Form <b>8868</b> (Rev. January 2024)	Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service				
• • • •	You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the fo			

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file income	e tax retur	าร.							
Part I - I	dentification									
Type or Print	Name of exempt organization, employer, or other filer, KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.	, see instru	uctions.	Taxpayer	identificatio	n number (TIN)				
File by the due date for filing your return. See		ee instruct	ions.							
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLENVIEW, IL 60026										
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)		<u></u>					
Applicat	ion Is For	Return Code	Application Is For			Return Code				
Form 990	) or Form 990-EZ	01	Form 4720 (other than individual)			09				
Form 472	20 (individual)	03	Form 5227			10				
Form 990	)-PF	04	Form 6069			11				
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12				
Form 990	0-T (trust other than above)	06	Form 5330 (individual)			13				
Form 990	D-T (corporation)	07	Form 5330 (other than individual)			14				
Form 104	11-A	08								
time to fi If this a Pla Pla Pla Pla Pla	bu enter your Return Code, complete either Part II or Part le Form 5330. upplication is for an extension of time to file Form 5330, you in Name	ou must er	nter the following information.							
<ul> <li>If the</li> <li>If this</li> <li>box</li> <li>1 I re</li> </ul>	2100 PATRIOT BLVD GLENVIEW, IL 60026         Telephone No.       847-832-6885         Fax No.         • If the organization does not have an office or place of business in the United States, check this box         • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)         • If this is for part of the group, check this box         • If it is for part of the group, check this box         • If request an automatic 6-month extension of time until         MAY       15         • 1 request an automatic 6-month extension is for the organization's return for         the organization named above. The extension is for the organization's return for         calendar year 20       or									
	ne tax year entered in line 1 is for less than 12 months, ch Change in accounting period			Final retur	n					
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0				
	y nonrefundable credits. See instructions.			<u>3a</u>	\$	0.				
	his application is for Forms 990-PF, 990-T, 4720, or 6069					0				
	imated tax payments made. Include any prior year overpa			3b	\$	0.				
	lance due. Subtract line 3b from line 3a. Include your pa	•			•	0				
usi	ng EFTPS (Electronic Federal Tax Payment System). See	Instructio	ns.	3c	\$	0.				

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	•	<b>~</b> ~	** PUBLIC DISCLOSURE COPY		OMB No. 1545-0047
Forr	n <b>9</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundations	
Depa	rtment o	of the Treasury nue Service	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late		Open to Public Inspection
			-	JUN 30, 2024	moposition
_	heck if		organization	D Employer identifica	ation number
	pplicab		CHILDREN'S MUSEUM OF		
	Addre		TER CHICAGO, INC.		
	Name		usiness as	36-370687	8
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone number	
	Final return		PATRIOT BLVD.	847-832-6	885
	termii ated	City or to	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	5,959,563.
	Amen	GUEN	VIEW, IL 60026	H(a) Is this a group ret	
	Applie tion pendi	F Name a	nd address of principal officer: MIKE DELFINI	for subordinates?	Yes X No
		SAME .	AS C ABOVE	H(b) Are all subordinates incl	uded? Yes No
		empt status:		527 If "No," attach a li	st. See instructions
_	Vebsi		KOHLCHILDRENSMUSEUM.ORG	H(c) Group exemption	
			X Corporation Trust Association Other L	Year of formation: 1990 M	State of legal domicile: 1 L
Pa	rt I	Summary			
é	1		e the organization's mission or most significant activities: <b>PROVIDE</b>		D MEMORIES
Governance	•		D A FOUNDATION FOR A LIFETIME OF LEARN		
ern	2	Check this bo		1.1	ts. 33
20					33
<u>م</u>			ependent voting members of the governing body (Part VI, line 1b)		122
Activities &			of individuals employed in calendar year 2023 (Fait V, inte 2a)		269
ž					0.
Ă			business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
~	8	Contributions	and grants (Part VIII, line 1h)	1,456,086.	2,578,212.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	2,588,086.	2,710,673.
eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	14,688.	93,119.
æ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-116,689.	-275,081.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,942,171.	5,106,923.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		•	o or for members (Part IX, column (A), line 4)	0.	0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10)	3,094,419.	3,524,328.
sue			Indraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses			ng expenses (Part IX, column (D), line 25) 481,798.		1 0 ( 5 0 4 0
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,795,708. 4,890,127.	<u>1,865,042</u> . 5,389,370.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-947,956.	-282,447.
	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X line 16)	18,793,440.	18,641,100.
Asse Bala	20 21			1,566,730.	1,495,991.
Vet / und	21		(Part X, line 26) iund balances. Subtract line 21 from line 20	17,226,710.	17,145,109.
Pa	rt II	Signature			_,,0,_0,.
		-	declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my k	nowledge and belief, it is

true, correc	t, and complete.	Declaration of	of preparer	(other	than officer	) is based o	on all	information	of which p	preparer	has any	knowledge.

Sign	Signature of officer	DocuSigne	Date							
-	MIKE DELFINI, PRESIDENT &	CEO Mike De	16. :		1	2/16/2024				
Here	· · · · · · · · · · · · · · · · · · ·	CEO MURCIN	<u>unim</u>							
	Type or print name and title	A6C8CE882	E584A6							
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
Paid	THURE ROSS, CPA	THURE ROSS,	CPA	12/13/24		00577278				
Preparer	Firm's name CLIFTONLARSONALLE	N LLP		Firm	's EIN 41-0	746749				
Use Only	Firm's address 2021 SPRING ROAD,	SUITE 200								
	OAK BROOK, IL 605	23		Phor	ne no. (630)	573-8600				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

Docu

sign Ei	nvelope ID: C8695BD5-3A2D-4830-8C5F-55ED7D683E0B		
	KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.	36-3706878	Page <b>2</b>
Part	III Statement of Program Service Accomplishments		X
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: WE ARE A PLACE THAT PROVIDES EXPERIENCES AND MEMORIES TO FOUNDATION FOR A LIFETIME OF LEARNING.		🛕
I	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ye	s 🚺 No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Ye	s 🚺 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
4a	revenue, if any, for each program service reported. (code:) (Expenses \$4,004,400including grants of \$) (Revenue) SITUATED ON NEARLY NINE ACRES OF LAND, INCLUDING TWO ACRES OUTDOOR SPACE, THE MUSEUM FEATURES 17 INTERACTIVE EXHIBIT WITH EXPERT KNOWLEDGE OF HOW CHILDREN LEARN THROUGH SELF- WITHIN THIS SETTING, THE MUSEUM ORGANIZES ENRICHMENT ACTION PROGRAMS SPECIFICALLY DESIGNED TO ADDRESS THE DEVELOPMENT CHILDREN AGES BIRTH TO EIGHT.	ES OF BOUNDI TS DESIGNED -DIRECTED PI IVITIES AND	LAY.
	SINCE ITS INCEPTION, THE MUSEUM HAS EMERGED AS A LEADER TO OF ENGAGING EXHIBITS AND INNOVATIVE PROGRAMS THAT NURTURE LEARNING IN YOUNG CHILDREN. FOR MORE THAN A QUARTER OF A HAS ELEVATED THE IMPORTANCE OF PLAY AS A CRITICAL LEARNIN PARENTS IN THEIR IMPORTANT ROLE AS A CHILD'S FIRST - AND	E A LOVE OF CENTURY, I NG TOOL, AII MOST IMPOR	F DED FANT
4b .	(Code:) (Expenses \$) (Revenu	e \$	
-			
-			
-			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$	
•			
•			
-			
•			
4d (	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses       4,004,400.	)	
	Total program service expenses     4,004,400.       12-21-23     SEE SCHEDULE O FOR CONTINUATION(S		<b>990</b> (2023

<sup>2023.05010</sup> KOHL CHILDREN'S MUSEUM OF A1777071

KOHL CHILDREN'S MUSEUM OF

	<u>990 (2023)</u> GREATER CHICAGO, INC. 36-370	6878	Р	age <b>3</b>
Par	t 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		Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effective of the section in effective of the section in the section is the section is the section in the section is the section is the section in the section is the sect			
	during the tax year? If "Yes," complete Schedule C, Part II			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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	·   •		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	/ <b> </b>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
•		·   *		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	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	. <u>11b</u>		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	<u>  11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		[	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"		<u> </u>	<u> </u>
13		19		x
20-	complete Schedule G, Part III			X
				<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	. 21		x
220000			990	(2023)
002003	12-21-23			$(C \cup C \cup)$

	KOHL CHILDREN'S MUSEUM	OF
Form 990 (2023)	GREATER CHICAGO, INC.	

