

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CHILDRENS MUSEUM Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 308 CONGRESS STREET City or town, state or country, and ZIP + 4 BOSTON, MA 02210 F Name and address of principal officer: AMY AUERBACH SAME AS C ABOVE	D Employer identification number 04-2103993 E Telephone number (617) 426-6500 G Gross receipts \$ 9,032,624. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ BOSTONCHILDRENSMUSEUM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1913 M State of legal domicile: MA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	145
	6 Total number of volunteers (estimate if necessary)	6	5
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,689.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,975,024.	1,952,420.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,712,638.	4,020,706.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	546,000.	734,649.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	179,256.	161,167.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,412,918.	6,868,942.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	2,844,657.	2,759,789.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 241,266.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,989,455.	5,724,869.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,834,112.	8,484,658.
	19 Revenue less expenses. Subtract line 18 from line 12	-2,421,194.	-1,615,716.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	68,098,254.	65,715,577.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,791,596.	20,973,156.
		44,306,658.	44,742,421.

Part II Signature Block

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

Sign Here	Signature of officer AMY AUERBACH, SVP & CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ALFONSO PERILLO Preparer's signature ORIGINAL SIGNED BY ALFONSO PERILLO Date 05/11/12 Check if self-employed <input type="checkbox"/> PTIN Firm's name ▶ EDELSTEIN AND COMPANY, LLP Firm's EIN ▶ Firm's address ▶ 160 FEDERAL STREET, 9TH FLOOR BOSTON, MA 02110-1772 Phone no. 617-227-6161	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BOSTON CHILDREN'S MUSEUM SPARKS THE CREATIVITY, CURIOSITY AND IMAGINATION THAT IMPACTS DEVELOPING MINDS AND PROPEL CHILDREN TO DISCOVER THEIR POTENTIAL.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,972,044. including grants of \$) (Revenue \$ 2,611,355.) VISITOR PROGRAMS OFFER INFORMAL AND FORMAL LEARNING EXPERIENCES FOR FAMILIES, SCHOOL, AFTER-SCHOOL AND COMMUNITY GROUPS.

4b (Code:) (Expenses \$ 1,971,273. including grants of \$) (Revenue \$ 192,064.) EXHIBITS PROVIDE INNOVATIVE, HANDS-ON, EDUCATIONAL AND ENGAGING ACTIVITIES FOCUSED ON SCIENCE AND MATH, CULTURE, ENVIRONMENTAL AWARENESS, HEALTH AND THE ARTS.

4c (Code:) (Expenses \$ 1,814,535. including grants of \$) (Revenue \$ 72,673.) EDUCATION PROGRAMS INCLUDE SIGNIFICANT FOCUS ON PRE-SCHOOL, EARLY CHILDHOOD EDUCATION AND SCHOOL READINESS AS WELL AS "STEM" PROGRAMS FOR OLDER KIDS AND TOOLS AND TRAINING FOR AFTER-SCHOOL ADULTS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 288,113. including grants of \$) (Revenue \$ 1,144,614.)

4e Total program service expenses 7,045,965.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a			23
b	Enter the number of voting members included in line 1a, above, who are independent		
1b			23
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a		X
10a		
b		
10b		
10b		
11a	X	
11a		
b		
11b		
11b		
12a	X	
12a		
b		
12b	X	
12b		
c		
12c	X	
12c		
13	X	
13		
14	X	
14		
15		
15a	X	
15a		
b		
15b		X
15b		
16a		X
16a		
b		
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **AMY AUERBACH - (617) 426-6500**
308 CONGRESS STREET, BOSTON, MA 02210

