME".

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

SITE AND PRODUCED PROGRAMS ON AND OFFSITE. IN MAY 2022 MCM PURCHASED A

MINIVAN AND LAUNCHED OUR TRAVELING ROADSHOW TAKING FOUR HANDS-ON

EXHIBITS AND PROGRAMS THROUGHOUT THE COMMUNITY. EIGHT LOCATIONS WERE

SERVED IN JUNE 2022, WITH ANOTHER 30 SCHEDULED BEFORE WINTER 2022.

THE MUSEUM STRIVES TO SERVE EVERY CHILD, REGARDLESS OF ABILITY,

CULTURE, OR ECONOMIC BACKGROUND. CONSISTENT WITH PRE-COVID, THE ACCESS

FOR EVERYONE PROGRAM HISTORICALLY AND CURRENTLY PROVIDES ACCESS FOR

NEARLY 1/3 OF ALL VISITORS THROUGH FREE AND LOW-COST ADMISSIONS,

MEMBERSHIPS, OUTREACH PROGRAMMING, AND EVENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE MUSEUM ACTIVELY COLLABORATES WITH THE DOWNTOWN BUSINESS IMPROVEMENT DISTRICT, GREATER MADISON CHAMBER OF COMMERCE, AND GREATER MADISON CONVENTION & VISITORS BUREAU -- AND MANY OTHER GROUPS SUCH AS THE BLACK, LATINO AND LGBTQ CHAMBERS OF COMMERCE -- TO EXPAND ITS REACH THROUGH STRATEGIC PARTNERSHIPS.

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

THE CONTROLLER REVIEWS THE PREPARED FORM 990 IN DETAIL AND DISTRIBUTES IT

TO ALL MEMBERS OF THE GOVERNING BODY FOR ANY COMMENTS OR CHANGES BEFORE THE RETURN IS FILED WITH THE IRS.

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

 THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL OF ITS DIRECTORS

 132212 11-11-21
 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2							
Name of the organization MADISON CHILDREN'S MUSEUM, INC.	Employer identification number 39-1383497							
AND OFFICERS. ANY DIRECTOR, OFFICER, OR MEMBER OF A COMMIT	TEE WHO HAS A							
DIRECT OR INDIRECT FINANCIAL INTEREST IS CONSIDERED AN INT	ERESTED PERSON.							
AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FI	INANCIAL INTEREST							
AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACT	ATERIAL FACTS TO THE							
DIRECTORS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEM	CTORS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE							
INTERESTED PERSON MUST ABSTAIN FROM ANY VOTE ON THE ARRANG	ANGEMENT. EACH							
DIRECTOR AND OFFICER ANNUALLY SIGNS A CONFLICT OF INTEREST	T STATEMENT AND							
THE SIGNED STATEMENTS ARE REVIEWED BY MANAGEMENT.								

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

THE EXECUTIVE COMMITTEE OF THE GOVERNING BODY ANNUALLY DETERMINES THE INITIAL COMPENSATION OF THE PRESIDENT AND CEO, WHICH IS BASED IN PART ON DATA OBTAINED FROM A THIRD PARTY ON APPROPRIATE COMPENSATION LEVELS, CONDUCTS AN ANNUAL PERFORMANCE REVIEW, AND IMPLEMENTS ANY RAISES OR OTHER COMPENSATION ADJUSTMENTS AS DEEMED APPROPRIATE BY THE COMMITTEE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX

THE EXPENSES RELATED TO THE CAPITAL EXPANSION PROJECT ARE ALLOCATED

BETWEEN MANAGEMENT AND GENERAL EXPENSES AND FUNDRAISING EXPENSES.

FORM 990, PART XII, LINE 2C

THERE WERE NO CHANGES IN THE CURRENT YEAR.