Par	t IV Checklist of Required Schedules (continued)			
			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	Х	
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	
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	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
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			77
	Schedule L, Part I	25b	<u> </u>	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%			v
07	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	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
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		1	
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	X
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	<u> </u>	
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	<sup> </sup>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
•	(gambling) winnings to prize winners?	1c	х	
332004	. 12-21-23			(2023)
	5			. ,

2023.05010 KOHL CHILDREN'S MUSEUM OF A1777071

36-3706878

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	KOHL CHILDREN'S MUSEUM OF			
	<u>990 (2023)</u> GREATER CHICAGO, INC. 36-37068	378	P	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 122			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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		<u> </u>
6a	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	120		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	5			
u	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			
~				
14a		14a		x
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		<u> </u>
16	Is the experimetion on advice time institution explicates the experimentation and the experimentation of the	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.			
332005	12-21-23	Form	990	(2023)
				/

## KOHL CHILDREN'S MUSEUM OF

Form 990		CHICAGO,	INC.			3706878		age <b>6</b>
Part VI	<b>jj</b>					and for a "No" r	espon	se
	to line 8a, 8b, or 10b below, descri	be the circumstan	ces, processes, or c	hanges on Schedule O. See	e instructions.			
	Check if Schedule O contains a res	sponse or note to	any line in this Part '	/I				X
Section	A. Governing Body and Mai	nagement						
							Yes	No
1a Ente	er the number of voting members of t	he governing body	y at the end of the ta	ax year 1a	a	33		
If the	ere are material differences in voting right	s among members o	of the governing body,	or if the governing				
body	y delegated broad authority to an executive	e committee or simil	ar committee, explain (	on Schedule O.				
						201		

b	Enter the number of voting members included on line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х

<b>Section B. Policies</b>	(This Section B	requests information	about policies no	ot required by the Inte	rnal Revenue Code )
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			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $\_ extsf{IL}$								
18									
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

7

	JAMES D.	GUERRA –	847-832-6885		
20	State the name, a	address, and telep	hone number of the perso	n who possesses the organiza	ation's books and records

#### 2100 PATRIOT BLVD., GLENVIEW, IL 60026

332006 12-21-23

2023.05010 KOHL CHILDREN'S MUSEUM OF A1777071

Form 990 (2023)