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN L. ROUNDS TRUSTEE, CHAIR	1.50	X		X			0.	0.	0.	
MICHAEL W. YOGMAN TRUSTEE, VICE CHAIR	0.50	X		X			0.	0.	0.	
PATRICIA A. PARCELLIN TRUSTEE	0.50	X		X			0.	0.	0.	
ANNE M. BLODGET TRUSTEE, SECRETARY	0.30	X		X			0.	0.	0.	
CHRISTOPHER C. THOMPSON TRUSTEE, TREASURER	0.50	X		X			0.	0.	0.	
KAREN G. BAROODY TRUSTEE	0.40	X					0.	0.	0.	
ROGER S. BERKOWITZ TRUSTEE	0.40	X					0.	0.	0.	
MARTIN BISCHOFF TRUSTEE	0.40	X					0.	0.	0.	
LINDA CARLISLE TRUSTEE	0.40	X					0.	0.	0.	
JOSEPH CHOW TRUSTEE	0.40	X					0.	0.	0.	
DONALD CORNUET TRUSTEE	0.40	X					0.	0.	0.	
NIRAV DAGLI TRUSTEE	0.50	X					0.	0.	0.	
MARK L. DINAPOLI TRUSTEE	0.40	X					0.	0.	0.	
DEBORAH JOELSON TRUSTEE	0.40	X					0.	0.	0.	
ROBIN G. JONES TRUSTEE	0.40	X					0.	0.	0.	
MICHAEL B. KEATING TRUSTEE	0.40	X					0.	0.	0.	
STEPHEN T. KUNIAN TRUSTEE	0.40	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY MAY TRUSTEE	0.40	X					0.	0.	0.	
THOMAS MCCROREY TRUSTEE	0.40	X					0.	0.	0.	
YASMIN NAMINI TRUSTEE	0.40	X					0.	0.	0.	
BHASKER NATARAJAN TRUSTEE	0.40	X					0.	0.	0.	
ERICA G. PAPPENDICK TRUSTEE	0.40	X					0.	0.	0.	
SYLVIA STEVENS-EDOUARD TRUSTEE	0.40	X					0.	0.	0.	
CAROLE CHARNOW PRESIDENT AND CEO	35.00			X			77,885.	0.	0.	
DAVID ELLIS INTERIM PRESIDENT AND CEO	14.00			X			112,500.	0.	0.	
AMY AUERBACH SVP AND CFO	35.00			X			114,288.	0.	5,108.	
1b Sub-total							304,673.	0.	5,108.	
c Total from continuation sheets to Part VII, Section A							7,738.	0.	1,647.	
d Total (add lines 1b and 1c)							312,411.	0.	6,755.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CB RICHARD ELLIS/N.E. PARTNERS, 111 HUNTINGTON AVE, 12TH FLOOR, BOSTON, MA	PROPERTY MANAGEMENT	258,831.
A.C.P CLEANING, INC. P.O. BOX 2411, WOBURN, MA 01888	MUSEUM AND TENANT CLEANING	210,751.
SECURITAS SECURITY SERVICES US 8 WINTER STREET, BOSTON, MA 02108	MUSEUM AND BUILDING SECURITY	207,657.
CUSTOM COMPUTER SPECIALISTS, INC. 70 SUFFOLK COURT, HAUPPAUGE, NY 11788	IT AND NETWORK MONITORING SERVICES	108,079.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	292,588.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1659832.					
	g Noncash contributions included in lines 1a-1f: \$		113,006.					
	h Total. Add lines 1a-1f			1952420.				
Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code	900099	2454824.	2454824.			
	b <u>MEMBERSHIPS</u>		900099	1144615.	1144615.			
	c <u>PROGRAM FEES</u>		900099	273,342.	266,963.	6,379.		
	d <u>TRAVELING EXHIBITS</u>		900099	147,925.	147,925.			
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			4020706.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			387,287.			387,287.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real		1,807,066.				
		(ii) Personal						
		b Less: rental expenses		1,924,960.				
	c Rental income or (loss)		-117,894.					
	d Net rental income or (loss)			-117,894.		4,310.	-122204.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		550101.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		202739.				
	c Gain or (loss)		347362.					
	d Net gain or (loss)			347,362.			347,362.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		224530.				
		b Less: direct expenses		35,983.				
c Net income or (loss) from fundraising events			188,547.			188,547.		
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
11 a <u>ANCILLARY SERVICES</u>		900099		90,514.	90,514.			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				90,514.				
12 Total revenue. See instructions.				6868942.	4104841.	10,689.	800,992.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	391,405.		391,405.	
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	1,895,301.	1,608,384.	249,918.	36,999.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,476.	24,480.	7,996.	
9 Other employee benefits	273,648.	185,317.	87,041.	1,290.
10 Payroll taxes	166,959.	119,236.	45,269.	2,454.
11 Fees for services (non-employees):				
a Management				
b Legal	18,350.		16,833.	1,517.
c Accounting	40,490.		40,490.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	880,182.	560,366.	206,524.	113,292.