132212 11-11-21

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	anizations and Unrelated Partnerships ion answered "Yes" on Form 990, Part IV, line 33, 34, 35b ▶ Attach to Form 990. gov/Form990 for instructions and the latest information.	therships ine 33, 34, 35b, 3 ti information.	6, or 37.		OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization MADISON CHILDREN'S MUSEUI	KEN'S MUSEUM, INC.				Employer identification number 39-1383497	ication number 4.9.7
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	te if the organization answered "Yes"	on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	ations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	, Part IV, line 34, t	because it had one	or more related tax-exe	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	512 512 troll
MADISON CHILDREN'S MUSEUM FOUNDATION, INC 43-1956290, 100 N HAMILTON ST, MADISON, WI 53703	SUPPORTING ORGANIZATION OF MADISON CHILDREN'S MUSEUM, INC.	WISCONSIN	501(C)(3)	LINE 12A, I	MADISON CHILDREN'S MUSEUM, INC.	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R	Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 MADISON	SON CHILDREN'S		MUSEUM, INC						39-1	383497	7 Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ganizations Taxable a	as a Partne IX year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990	, Part IV, line	34, becau	se it had one or I	nore relat	þé
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or l xx managing partner? 55) Yes No	or Percentage
		6									
Part IV Identification of Related Organizations Taxable as a Corporation Part IV organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	as a Corpo og the tax y	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	wered "Yes" on	Form 990, Pa	art IV, line 3	34, because it ha	d one or r	nore related
(a) Name, address, and EIN of related organization	Zic	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total o, income) of total me	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				_		I
	:	:		>	Yes	۶
During the tax year, did the organization engage in any of the following	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV'?			⊳
a Heceipt of (I) interest, (II) annuities, (III) royatties, or (IV) rent from a controlled entity	/			1a		4
b Gift, grant, or capital contribution to related organization(s)				1		×
(s)				10	Х	
 I can a narantaa to ar for related arranization(s) 				Ţ		×
				2 4		×
				D		1
E Dividends from related organization(s)				¥		×
						Þ
g bale of assets to related organization(s)				Jg		4
h Purchase of assets from related organization(s)				Чh		X
i Exchange of assets with related organization(s)				1i		X
i Lease of facilities. equipment. or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for r	nization(s)			÷		×
. Dotormano of convisor or mombored or fundraising collectrations by relation of the fundral of	nization(e)			Ę	-	×
	וודמנוטוו(<i>א</i>)			_	_	1
n sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			_	4 :	
 Sharing of paid employees with related organization(s) 				ę	×	ſ
p Reimbursement paid to related organization(s) for expenses				đ		×
Reimbursement paid by related organization(s) for expenses				1a		X
 Other transfer of cash or property to related organization(s) 				÷	-	 ×
						×
Other transfer of cash or property from related organization(s)				IS	-	4
2 If the answer to any of the above is "Yes," see the instructions for information on whether the answer is a set of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," see the above is "Yes," see the instruction of the above is "Yes," see the above	ho must complete thi	s line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) MADISON CHILDREN'S MUSEUM FOUNDATION, INC.	U	3,850,293.	FACE AMOUNT			
(2)						
(3)						
(5)						

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497 Page 4		oss revenue)	(j) (k) General or Percentage managing partner? ves No				
39-1383497		/ total assets or gro	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
		neasured by	(h) Dispropor- tionate allocations? Yes No				
	37.	of its activities (n	(g) Share of end-of-year assets				
	990, Part IV, line	than five percent	(f) Share of total income				
	" on Form	cted more	(e) Are all 501(c)(3) orgs.? Yes No				
INC.	ie organization answered "Yes" on Form 990, Part IV, line 37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
	mplete if the organi	iip through which th sion for certain inve	(c) Legal domicile (state or foreign country)				
MADISON CHILDREN'S MUSEUM	ole as a Partnership. Co	ntity taxed as a partnersh tructions regarding exclus	(b) Primary activity				
Schedule R (Form 990) 2021 MADISC	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity				

MADISON CHILDREN'S MUSEUM, INC.

Part VII Supplemental Infor

Provide additional information for responses to questions on Schedule R. See instructions.

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