KOHL CHILDREN'S MUSEUM OF

GREATER	CHICAGO,	INC.
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Form 990 (2		-	CHICAGO,				36-
Part VII	Compensation	of Officers,	Directors, Tr	ustees, Ke	ey Employees,	Highest	Compensated
	Employees, an	d Independe	ent Contracto	rs			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)         (B)         Postion Pourse         (D)         (E)         (F)           Name and title         Average Nourse         Average Nourse         Norme at intermotion organization bolds and affectivitient bolds and affectivitient bolds         (D)         (E)         (F)           Name and title         Average Nourse         Norme at intermotion bolds         Reportable companization (W2/1099.MSC/ 1099.MSC/ 1099.MSC/ 1099.NSC/ 1090.NSC/ 1090.NSC/ 1090.NSC/ 1090.NSC/ 1090.NSC/ 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 1002.NSS 10		T T	T	πza			ipen	out			
Name and Libo     Average week none theorem     Notes per veek none     Notes per veek none     Notes per veek none theorem     Notes per veek none     Notes per veek n	(A)	(B)			_ (0	C)			(D)	(E)	(F)
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(5) JIM GUERRA       30.00       X       124,327.       0.       0.         (6) YULIA GURMAN       0.50       X       0.       0.       0.         (7) CAROLYN SONG-PEGG       0.50       X       0.       0.       0.         (7) CAROLYN SONG-PEGG       0.50       X       0.       0.       0.         (8) ERINN SIBGEL       0.50       X       0.       0.       0.         (9) ERIN MURRAY BUTLER       0.50       X       0.       0.       0.         (10) ELLEN KAPOOR       0.50       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.	(4) STEPHANIE BYNUM	40.00									
(5) JIM GUERRA       30.00       X       124,327.       0.       0.         (6) YULIA GURMAN       0.50       X       0.       0.       0.         (7) CAROLYN SONG-PEGG       0.50       X       0.       0.       0.         (7) CAROLYN SONG-PEGG       0.50       X       0.       0.       0.         (8) ERINN SIBGEL       0.50       X       0.       0.       0.         (9) ERIN MURRAY BUTLER       0.50       X       0.       0.       0.         (10) ELLEN KAPOOR       0.50       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.	VICE PRESIDENT OF PROGRAMS						x		102,308.	0.	32,049.
(6)         YULIA GURMAN         0.50         X         0.         0.         0.         0.           TRUSTEE         X         0.	(5) JIM GUERRA	30.00									
TRUSTEE         X         0.         0.         0.         0.           (7)         CAROLYN SONG-PEGG         0.50         X         0.         0.         0.         0.           TRUSTEE         X         0.50         X         0.         0.         0.         0.           (8)         ERIN SIEGEL         0.50         X         0.         0.         0.         0.           TRUSTEE         X         0.50         X         0.         0.         0.         0.           (9)         ERIN MURAY BUTLER         0.50         X         0.         0.         0.         0.           TRUSTEE         X         0.50         X         0.         0.         0.         0.           TRUSTEE         X         0.10         X         0.         0.         0.         0.           (11) DAWN MEINERS         0.10         X         0. <td>VICE PRESIDENT OF FINANCE</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>124,327.</td> <td>0.</td> <td>0.</td>	VICE PRESIDENT OF FINANCE				Х				124,327.	0.	0.
(7) CAROLYN SONG-PEGG       0.50       X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(6) YULIA GURMAN	0.50									
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(8) ERINN SIEGEL       0.50       X       0.       0.       0.         TRUSTEE       X       0.50       0.       0.       0.         (9) ERIN MURRAY BUTLER       0.50       X       0.       0.       0.         TRUSTEE       X       0.50       0.       0.       0.         (10) ELLEN KAPOOR       0.50       X       0.       0.       0.         TRUSTEE       X       0.10       0.       0.       0.       0.         (11) DAWN MEINERS       0.10       X       0.       0.       0.       0.         TRUSTEE       0.50       X       0.       0.       0.       0.       0.       0.         TRUSTEE       0.50       X       0.       0	(7) CAROLYN SONG-PEGG	0.50									
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(9) ERIN MURRAY BUTLER       0.50       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (10) ELLEN KAPOOR       0.50       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (11) DAWN MEINERS       0.10       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (12) CLAUDIA TEMPLE       0.50       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (13) CHRIS JACKSON       0.50       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (14) CARL RUTSTEIN       1.00       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (15) TIM HANNAHS       2.000       0.0.0.0.       0.0.0.         (16) BRYAN MALIS       1.00       X       X       0.0.0.0.         TREASURER       X       X       0.0.0.0.       0.         (17) BRIAN SCHUSTER       1.00       X       0.0.0.0.       0.	(8) ERINN SIEGEL	0.50									
TRUSTEE         X         0         0.         0.         0.           (10) ELLEN KAPOOR         0.50         X         0.         0.         0.         0.           TRUSTEE         X         0.00         0.         0.         0.         0.         0.           (11) DAWN MEINERS         0.10         X         0.         0.         0.         0.           TRUSTEE         X         0.00         0.         0.         0.         0.         0.           (12) CLAUDIA TEMPLE         0.50         X         0.         0.         0.         0.           TRUSTEE         0.50         X         0.         0.         0.         0.           (13) CHRIS JACKSON         0.50         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (14) CARL RUTSTEIN         1.00         X         X         0.         0.         0.           (15) TIM HANNAHS         2.00         X         X         0.         0.         0.           (16) BRYAN MALIS         1.00         X         X         0. <t< td=""><td>TRUSTEE</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	TRUSTEE		Х						0.	0.	0.
(10) ELLEN KAPOOR       0.50       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (11) DAWN MEINERS       0.10       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (12) CLAUDIA TEMPLE       0.50       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (13) CHRIS JACKSON       0.50       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (14) CARL RUTSTEIN       1.00       X       X       0.0.0.0.         TRUSTEE       X       X       0.0.0.0.       0.0.0.         (15) TIM HANNAHS       2.000       X       X       0.0.0.0.         (16) BRYAN MALIS       1.000       X       X       0.0.0.0.       0.0.0.         TREASURER       X       X       0.0.0.0.       0.0.0.       0.0.0.         TRUSTEE       X       X       0.0.0.0.       0.0.0.	(9) ERIN MURRAY BUTLER	0.50									
TRUSTEE       X       0.00000000000000000000000000000000000			Х						0.	0.	0.
(11) DAWN MEINERS       0.10       X       0.00       0.00         TRUSTEE       0.50       X       0.00       0.00         (12) CLAUDIA TEMPLE       0.50       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (13) CHRIS JACKSON       0.50       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (14) CARL RUTSTEIN       1.00       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (15) TIM HANNAHS       2.00       X       0.00       0.00         (16) BRYAN MALIS       1.00       X       0.00       0.00         TREASURER       X       0.00       0.00       0.00         (17) BRIAN SCHUSTER       1.00       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00	(10) ELLEN KAPOOR	0.50									
TRUSTEE         X         0. <th< td=""><td>TRUSTEE</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	TRUSTEE		Х						0.	0.	0.
(12) CLAUDIA TEMPLE       0.50       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(11) DAWN MEINERS	0.10									
TRUSTEE       X       0.       0.       0.       0.         (13) CHRIS JACKSON       0.50       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (14) CARL RUTSTEIN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (15) TIM HANNAHS       2.00        0.       0.       0.         (15) TIM HANNAHS       2.00        0.       0.       0.         (16) BRYAN MALIS       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (17) BRIAN SCHUSTER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.	TRUSTEE		Х						0.	0.	0.
(13) CHRIS JACKSON       0.50       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (14) CARL RUTSTEIN       1.00       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (15) TIM HANNAHS       2.00       X       0.00       0.00         (15) TIM HANNAHS       2.00       X       0.00       0.00         (16) BRYAN MALIS       1.00       X       X       0.00       0.00         TREASURER       X       X       0.00       0.00       0.00         (17) BRIAN SCHUSTER       1.00       X       0.00       0.00       0.00         TRUSTEE       X       X       0.00       0.00       0.00	(12) CLAUDIA TEMPLE	0.50									
TRUSTEE       X       0.       0.       0.       0.         (14) CARL RUTSTEIN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.         (15) TIM HANNAHS       2.00       X       X       0.       0.       0.       0.         (15) TIM HANNAHS       2.00       X       X       0.       0.       0.       0.         (16) BRYAN MALIS       1.00       X       X       0.       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.       0.         (17) BRIAN SCHUSTER       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       V       0.       0.       0.       0.       0.	TRUSTEE		Х						0.	0.	0.
(14) CARL RUTSTEIN       1.00       X       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.         (15) TIM HANNAHS       2.00       X       X       0.       0.       0.         CHAIRMAN OF THE BOARD       X       X       0.       0.       0.       0.         (16) BRYAN MALIS       1.00       X       X       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.         (17) BRIAN SCHUSTER       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.	(13) CHRIS JACKSON	0.50									
TRUSTEE       X       X       0.       0.       0.       0.         (15) TIM HANNAHS       2.00       X       X       0.       0.       0.       0.         CHAIRMAN OF THE BOARD       X       X       X       0.       0.       0.       0.         (16) BRYAN MALIS       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (17) BRIAN SCHUSTER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       V       0.       0.       0.       0.	TRUSTEE		Х						0.	0.	0.
(15) TIM HANNAHS       2.00       X       X       0.       0.       0.         CHAIRMAN OF THE BOARD       X       X       X       0.       0.       0.       0.         (16) BRYAN MALIS       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (17) BRIAN SCHUSTER       1.00       X       X       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.	(14) CARL RUTSTEIN	1.00									
CHAIRMAN OF THE BOARDXX0.0.0.(16) BRYAN MALIS1.00XX0.0.0.TREASURERXX0.0.0.0.(17) BRIAN SCHUSTER1.00X0.0.0.0.TRUSTEEX0.0.0.0.0.	TRUSTEE		Х						0.	0.	0.
(16) BRYAN MALIS       1.00       X       X       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.       0.         (17) BRIAN SCHUSTER       1.00       X       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.	(15) TIM HANNAHS	2.00									
TREASURER         X         X         X         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х		Х				0.	0.	0.
(17) BRIAN SCHUSTER         1.00         X         0. <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>		1.00									_
TRUSTEE X 0. 0. 0.			Х		Х				0.	0.	0.
		1.00							_		
	TRUSTEE		Х						0.	0.	Eorm <b>990</b> (2023)

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Form 990 (2023)

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## KOHL CHILDREN'S MUSEUM OF