12 Advertising and promotion	520,132.	519,047.		1,085.
13 Office expenses	293,387.	171,021.	75,467.	46,899.
14 Information technology				
15 Royalties				
16 Occupancy	1,912,539.	1,660,988.	243,324.	8,227.
17 Travel	76,303.	49,484.	12,724.	14,095.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	27,379.	22,280.	3,964.	1,135.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,920,526.	1,779,925.	135,869.	4,732.
23 Insurance	6,303.		6,303.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MATERIALS AND SUPPLIES	118,533.	106,928.	9,671.	1,934.
b PROFESSIONAL DEVELOPMEN	4,993.	2,035.	2,463.	495.
c REPAIRS & MAINTENANCE	3,280.	3,280.		
d APPLIED OVERHEAD	-97,528.	233,194.	-337,834.	7,112.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	8,484,658.	7,045,965.	1,197,427.	241,266.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,913,123.	1	2,686,674.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	4,816,828.	3	2,706,952.	
	4 Accounts receivable, net	247,342.	4	251,447.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	307,101.	9	267,735.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 61,465,139.			
	b Less: accumulated depreciation	10b 17,012,118.	45,457,254.	10c	44,453,021.
	11 Investments - publicly traded securities	12,727,404.	11	14,698,005.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,629,202.	15	651,743.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	68,098,254.	16	65,715,577.		
Liabilities	17 Accounts payable and accrued expenses	1,230,296.	17	759,643.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	21,500,000.	20	19,270,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	220,845.	24	242,804.	
	25 Other liabilities. Complete Part X of Schedule D	840,455.	25	700,709.	
	26 Total liabilities. Add lines 17 through 25	23,791,596.	26	20,973,156.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	31,622,920.	27	33,484,787.	
	28 Temporarily restricted net assets	8,618,542.	28	7,192,438.	
	29 Permanently restricted net assets	4,065,196.	29	4,065,196.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	44,306,658.	33	44,742,421.	
	34 Total liabilities and net assets/fund balances	68,098,254.	34	65,715,577.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,868,942.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,484,658.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,615,716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,306,658.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,051,479.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	44,742,421.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,372,933.	7,841,656.	5,720,528.	1,975,024.	1,952,420.	25,862,561.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,473,043.	4,599,781.	3,962,855.	3,918,114.	4,398,111.	19,351,904.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	10,845,976.	12,441,437.	9,683,383.	5,893,138.	6,350,531.	45,214,465.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	505,082.	452,098.	244,210.	114,203.	290,959.	1,606,552.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	505,082.	452,098.	244,210.	114,203.	290,959.	1,606,552.
8 Public support (Subtract line 7c from line 6.)						43,607,913.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	10,845,976.	12,441,437.	9,683,383.	5,893,138.	6,350,531.	45,214,465.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,928,524.	2,130,055.	1,935,674.	2,051,503.	2,194,353.	10,240,109.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,928,524.	2,130,055.	1,935,674.	2,051,503.	2,194,353.	10,240,109.
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	12,774,500.	14,571,492.	11,619,057.	7,944,641.	8,544,884.	55,454,574.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	78.64 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	84.30 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	18.47 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	13.48 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

