

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2019

Prepared for	GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY 601 ERIESIDE AVENUE CLEVELAND, OH 44114
Prepared by	CIUNI & PANICHI, INC. 25201 CHAGRIN BLVD. #200 CLEVELAND, OH 44122-5683
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 17, 2020.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning OCT 1, 2018, and ending SEP 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

**GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY**

Employer identification number

31-1258416

Name and title of officer

**DR. KIRSTEN ELLENBOGEN
PRESIDENT & CEO**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>6,870,947.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CIUNI & PANICHI, INC. to enter my PIN 25201
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

34453825201

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning OCT 1, 2018 **and ending** SEP 30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY		D Employer identification number 31-1258416
	Doing business as		E Telephone number 216-694-2000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44114		G Gross receipts \$ 6,931,955.
F Name and address of principal officer: DR. KIRSTEN ELLENBOGEN SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.GREATSCIENCE.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1988
			M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO MAKE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH COME ALIVE.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 38
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 38
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 194
	6 Total number of volunteers (estimate if necessary) 6 250
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 38 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,143,457. 2,824,274.
	9 Program service revenue (Part VIII, line 2g) 2,655,037. 2,682,857.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 227,704. 306,417.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 894,425. 1,057,399.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,920,623. 6,870,947.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,727,454. 3,589,627.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 727,969.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,617,286. 5,039,781.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,344,740. 8,629,408.	
19 Revenue less expenses. Subtract line 18 from line 12 -2,424,117. -1,758,461.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 40,564,238. 38,438,490.
	21 Total liabilities (Part X, line 26) 4,733,895. 4,439,155.
	22 Net assets or fund balances. Subtract line 21 from line 20 35,830,343. 33,999,335.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	DR. KIRSTEN ELLENBOGEN, PRESIDENT & CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	HERZL GINSBURG, CPA		
Preparer Use Only	Firm's name	Firm's EIN	PTIN
	CIUNI & PANICHI, INC.	34-1322309	P01351635
Firm's address		Phone no. (216) 831-7171	
25201 CHAGRIN BLVD. #200			
CLEVELAND, OH 44122-5683			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
VISION: GREAT LAKES SCIENCE CENTER ENVISIONS A COMMUNITY WHERE ALL PEOPLE VALUE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH TO INFORM DECISION MAKING AND ENRICH LIVES. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **1,437,321.** including grants of \$) (Revenue \$)
EDUCATION: THE GREAT LAKES SCIENCE CENTER (GLSC) IS A COMMUNITY-FOCUSED, FORWARD-THINKING REGIONAL ASSET AND NORTHEAST OHIO'S LEADING SCIENCE AND TECHNOLOGY CENTER, OFFERING A WIDE ARRAY OF INNOVATIVE PROGRAMMING IN SERVICE OF ITS MISSION TO MAKE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH (STEM) COME ALIVE. EACH YEAR, GLSC'S EDUCATIONAL WORK ENSURES VISITORS COME TO GLSC TO EXPERIENCE NEW DEMONSTRATIONS, LEARN ABOUT EMERGING TECHNOLOGIES AND PARTICIPATE IN SEASONAL CAMPS, HOMESCHOOL, OUTREACH, AND COMMUNITY EVENTS THAT TEACH, INSPIRE, AND DEMONSTRATE STEM'S RELEVANCE IN OUR DAILY LIVES. GLSC IS ALSO HOME TO THE 9TH GRADE CLASS OF CLEVELAND METROPOLITAN SCHOOL DISTRICT'S (CMSD) AWARD-WINNING MC2STEM HIGH SCHOOL. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ **1,831,313.** including grants of \$) (Revenue \$)
EXHIBITS: IN ADDITION TO HUNDREDS OF HANDS-ON EXHIBITS AND TEMPORARY EXHIBITIONS, GLSC IS THE HOME OF THE NASA GLENN VISITOR CENTER, THE STEAMSHIP WILLIAM G. MATHER, AND THE CLEVELAND CLINIC DOME THEATER.