Form 990 (2023) GREATER CHICAGO, INC.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
				(D)	(E)		(F)					
Name and title	Average	(do	not cl	Pos			ne	Reportable	Reportable		Estimate	ed
	hours per	box	, unles	ss per	rson i	is botł	n an	compensation	compensation		amount	of
	week (list any							- from the	from related		other	tion
	hours for	direct				Ð		organization	organizations (W-2/1099-MISC/		compensa from th	
	related	tee or	istee			ensate		(W-2/1099-MISC/	1099-NEC)		organizat	
	organizations	ll trust	nal tru		oyee	Sompe		1099-NEC)			and relat	ed
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organizati	ons
	0.50	Inc	lns	0ff	Key	e, <u>∓</u>	Foi			+		
(18) BRANDON ROLEK TRUSTEE	0.50	х						0.	0	).		0.
(19) ANTHONY LICATA	1.00	Δ						0.		•		<u> </u>
TRUSTEE	1.00	х						0.	0	).		0.
(20) ANDY ROBERTS	0.50									-		
TRUSTEE		х						0.	0	).		0.
(21) AMY ALBANO	0.50									-		
TRUSTEE		х						0.	0	).		0.
(22) JOHN F. BALL, JR.	0.50											
TRUSTEE		Х						0.	0	).		0.
(23) JR DEPA	0.50											
TRUSTEE		Х						0.	0	).		0.
(24) KATIE IREY	0.50								_			
TRUSTEE		Х						0.	0	).		0.
(25) LORI CARLSON	0.50											•
TRUSTEE		Х				-		0.	0	).		0.
(26) STEVE KAVETSIS	0.50	37						0				0
TRUSTEE		Х						0. 752,357.		).	102,0	$\frac{0}{01}$
1b Subtotal								152,357.		).	102,0	0.
c Total from continuation sheets to Part V								752,357.			102,0	
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but</li> </ul>										•	102,0	<u> </u>
compensation from the organization		030	1310	u ac	000	<i>)</i>	010					5
											Yes	No
3 Did the organization list any former office	r, director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for										. L	3	Х
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization			
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		. L	4 X	
5 Did any person listed on line 1a receive or	accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." co	mplete Schedule	e J fo	or su	ich į	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest c	•	•							•	isatic	on from	
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	thin I		ear.		(0)	
(A) Name and busines	s address							<b>(B)</b> Description of s	ervices	Co	(C) mpensatio	n
LUCI CREATIVE LLC, 6950		т.	PA	RK				MUSEUM DESIG				
AVE, LINCOLNWOOD, IL 607		-						SERVICES			223,6	13.
BOOTH HANSEN LTD												
333 S DESPLAINES ST, CHI	CAGO, IL	6	06	61				MASTER PLAN	PROJECT		148,0	21.
	•											
2 Total number of independent contractors		ot lin	nited	l to	thos	se lis n	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ SEE PART VII, SECTIO		TNT	<b>TT</b> 7	пт	<u>ک</u>	<u>د</u> م	יים	ידיתים		_	000	
SEE FARI VII, SECTIO	N A CONT	ΤIJ	OA.	тΤ	UN	<b>.</b> .	пĽ	C L LL		E Fé	orm <b>990</b> (;	2023)

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Form 990 GREATER	ILDREN'S CHICAGO,	I	NC	•					36-370	6878
	Trustees, Key Er	nplo	yee			ligh	est (	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Pos			Former	(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
(27) SHAUN KHALFAN	0.50		-	-	_		_			
TRUSTEE		x						0.	0.	0.
(28) RYAN BELL	0.50									
TRUSTEE		х						0.	0.	0.
(29) RITU SINGAL	0.50									
TRUSTEE		х						0.	0.	0.
(30) RACHEL WINER	1.00									
TRUSTEE		x						0.	0.	0.
(31) PAUL SUTENBACH	0.50									
TRUSTEE		х						0.	0.	0.
(32) NAZIA RAOOF	0.50									
TRUSTEE		х						0.	0.	0.
(33) NANCY FIRFER	1.00									
SECRETARY		х		x				0.	0.	0.
(34) MATT GIBBONS	0.50									
TRUSTEE		х						0.	0.	0.
(35) MAGGIE HOLTGREIVE SEARLE	0.50									
TRUSTEE		х						0.	0.	0.
(36) LOU BANK	0.50									
TRUSTEE		Х						0.	0.	0.
(37) ABHI AGRAWAL	0.50									
TRUSTEE		Х						0.	0.	0.
(38) KIMBERLY BORS	1.50									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(39) ADAM FALKOF	0.50									
DIRECTOR		Х						0.	0.	0.
		-	$\vdash$	-	$\vdash$					
		1								
Total to Part VII Section A line 10										

Total to Part VII, Section A, line 1c

332201 04-01-23

KOHL CHILDREN'S MUSEUM OF

GREATER CHICAGO, INC. 36-3706878 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b b Membership dues 473,764. c Fundraising events 1c d Related organizations 1d 945,601. e Government grants (contributions) 1e f All other contributions, gifts, grants, and ,158,847. similar amounts not included above 1f 44,727 1g |\$ g Noncash contributions included in lines 1a-1f 2,578,212. h Total. Add lines 1a-1f **Business Code** 900099 163,721.1,163,721. 2 a MEMBERSHIP DUES **Program Service** 900099 130,700.1,130,700. **b** ADMISSIONS Revenue 287,225. 287,225. c FIELD TRIPS AND EDUCAT 900099 d PROGRAM SERVICE RENTAL 900099 89,027. 89,027. 40,000. 40,000. e EXHIBIT RENTAL INCOME 900099 900099 f All other program service revenue 2,710,673. g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 45,106. 45,106. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6a 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 7a 70<u>4,216.</u> assets other than inventory **b** Less: cost or other basis 7b 656,203. Other Revenue and sales expenses ..... 7c 48,013. **c** Gain or (loss) 48,013. 48,013. d Net gain or (loss) 8 a Gross income from fundraising events (not 473,764. of including \$ contributions reported on line 1c). See 29,975. Part IV, line 18 8a 86196,437. **b** Less: direct expenses -166,462. -166,462. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Miscellaneous 11 a OTHER 900099 46,381. 46,381 Revenue **b** LOSS ON DISPOSAL OF FI 900099 -155,000. -155,000. С d All other revenue -108,619. e Total. Add lines 11a-11d 5,106,923.2,602,054. 0. -73,343. Total revenue. See instructions 12 Form 990 (2023)

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Form	990 (2023) KOHL CHILDRE GREATER CHIC t IX Statement of Functional Expense	CAGO, INC.	)F.	36-35	706878 Page <b>10</b>
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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,	105 222		105 222	
~	trustees, and key employees	405,323.		405,323.	
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	2,567,889.	1,977,830.	307,257.	282,802.
8	Pension plan accruals and contributions (include	2,507,005.	1,511,050.	507,257.	202,002.
0	section 401(k) and 403(b) employer contributions)	68,370.	54,138.	6,491.	7.741.
9	Other employee benefits	270,909.	195,513.	47,440.	7,741. 27,956.
10	Payroll taxes	211,837.	142,450.	49,019.	20,368.
11	Fees for services (nonemployees):			,	
а	Management				
b	Legal				
с	Accounting	34,087.		34,087.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,126.		3,126.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	193,210.	86,986.	14,894.	91,330.
12	Advertising and promotion	71,545.	44,344.	2,952.	24,249.
13	Office expenses	165,163.	151,315.	5,954.	7,894.
14	Information technology	9,814.	7,639.	2,175.	
15	Royalties	425 406	421 020	A ACC	
16	Occupancy	435,496.	431,030.	4,466.	1 255
17	Travel	14,596.	12,382.	859.	1,355.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	98,169.	83,275.	5,783.	9,111.
19 20	Conferences, conventions, and meetings	75,243.	73,617.	1,569.	57.
20 21	Payments to affiliates	/5,245.	15,017.	1,505.	
21	Depreciation, depletion, and amortization	475,369.	465,861.	9,508.	
23	Insurance				
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.)				
а	REPAIRS AND MAINTENANCE	258,544.	257,364.	1,180.	
b	SUBSCRIPTIONS	26,364.	16,340.	1,089.	8,935.
с					
d					
	All other expenses	4,316.	4,316.	000 180	401 800
25	Total functional expenses. Add lines 1 through 24e	5,389,370.	4,004,400.	903,172.	481,798.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2023)

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KOHL CHILDREN'S MUSEUM OF

GREATER CHICAGO, INC.