THE CHILDRENS MUSEUM

Employer identification number

04-2103993

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization THE CHILDRENS MUSEUM	Employer identification number 04-2103993
---	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
29	DONATED SHARES OF STOCK _____ _____ _____	\$ 102,578.	01/10/11
54	DONATED SHARES OF STOCK _____ _____ _____	\$ 10,428.	01/10/11
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

THE CHILDRENS MUSEUM

04-2103993

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **THE CHILDRENS MUSEUM** Employer identification number **04-2103993**

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,967,657.	18,690,397.	27,086,175.		
b Contributions	820,770.	639,174.	3,355,163.		
c Net investment earnings, gains, and losses	2,426,583.	1,886,241.	-1,957,191.		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,891,706.	4,248,155.	9,793,750.		
f Administrative expenses					
g End of year balance	16,323,304.	16,967,657.	18,690,397.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 31.00 %
- b Permanent endowment 25.00 %
- c Term endowment 44.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,331,193.		3,331,193.
b Buildings		44,799,921.	9,888,423.	34,911,498.
c Leasehold improvements				
d Equipment		2,514,617.	1,077,513.	1,437,104.
e Other		10,819,408.	6,046,182.	4,773,226.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				44,453,021.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DERIVATIVE FINANCIAL INSTRUMENTS	700,709.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 700,709.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,868,942.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,484,658.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,615,716.
4	Net unrealized gains (losses) on investments	4	1,705,718.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	345,761.
9	Total adjustments (net). Add lines 4 through 8	9	2,051,479.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	435,763.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,953,832.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,705,718.
b	Donated services and use of facilities	2b	47,755.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	2,331,417.
e	Add lines 2a through 2d	2e	4,084,890.
3	Subtract line 2e from line 1	3	6,868,942.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,868,942.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,518,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	47,755.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,985,657.
e	Add lines 2a through 2d	2e	2,033,412.
3	Subtract line 2e from line 1	3	8,484,658.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,484,658.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A: IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY

MUSEUMS, THE VALUE OF PROPERTY DONATED FOR THE MUSEUM COLLECTION IS NOT

REFLECTED ON THE STATEMENT OF FINANCIAL POSITION. THE COLLECTION IS

DEEMED INEXHAUSTIBLE. THE COLLECTION IS MAINTAINED FOR EDUCATION AND

RESEARCH AND FURTHERANCE OF THE MUSEUM'S GOALS RATHER THAN FINANCIAL GAIN.

THE COLLECTION IS PROTECTED, KEPT UNENCUMBERED AND IS SUBJECT TO AN

ORGANIZATIONAL POLICY THAT ENCOURAGES PERMANENT POSSESSION.

Part XIV Supplemental Information (continued)

PART III, LINE 4: BOSTON CHILDRENS MUSEUM HAS BEEN A COLLECTING INSTITUTION SINCE ITS BEGINNING IN 1913 AND TODAY THE COLLECTIONS NUMBER APPROXIMATELY 50,000 OBJECTS, INCLUDING CULTURAL ARTIFACTS AND NATURAL HISTORY SPECIMENS, WHICH CAN BE BROKEN INTO SIX MAIN COLLECTING AREAS, NATIVE AMERICAN, JAPANESE, AMERICANA, GLOBAL DOLLS, GENERAL CULTURAL COLLECTIONS, AND NATURAL HISTORY. THE COLLECTION IS MOST FREQUENTLY USED TO ENHANCE MUSEUM EXHIBITS, FOR SCHOLARLY RESEARCH, AS WELL AS EDUCATIONAL PROGRAMMING.

PART V, LINE 4: THE ORGANIZATION'S TERM ENDOWMENTS ARE USED FOR THE FOLLOWING PURPOSES: 1) CAPITAL CAMPAIGN, 2) EXHIBITS AND 3) OTHER PROGRAMS. THE MUSEUM USES ITS PERMANENT ENDOWMENTS IN ACCORDANCE WITH UPMIFA AND SPENDS FOUR-AND-A-HALF PERCENT OF THE AVERAGE OF THE FMV OF EACH OF THE PREVIOUS 12 QUARTERS TO SUPPORT CURRENT OPERATIONS. THE BOARD-DESIGNATED AND QUASI-ENDOWMENTS ARE USED AT THE BOARD'S DISCRETION.