Form 990 (2023) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1,164,277. 324,871. 1 1 Cash - non-interest-bearing 3,812,987. 4,021,882. 2 2 Savings and temporary cash investments 891,104. 1,467,222. 3 3 Pledges and grants receivable, net 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% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified 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 8 Inventories for sale or use 8 41,474. 92,008. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other \_\_\_\_\_<u>10a</u> 21,796,241. basis. Complete Part VI of Schedule D 13,324,689. 8,901,659. 8,471,552. b Less: accumulated depreciation 10b 10c 1,580,501. 1,984,058. 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 2,401,438. 2,279,507. Other assets. See Part IV, line 11 15 15 18,793,440. 18,641,100. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 419,229. 364,507. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 640,298. 646,157. 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 26,079. 17,627. Secured mortgages and notes payable to unrelated third parties 23 23 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 467,700. 481,124. 25 of Schedule D 1,566,730. 1,495,991. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 8,974,171. 27 9,146,162. 27 Net assets without donor restrictions 8,080,548. Net assets with donor restrictions 8,170,938. 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 17,226,710. 17,145,109. 32 Total net assets or fund balances 32 18,793,440. 18,641,100. 33 33 Total liabilities and net assets/fund balances

Form 990 (2023)

isign I	Envelope ID: C8695BD5-3A2D-4830-8C5F-55ED7D683E0B				
	KOHL CHILDREN'S MUSEUM OF				
Form	990 (2023) GREATER CHICAGO, INC.	36-3	706878	Pag	<sub>e</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,106	5,92	23.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,389		
3	Revenue less expenses. Subtract line 2 from line 1	3	-282		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,226		
5	Net unrealized gains (losses) on investments	5	200	),84	16.
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	17,145	5,10	)9.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis 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			<b>v</b>	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		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	<u></u>	<b>3</b> b	000 /	

Form **990** (2023)

SCHEDULE A	EDULE A Public Charity Status and Public Support					
(Form 990)	n 990) Complete if the organization is a section 501(c)(3) organization or a section		2023			
		947(a)(1) nonexempt cha				2020
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Fo				Open to Public
Name of the organizatio	ÿ	V/Form990 for instruction	ns and the lates	t information.	Employee	
Name of the organization	on KOHL CHILDREN GREATER CHICAG					identification number 6 – 3 7 0 6 8 7 8
Part I Reason	for Public Charity Status.		omplete this par	t) See instruction		0-3700070
	private foundation because it is:				3.	
	nvention of churches, or associat					
	cribed in section 170(b)(1)(A)(ii).			(8)(1)(4)(1)		
	a cooperative hospital service or			A)(iii).		
	earch organization operated in c	•			)(iii). Enter	the hospital's name,
city, and state	9:					
5 📃 An organizati	on operated for the benefit of a c	college or university owned	l or operated by	a governmental u	nit describe	ed in
section 170	( <b>b)(1)(A)(iv).</b> (Complete Part II.)					
	te, or local government or goverr	nmental unit described in	section 170(b)(1	l)(A)(v).		
7 X An organizati	on that normally receives a subst	tantial part of its support fi	rom a governmer	ntal unit or from th	ne general p	oublic described in
	b)(1)(A)(vi). (Complete Part II.)					
	trust described in section 170(b		-			
-	al research organization describe			-	-	-
•	or a non-land-grant college of agr	iculture (see instructions).	Enter the name,	city, and state of	the college	e or
university:	on that normally receives (1) mor	e than 33 1/3% of its supr	ort from contribu	itions membersh	in fees and	d aross receipts from
	ted to its exempt functions, subje					
	inrelated business taxable incom	-				-
	509(a)(2). (Complete Part III.)					
11 🗌 An organizati	on organized and operated exclu	sively to test for public sa	fety. See <b>sectio</b>	n 509(a)(4).		
12 🗌 An organizatio	on organized and operated exclu	sively for the benefit of, to	perform the fun	ctions of, or to ca	rry out the	purposes of one or
more publicly	supported organizations describ	ped in section 509(a)(1) o	r section 509(a)	(2). See section	509(a)(3). (	Check the box on
	ough 12d that describes the type		-		-	
	upporting organization operated,	-				
	ted organization(s) the power to r		majority of the c	directors or truste	es of the su	upporting
	n. You must complete Part IV, S			orted organizatio	n(a) by bay	ing
	supporting organization supervise nanagement of the supporting or			-		-
	n(s). You must complete Part IV	•	anie persons tha		ge the supp	Jonted
	nctionally integrated. A support	•	in connection wi	th. and functional	lv integrate	ed with.
	ed organization(s) (see instruction				.,	,
d 🗌 Type III no	n-functionally integrated. A sup	oporting organization oper	ated in connection	on with its suppor	ted organiz	zation(s)
that is not f	unctionally integrated. The organ	nization generally must sat	isfy a distributior	n requirement and	an attentiv	/eness
requiremen	t (see instructions). You must co	omplete Part IV, Sections	A and D, and P	Part V.		
e Check this	box if the organization received a	a written determination fro	m the IRS that it	is a Type I, Type	II, Type III	
	integrated, or Type III non-functi	ionally integrated supporti	ng organization.			
g Provide the followi (i) Name of suppo	ing information about the suppor orted (ii) EIN	(iii) Type of organization	(iv) Is the organization li	sted (v) Amount o	fmonetary	(vi) Amount of other
organization		(described on lines 1-10	in your governing docum	ent? support (see in		support (see instructions)
		above (see instructions))		,		
						ļ
Total						
Total						

Part II

KOHI'	CHILDREN	' S	MUSEUM	OF
TOTT		<u> </u>	TODDOT	<b>U</b> 1

36-3706878 Page 2 GREATER CHICAGO, INC. Schedule A (Form 990) 2023 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) (c) 2021 (d) 2022 (a) 2019 (b) 2020 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1149569. 1891748. 2965680. 1456086. 2578212.10041295. 2 Tax revenues levied for the organization's benefit and either paid to

	ization o bonone and officer 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	1149569.	1891748.	2965680.	1456086.	2578212.	10041295.
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)						338,556.
6	Public support. Subtract line 5 from line 4.						9702739.

#### Section B. Total Support

Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
7	Amounts from line 4	1149569.	1891748.	2965680.	1456086.	2578212.	10041295.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	70,070.	28,016.	19,834.	37,697.	45,106.	200,723.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	18,818.	192.			46,381.	
11	Total support. Add lines 7 through 10						10307409.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	94.13 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	80.23 %
<b>16</b> a	33 1/3% support test - 2023. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
k	33 1/3% support test - 2022. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
k	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	k this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	<u>oox on line 13, 16a</u>	., 16b, 17a, o <u>r 17b</u>	, check this box a	nd see instructions	
_						<u> </u>	

Schedule A (Form 990) 2023

KOHL CHILDREN'S MUSEUM OF

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Schedule A	(Form 990)	2023	GREATER	CHICAGO,	INC.	
Part III	Support	Schedule for	<sup>•</sup> Organizatio	ons 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> 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 disgualified 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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
	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						<u> </u>
	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	601(c)(3) orga	nization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2023 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ition	
b	33 1/3% support tests - 2022. If the						'3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
33202	23 12-21-23					Sche	dule A (Form 990) 2023
			17	1			

KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

Schedule A (Form 990) 2023

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1

2

3a

3b

3c

Yes No

# Part IV Supporting Organizations

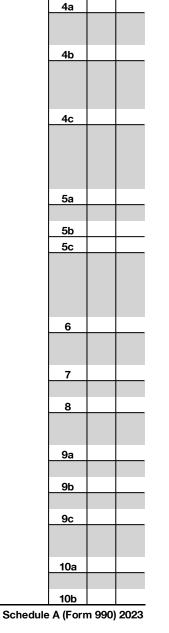
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

## Section A. All Supporting Organizations

- 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.)

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332024 12-21-23



Schedule A (Form 990) 2023

KOHL CHILDREN'S MUSEUM OF

GREATER CHICAGO, INC.

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> <b>Part VI</b> <i>how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
-	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NU
•	or trustees of each of the organization's supported organization(s)? If "No." describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		,	
с 2	L The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a governmental entity (see instactivities Test. <b>Answer lines 2a and 2b below.</b>	struction	S). Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NU
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

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2023.05010 KOHL CHILDREN'S MUSEUM OF A1777071

Schedule A (Form 990) 2023

Scho	KOHL CHILDREN'S MUSEUM GREATER CHICAGO, INC.	OF		36-3706878 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Organ	nizations	50 5700070 Fage0
1	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must	g trust on	Nov. 20, 1970 ( <i>explain i</i>	n Part VI). See instructions.
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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
-	(explain in detail in <b>Part VI</b> ):			
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		
	ion C - Distributable Amount	<b>—</b>		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).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2023

#### KOHL CHILDREN'S MUSEUM OF

_	KORL CRIDEREN			0 2 7 0 6 9 7 0
	dule A (Form 990) 2023         GREATER CHICA           t V         Type III Non-Functionally Integrated 509			36-3706878 Page 7
Par		(a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions. <b>Total annual distributions.</b> Add lines 1 through 6.		7	
7	Distributions to attentive supported organizations to which the	ha arganization is rosponsivo		
8		ne organization is responsive	8	
9	(provide details in <b>Part VI</b> ). See instructions. Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
10		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

## KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

36-3706878 Page 8

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

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

2019 AMOUNT: \$ 18,818.				
2020 AMOUNT: \$ 192.				
2023 AMOUNT: \$ 46,381.				
332028 12-21-23			Schedule A (Form	000) 000

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Schedule B	Schedule of Contributors	OMB No. 1545-0047				
Form 990) Department of the Treasury nternal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023				
	OHL CHILDREN'S MUSEUM OF	Employer identification nu				
G. Drganization type (check	REATER CHICAGO, INC. one):	36-3706878				
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	a Sacinstructions				
Note: Only a section 501(c						
Note: Only a section 501(c General Rule	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or				
Note: Only a section 501(c General Rule For an organizatic property) from an	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or				
Note: Only a section 501(c General Rule For an organizatic property) from an Special Rules X For an organizatic sections 509(a)(1) contributor, durin	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or s total contributions. test of the regulations under d that received from any one				

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	B (Form 990) (2023)		Page <b>2</b>
	organization CHILDREN'S MUSEUM OF		Employer identification number
	ER CHICAGO, INC.		36-3706878
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
1		\$180,00	) 0 . Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$654,23	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$250,00	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$70,00	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$74,95	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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	3 (Form 990) (2023)		Page <b>3</b>
Name of or	ganization CHILDREN'S MUSEUM OF		Employer identification number
	ER CHICAGO, INC.		36-3706878
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

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Schedule B (Form 990) (2023)

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Schedule	B (Form 990) (2023)			Page <b>4</b>			
	organization			Employer identification number			
KOHL	CHILDREN'S MUSEUM OF						
GREAT	ER CHICAGO, INC.			36-3706878			
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	) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or less	For organizations				
(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	Ind ZIP + 4	Relationship of tra	Insferor 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	and ZIP + 4	Relationship of tra	insferor 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	Ind ZIP + 4	Relationship of tra	Insferor 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	and ZIP + 4	Relationship of tra	Insferor to transferee			

Schedule B (Form 990) (2023)

SC	HEDULE D	OMB No. 1545-0047						
(Forn	n 990)	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.	2023					
	ment of the Treasury	Attach to Form 990.	Open to Public					
-	I Revenue Service e of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection Employer identification number					
Nam		GREATER CHICAGO, INC.	36-3706878					
Par	rt I Organiza	tions Maintaining Donor Advised Funds or Other Similar Funds or Ac						
	organization	n answered "Yes" on Form 990, Part IV, line 6.						
			b) Funds and other accounts					
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4 5		end of year						
5	-	n's property, subject to the organization's exclusive legal control?						
6		in inform all grantees, donors, and donor advisors in writing that grant funds can be used or						
•		oses and not for the benefit of the donor or donor advisor, or for any other purpose conferri						
	impermissible priva							
Par	rt II Conserva	ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,						
1	Purpose(s) of cons	ervation easements held by the organization (check all that apply).						
	Preservation	of land for public use (for example, recreation or education)	rically important land area					
	Protection o	f natural habitat Preservation of a certif	ied historic structure					
		of open space						
2		through 2d if the organization held a qualified conservation contribution in the form of a cor						
_	day of the tax year		Held at the End of the Tax Year					
a L		onservation easements						
b	-	icted by conservation easements	2b 2c					
c d		vation easements on a certified historic structure included on line 2a vation easements included on line 2c acquired after July 25, 2006, and not	20					
u		rure listed in the National Register	2d					
3		vation easements modified, transferred, released, extinguished, or terminated by the organiz						
	year							
4	Number of states v	where property subject to conservation easement is located						
5	Does the organizat	tion have a written policy regarding the periodic monitoring, inspection, handling of						
	,	orcement of the conservation easements it holds?						
6	Staff and voluntee	r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year					
7	Amount of overage		emente during the year					
7	Amount of expense	es incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year					
8	Does each consen	 vation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)						
Ū		(4)(B)(ii)?	Yes No					
9		be how the organization reports conservation easements in its revenue and expense stateme						
		l include, if applicable, the text of the footnote to the organization's financial statements tha						
	organization's acco	ounting for conservation easements.						
Par		tions Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets.					
	Complete if	the organization answered "Yes" on Form 990, Part IV, line 8.						
<b>1</b> a	•	elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala						
		easures, or other similar assets held for public exhibition, education, or research in furtheran	ce of public					
		Part XIII the text of the footnote to its financial statements that describes these items.						
b		elected, as permitted under FASB ASC 958, to report in its revenue statement and balance						
		ures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,					
	provide the following amounts relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1         \$							
2	.,	received or held works of art, historical treasures, or other similar assets for financial gain, p						
-	•	ints required to be reported under FASB ASC 958 relating to these items:						
а	•	on Form 990, Part VIII, line 1	\$					
b	b Assets included in Form 990, Part X \$							
		eduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023					
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		27						

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<sup>2023.05010</sup> KOHL CHILDREN'S MUSEUM OF A1777071