PART X, LINE 2: THE MUSEUM HAS EVALUATED THE TAX POSITIONS TAKEN ON RETURNS FOR OPEN YEARS AND THOSE EXPECTED TO BE TAKEN ON RETURNS FOR JUNE 30, 2011. IT IS MANAGEMENT'S BELIEF THAT SUCH TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. ACCORDINGLY, NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN REFLECTED IN THESE FINANCIAL STATEMENTS. RETURNS FOR TAX YEARS BEGINNING WITH THOSE FILED FOR JUNE 30, 2008 ARE OPEN TO EXAMINATION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON DERIVATIVE INSTRUMENTS	139,746.
BOOK-TAX RENTAL INCOME ADJUSTMENT PER IRC 467	77,074.
REFUND OF CITY OF BOSTON PROPERTY TAXES	91,293.

Part XIV Supplemental Information (continued)

BAD DEBT FROM UNCOLLECTIBLE PLEDGES	-24,713.
PROCEEDS FROM INSURANCE SETTLEMENT	62,361.
TOTAL TO SCHEDULE D, PART XI, LINE 8	345,761.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES	35,983.
RENTAL EXPENSES	1,924,961.
BOOK-TAX RENTAL INCOME ADJUSTMENT PER IRC 467	77,073.
UNREALIZED GAIN ON DERIVATIVE INSTRUMENTS	139,746.
REFUND OF CITY OF BOSTON PROPERTY TAXES	91,293.
PROCEEDS FROM INSURANCE SETTLEMENT	62,361.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,331,417.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES	35,983.
RENTAL EXPENSES	1,924,961.
BAD DEBT FROM UNCOLLECTIBLE PLEDGES	24,713.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	1,985,657.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	BIG APPLE CIRCUS (event type)	NONE (total number)	
Revenue	1	Gross receipts	200,318.	24,212.	224,530.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	200,318.	24,212.	224,530.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	35,135.	848.	35,983.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(35,983)
	11	Net income summary. Combine line 3, column (d), and line 10			188,547.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds
(Form 990)** Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

THE CHILDRENS MUSEUM

Employer identification number
04-2103993

Part I Bond Issues

SEE PART V FOR COLUMN (A) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated of issuer		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MASSACHUSETTS A DEVELOPMENT FINANCE AGEN04-343118157583RGQ2	04-343118157583RGQ2	09/25/06	09/25/06	SEE SCHEDULE K, PAGE 2, PART V			X				X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeated								
3 Total proceeds of issue			6,921,695.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			396,523.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			22,681,782.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion			2007					
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?			X					
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?											
2 Are there any lease arrangements that may result in private business use of bond-financed property?											

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								%
6 Total of lines 4 and 5								%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	CITIZENS BANK							
c Term of hedge	10.000000							
d Was the hedge superintergrated?		X						
e Was the hedge terminated?		X						
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:
 (A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY
 (F) DESCRIPTION OF PURPOSE: SEE SCHEDULE K, PAGE 2, PART V

SCHEDULE K, PART I, ITEM A, COLUMN F

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

DESCRIPTION OF BOND PURPOSE

TO FINANCE AND REFINANCE THE CAPITAL COSTS OF THE: A) ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF THE BORROWER'S FACILITIES; B) PROJECTS ORIGINALLY FINANCED WITH SERIES 2001 BONDS; AND C) CERTAIN COSTS OF ISSUANCE.

SCHEDULE K, PART IV, QUESTIONS 2, 3, 4, 5, 6

ARBITRAGE

THE MUSEUM HAS A SECOND QUALIFIED HEDGE.