		ILDREN'S MU								_
		CHICAGO, 1					<u>36-37</u>			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or	Other	Similar	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make się	gnificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	e	Other							
С	c Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how they further th	ne organizatio	n's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the organizatio	n answered "	res" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
<b>1</b> a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contributior	ns or other as	sets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
с	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a								Yes		No
	If "Yes," explain the arrangement in Part XIII.					,		_		Ī
Par						).				
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	2,230,335.	2,099,480.	762	2,305.	5	72,609.		479,	843.
	Contributions				,000.		-3,412.		103,	433.
c	Net investment earnings, gains, and losses	265,733.	130,855.	-162	2,825.	1	, 93,108.		-10,	667.
	Grants or scholarships	,	,		<i>,</i>		,		,	
	Other expenditures for facilities									
U										
f	and programs Administrative expenses									
		2,496,068.	2,230,335.	2 0 9 9	9,480.	7	62,305.		572	609.
-	End of year balance Provide the estimated percentage of the curr	, ,		,	, 100.		01,000.		572,	
2		ent year end balance	· · · ·	)) field as.						
a L	Board designated or quasi-endowment Permanent endowment 82.4800	0/	_%							
b	10 5000	%								
с										
•	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administer	ed for the	e		Г	Yes	No
	organization by:								Tes	No v
	(i) Unrelated organizations?							3a(i)		X
								3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm				<b>B</b> 1 V 1					
	Complete if the organization answered									
	Description of property	(a) Cost or o		t or other	• •	ccumulate	ed	(d) Book	k valu	е
		basis (investr	nent) basis	(other)	dep	preciation				
1a	Land									
b	b Buildings 14,893,858. 6,712,660. 8,181,198.									
с	c Leasehold improvements 5,838,759. 5,591,575.						84.			
d	Equipment		1,06	3,624.	1,0	20,4	54.	43	3,1	70.
	Other									
	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>		X. line 10c. column	<i>(B)</i> )				8,471	L,5	52.
		-					Schedule	D (Form	990)	2023

## KOHL CHILDREN'S MUSEUM OF

Part VII	Investments -	Other Securitie	es	
Schedule D	(Form 990) 2023	GREATER	CHICAGO,	INC.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets

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

(a) Description	(b) Book value
(1) IN-KIND RENT RECEIVABLE	1,991,824.
(2) RIGHT-OF-USE ASSET	287,683.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,279,507.
Part X Other Liabilities	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	467,700.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	467,700.

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

Schedule D (Form 990) 2023

332053 09-28-23

	KOHL CHILDREN'S MUSEUM OF				
	dule D (Form 990) 2023 GREATER CHICAGO, INC.				3706878 <sub>Page</sub> 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				<u> </u>
1				1	5,304,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	т т			
а	Net unrealized gains (losses) on investments		200,846.	- 1	
b	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	200,846.
3	Subtract line 2e from line 1			3	5,103,797.
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		3,126.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	3,126.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,106,923.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Return	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,386,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	т т			
а	Donated services and use of facilities			- 1	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,386,244.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	3,126.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	3,126.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,389,370.
Par	t XIII Supplemental Information				

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

## PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT IS HELD TO GENERATE FUTURE EARNINGS TO BE

USED BY THE ORGANIZATION FOR GENERAL OPERATING PURPOSES.

PART X, LINE 2:

THE MUSEUM IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S.

30

INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE

MUSEUM IS SUBJECT TO FEDERAL INCOME TAX ON UNRELATED BUSINESS TAXABLE

INCOME. THE MUSEUM IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION.

332054 09-28-23

Schedule D (Form 990) 2023

#### KOHL CHILDREN'S MUSEUM OF CREATER CHICAGO INC Sabadula D (Farm 000) 2022

Schedule D	(Form 990) 2023	GREATER CHICAGO,	INC.	36-3/068/8	Page <b>5</b>
Part XIII	Supplemental Inform	mation (continued)			
	-				
				<b>. .</b>	
				Schedule D (Form 9	990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	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.						or if the	2023	
Department of the Treasury		Attach to Form 990 o						Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and tl	ne latest informatior	າ.		Inspection	
Name of the organization		ILDREN'S MUSEUM OF					Employer ide 36-3706	entification number	
Part I Fundrais		CHICAGO, INC. Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1			
required to	complete this part	t							
a Mail solicitat b Internet and									
c Phone solici d In-person so		g Special	fundra	lising	events				
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
		art VII) or entity in connection with pr			<b>U</b>	_			
<b>b</b> If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization	ant to a	agreei	ments under which th	ne fur	ndraiser is to be	9	
			(				• • • •		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No	-				
Tatal									
Total           3 List all states in whi	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration	
or licensing.									

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

 KOHL CHILDREN'S MUSEUM OF

 Schedule G (Form 990) 2023
 GREATER CHICAGO, INC.

36-3706878 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 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	
			TOUCH-A-TRUC		(d) Total events
		GALA	ĸ	1	(add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	Gross receipts	136,662.	207,049.	160,028.	503,739
	Less: Contributions	124,287.	207,049.	142,428.	473,764
3	Gross income (line 1 minus line 2)	12,375.		17,600.	29,975
4	Cash prizes				
	Noncash prizes				
6	Rent/facility costs		11,756.		11,756
6	Food and beverages	48,022.	5,245.	48,171.	101,438
	Entertainment				
	Other direct expenses		16,599.	53,881.	83,243
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			196,437
11	Net income summary. Subtract line 10 from	line 3, column (d)			-166,462
art	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or re	eported more than	1
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
			bingo/progressive bingo	.,	col. (a) through col. (
.	Gross revenue				
	Cash prizes				
3	Noncash prizes				
3	Rent/facility costs				
	Other direct expenses				
5		<b>Yes</b> %	<b>Yes</b> %	Yes %	
	Volunteer labor	□	□ 163 //	Yes %	
6		No	No	No	
6	Volunteer labor Direct expense summary. Add lines 2 throug	No		No	
6		h 5 in column (d)	<u> </u>	No	
6 7 8	Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No	
6 7 8 En	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No     No     S in column (d)     Column (d)     Column (d)     Column (d)     ucts gaming activities:	No	No	
6 7 8 En	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line and the state(s) in which the organization cond the organization licensed to conduct gaming a	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No	
6 7 8 En	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No	
6 7 En a Is b If '	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line T nter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	States?	□ No	Yes N
6 7 8 8 8 8 8 9 9 9 9 9 9 9 7 7 7 7 7 7 7	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line inter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	No N	states?	No	Yes N
6 7 En a Is 5 If '	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line T nter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	No N	states?	No	Yes N

Sabadula C (Earm 000) 2022	KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC. 30	6-3706878 Page
Schedule G (Form 990) 2023 <b>11</b> Does the organization conduct	t gaming activities with nonmembers?	
<b>12</b> Is the organization a grantor, b	peneficiary or trustee of a trust, or a member of a partnership or other entity formed g?	
13 Indicate the percentage of gam		
a The organization's facility	· · ·	13a
<b>14</b> Enter the name and address of	f the person who prepares the organization's gaming/special events books and records:	
Name		
Address		
<b>15a</b> Does the organization have a c	contract with a third party from whom the organization receives gaming revenue?	Yes 🗌 N
-	aming revenue received by the organization \$ and the amount the third party \$	ıt
c If "Yes," enter name and addre		
Name		
Address		
<b>16</b> Gaming manager information:		
Name		
Gaming manager compensatio	on \$	
Description of services provide		
Director/officer	Employee Independent contractor	
<b>17</b> Mandatory distributions:		
a Is the organization required un retain the state gaming license	der state law to make charitable distributions from the gaming proceeds to	Yes N
0 0	ns required under state law to be distributed to other exempt organizations or spent in th	······ — · · · — ·
organization's own exempt act		
	<b>formation.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and , a sapplicable. Also provide any additional information. See instructions.	3 Part III, lines 9, 9b, 10b
332083 09-13-23	34	chedule G (Form 990) 20
	~ -	

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	KOHL	CHI	LDREN'S	MUSEUM	OF
(Form 990)	GREAT	ER	CHICAGO	, INC.	