2- YES

3A- YES

3B- CITIZENS BANK

3C- 5 YEARS

3D- NO

3E- NO

4A- NO

4B- N/A

4C- N/A

4D- N/A

5- NO

6- NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **THE CHILDRENS MUSEUM** Employer identification number: **04-2103993**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	113,006.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE CHILDRENS MUSEUM

Employer identification number
04-2103993

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

BOSTON CHILDREN'S MUSEUM ENGAGES CHILDREN AND FAMILIES IN JOYFUL

DISCOVERY EXPERIENCES THAT INSTILL AN APPRECIATION OF OUR WORLD,

DEVELOP FOUNDATIONAL SKILLS, AND SPARK A LIFELONG LOVE OF LEARNING.

BOSTON CHILDREN'S MUSEUM IS A WELCOMING, IMAGINATIVE, CHILD-CENTERED

LEARNING ENVIRONMENT THAT SUPPORTS DIVERSE FAMILIES IN NUTURING THEIR

CHILDREN'S CREATIVITY AND CURIOSITY. WE PROMOTE THE HEALTHY DEVELOPMENT

OF ALL CHILDREN SO THAT THEY WILL FULFILL THEIR POTENTIAL AND

CONTRIBUTE TO OUR COLLECTIVE WELLBEING AND FUTURE PROSPERITY.

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

MEMBERSHIPS

EXPENSES \$ 288,113. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,144,614.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE AND AUDIT COMMITTEES

ARE THE GOVERNING BODIES THAT HAVE RESPONSIBILITY FOR REVIEWING THE FORM

990. THIS FORM WAS DISTRIBUTED BY EMAIL TO THESE COMMITTEES PRIOR TO THE

FILING DATE, LEAVING TIME FOR QUESTIONS AND COMMENTS. IN ADDITION, THE

ENTIRE BOARD OF TRUSTEES ALSO RECEIVE A COPY OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THE MUSEUM

ASKS ALL THE TRUSTEES AND OFFICERS TO REVIEW AND EXECUTE A CONFLICT OF

INTEREST POLICY STATEMENT. IT IS THE RESPONSIBILITY OF THE PRESIDENT, CEO

AND/OR THE CHAIR TO REVIEW AND DISCLOSE CONFLICTS AND HANDLE THE MATTER AS

HE OR SHE DEEMS APPROPRIATE. THE CONFLICT OF INTEREST POLICY STATEMENT ALSO

OBLIGATES EACH FIDUCIARY, ON AN ONGOING BASIS, TO REPORT ANY CONFLICTS

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

THE CHILDRENS MUSEUM

Employer identification number

04-2103993

EITHER EXISTING OR PERCEIVED TO THE PRESIDENT OR CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS FOR REVIEWING AND DETERMINING THE CEO'S COMPENSATION IS AS FOLLOWS: THERE IS AN AD HOC COMPENSATION COMMITTEE, WHICH IS A SUBSET OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES AND CONVENES TO REVIEW MARKET DATA FOR THIS POSITION. BASED ON THIS REVIEW, A COMPENSATION PACKAGE WAS AGREED UPON. THIS PROCESS WAS ADOPTED IN THE FALL OF 2008.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	1,705,718.
UNREALIZED GAIN ON DERIVATIVE INSTRUMENTS	139,746.
BOOK-TAX RENTAL INCOME ADJUSTMENT PER IRC 467	77,074.
REFUND OF CITY OF BOSTON PROPERTY TAXES	91,293.
BAD DEBT FROM UNCOLLECTIBLE PLEDGES	-24,713.
PROCEEDS FROM INSURANCE SETTLEMENT	62,361.
TOTAL TO FORM 990, PART XI, LINE 5	2,051,479.

FORM 990, PART XII, LINE 2C

AUDIT COMMITTEE RESPONSIBILITY

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE MUSEUM'S FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011

2010

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

THE CHILDRENS MUSEUM

04-2103993

Name and title of officer

AMY AUERBACH
SVP & CFO

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>6868942</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize EDELSTEIN AND COMPANY, LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

04498654321
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/11/12

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