Schedule G (Form 990) GREATER CHICAGO, INC.	36-3706878 Page 4
Schedule G (Form 990)       GREATER CHICAGO, INC.         Part IV       Supplemental Information (continued)	
	Schedule G (Form 990)

332084 04-01-23

SCI	HEDULE J	Compensation Information		OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ	)
Depar	tment of the Treasury	Attach to Form 990.		Open to		
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
De		GREATER CHICAGO, INC.	36-3	370687	8	
Pa	rt I Question	s Regarding Compensation				
40	Chaoli the energy	ate her/(a) if the experimation provided any of the following to as few a nerven listed on Ferra	000		Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fees				
	_	spending account				
			r, chei)			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D.		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onloc					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
		<b>5</b>				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
b		ation?		<u>5</u> b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					37
						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
-		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	е			
-				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990	) 2023

LHA 332111 11-06-23

#### KOHL CHILDREN'S MUSEUM OF

Schedule J (Form 990) 2023 GREATER CHICAGO, INC.

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL DELFINI	(i)	231,590.	0.	0.	9,400.	19,145.	260,135.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER BARYL	(i)	153,395.	0.	0.	6,400.	10,486.	170,281.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL KORMANIK	(i)	140,737.	0.	0.	0.	24,611.	165,348.	0.
VP OF MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

36-3706878

KOHL CHILDREN'S MUSEUM OF

GREATER CHICAGO, INC.

Schedule J (Form 990) 2023

36-3706878 Page 3

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

	HEDULE M		Nonc	ash Contr	ibutions		c	MB No. 154	5-0047
(Fo	rm 990)							202	2
		Complete if the or	ganizations		n Form 990, Part IV, line	es 29 or 3			
	ment of the Treasury I Revenue Service	Go to www.i	rs.gov/Form	Attach to Form 9 990 for instructior	90. Is and the latest informa	ation.		Open to P Inspecti	
Name	e of the organization		-				Employer iden		
	C C	GREATER CHIC						7068	
Par	tl Types of	Property							
			(a)	(b)	(c) Noncash contribution		(d)		
			Check if applicable	Number of contributions or items contributed	amounts reported on Form 990, Part VIII, line	l n	Method of de oncash contrib		
1	Art - Works of art								
2		asures							
3		erests							
4		ations							
5		ehold goods							
6	Cars and other vel	hicles							
7	Boats and planes								
8		ty							
9		ly traded		1	1,003	3.FAI	R VALUE		
10	Securities - Closely	y held stock							
11	Securities - Partne	rship, LLC, or							
12		laneous							
13	Qualified conserva	tion contribution -							
	Historic structures								
14	Qualified conserva	ation contribution - Other $\dots$							
15	Real estate - Resid								
16		mercial							
17	Real estate - Other	r							
18									
19									
20	Drugs and medica	l supplies							
21									
22									
23		ns							
24	Archeological artif				42 70	4 10 2 7	D 1/3 I IID		
25		ATION OF SIL	<u> </u>	5	43,724	4 • FAL	R VALUE		
26	Other (	)							
27	Other (	)							
28	Other (	)	<u> </u>						
29		8283 received by the organ		5 5					
	for which the orga	nization completed Form 82	283, Part V, L	onee Acknowledg	ement 29				
~~	<b>.</b>							Y	es No
30a		d the organization receive b	-	•••••		-	that it		
		ast 3 years from the date of			·			00-	x
		for the entire holding period						30a	A
		the arrangement in Part II.	policy that	auiroo the review	f any panatandard anti-	ibutione?		04	x
31	-	tion have a gift acceptance		-	•			31	
32a	•	tion hire or use third parties		•				222	x
h	contributions?	in Dort II						32a	
	If "Yes," describe i		column (a) fa	r a type of proport	for which column (a) is a	hocked			
33	describe in Part II.	didn't report an amount in		a type of property	i or which column (a) is c	HEUREU,			
For P		ion Act Notice, see the Ins	structions for	Form 990			Schedule I	/ (Form 9	90) 2023
	aper work neudol								201 2023

LHA 332141 09-11-23

# KOHL CHILDREN'S MUSEUM OF

GREATER CHICAGO, INC. Schedule M (Form 990) 2023 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2023 332142 09-11-23 40

09241213 131839 A177707

#### OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service KOHL CHILDREN'S MUSEUM OF Employer identification number Name of the organization INC. 36-3706878 GREATER CHICAGO

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

- TEACHER, AND PROVIDED TOOLS TO TEACHERS THAT AUGMENT THE FORMAL

LEARNING ENVIRONMENT.

BECAUSE THERE ARE CHILDREN, FAMILIES, AND TEACHERS WHOSE ECONOMIC OR

PERSONAL CIRCUMSTANCES PREVENT THEM FROM VISITING, THE MUSEUM REMOVES

AS MANY BARRIERS AS POSSIBLE TO ENSURE THAT ALL CHILDREN CAN LEARN FROM

A FULL MUSEUM EXPERIENCE. FROM PROGRAMS SUCH AS EARLY CHILDHOOD

CONNECTIONS, WHICH BRINGS PROVEN TEACHING STRATEGIES TO CLASSROOMS

SERVING CHILDREN IN NEED, TO PLAY FOR ALL, WHICH OFFERS PRIVATE TIME IN

THE MUSEUM FOR CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES, THE

MUSEUM HAS A DECADES-LONG HISTORY OF EXTENDING ITS MISSION TO REACH

THOSE WHO NEED IT MOST.

AS PART OF OUR COMMITMENT TO ENSURING THAT EVERY CHILD AND FAMILY HAS ACCESS TO A HIGH-QUALITY CHILDREN'S MUSEUM EXPERIENCE, WE ARE VERY EXCITED TO BETTER SERVE CHILDREN AND FAMILIES IN UNDER-RESOURCED AREAS BY BRINGING OUR EXHIBITS AND EDUCATION TEAM TO THEM DIRECTLY. POP-UP MUSEUM PROGRAMS LIKE OUR PILOT IN WAUKEGAN WILL ALLOW US TO CONNECT WITH MORE FAMILIES AND INSPIRE FUTURE GENERATIONS WITHIN OUR COMMUNITY.

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

 THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE

 ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND

 PROVIDES A COPY OF THE FORM 990 TO ALL VOTING MEMBERS OF THE GOVERNING BODY

 PRIOR TO FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME

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

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 Name of the organization
 KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.
 Employer identification number 36-3706878

TO REVIEW THE RETURN AND ASK ANY QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT OR THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING. A MEETING IS SCHEDULED FOR THE CPA FIRM AND ORGANIZATION MANAGEMENT TO DISCUSS THE FORM 990 WITH THE GOVERNING BODY OR THEIR DESIGNATED COMMITTEE.

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

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.

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

ANNUALLY, THE PRESIDENT & CEO'S COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE, UTILIZING COMPARABILITY DATA. THE PROCESS AND THE FINAL SALARY DETERMINATION ARE DOCUMENTED IN WRITING. ALL OTHER MUSEUM EMPLOYEES' COMPENSATION LEVELS ARE HANDLED IN A SIMILAR MANNER (I.E. COMPARABLE DATA, REVIEWS, ETC.). THE PRESIDENT & CEO IS AUTHORIZED BY THE BOARD TO SET COMPENSATION FOR MUSEUM EMPLOYEES WITHIN THE IDENTIFIED APPROPRIATE RANGES.

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; THE AUDITED FINANCIALS, ANNUAL REPORT, CONFLICT OF INTEREST POLICY, AS WELL AS OTHER POLICIES ARE AVAILABLE ON THE MUSEUM'S WEBSITE.

FORM 990, PART XII, LINE 2C

THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

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OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT

ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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