TEMPORARY EXHIBITIONS:
THE SCIENCE CENTER'S 2017-2021 STRATEGIC BUSINESS PLAN EMPHASIZES THE IMPORTANCE OF INVESTING IN THE VISITOR EXPERIENCE AND CREATING EXHPERIECES THAT GROW MEMBERSHIP AND ATTRACT MEMBERS TO RETURN REPEATEDLY. GLSC-DEVELOPED TEMPORARY EXHIBITS ARE A KEY PART OF THAT STRATEGY. VROOM! A CAR ADVENTURE (MARCH 2019 - SEPTEMBER 2019) WAS CREATED BY GREAT LAKES SCIENCE CENTER AND IS AN INTERACTIVE AUTOMOBILE EXHIBIT THAT EXPLORES THE IMPACT OF (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ **1,795,387.** including grants of \$) (Revenue \$)
MEMBERSHIP AND MARKETING: GREAT LAKES SCIENCE CENTER SERVED APPROXIMATELY 5,000 MEMBER HOUSEHOLDS IN FY19, ACCOUNTING FOR ALMOST 57,000 MEMBER VISITS TO THE SCIENCE CENTER. MEMBERSHIP IS SUPPORTED ACROSS THE MARKETING, DEVELOPMENT, AND GUEST SERVICES DEPARTMENTS.

ONE OF THE KEY FINDINGS THAT WENT INTO THE CREATION OF THE SCIENCE CENTER'S 2017-2021 STRATEGIC BUSINESS PLAN WAS THE OPPORTUNITY TO GROW ATTENDANCE AND ATTENDANCE-RELATED REVENUE BY INVESTING IN THE VISITOR EXPERIENCE. INCREASING THE NUMBER OF REPEAT VISITS BY MEMBERS IS ESSENTIAL IN REACHING THIS GOAL. AS PART OF THE STRATGIC PLAN, IMPROVEMENTS TO MEMBER AND MARKETING EXPERIENCES THIS YEAR INCLUDED AN INCREASED NUMBER OF MEMBER EVENTS SUCH AS (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.)
(Expenses \$ **1,551,177.** including grants of \$) (Revenue \$)

4e Total program service expenses **6,615,198.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY

Form 990 (2018)

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Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY**

Part 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		194
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 38		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DR. KIRSTEN ELLENBOGEN, PRESIDENT & CEO - 216-694-2000
601 ERIESIDE AVE, CLEVELAND, OH 44114**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK BARKER INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(2) RANDY BENNETT INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(3) PATRICIA J. BRITT INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(4) DENNIS A. COCCO INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(5) ERIC S. GORDON INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(6) KATINKA DOMOTORFFY INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(7) THOMAS G. BRICK INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(8) DAN DIMARCO INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(9) SUSAN R. FLAHERTY INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(10) KENNETH R. MORGAN INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(11) ROBERT T. GRAF, PHD INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(12) MARY BETH HOLDFORD INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(13) THOMAS MATTHEWS INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(14) RICHARD S. MORRISON INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(15) ARAM NERPOUNI INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(16) DAVID H. PEACE INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	
(17) LINDA RAE INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREG HARRIS INDIV TRUSTEE OR DIRECTOR	1.00	X						0.	0.	0.
(19) JAMES ROLLINSON INDIV TRUSTEE OR DIRECTOR	1.00	X						0.	0.	0.
(20) PETER BUCA INDIV TRUSTEE OR DIRECTOR	1.00	X						0.	0.	0.
(21) WILLIAM A. CANADY INDIV TRUSTEE OR DIRECTOR	1.00	X						0.	0.	0.
(22) DOUGLAS H. SMITH INDIV TRUSTEE OR DIRECTOR	1.00	X						0.	0.	0.
(23) DIANA STRONGOSKY INDIV TRUSTEE OR DIRECTOR	1.00	X						0.	0.	0.
(24) MARVIN THOMAS, JR. INDIV TRUSTEE OR DIRECTOR	1.00	X						0.	0.	0.
(25) TED R. EVANS, JR. INDIV TRUSTEE OR DIRECTOR	1.00	X						0.	0.	0.
(26) KIRSTEN M. ELLENBOGEN, PHD PRESIDENT & CEO	40.00	X		X				172,982.	0.	29,263.
1b Sub-total								172,982.	0.	29,263.
c Total from continuation sheets to Part VII, Section A								246,975.	0.	24,399.
d Total (add lines 1b and 1c)								419,957.	0.	53,662.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>							(D)	(E)	(F)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(27) DAVID M. REYNOLDS INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(28) JANET L. KAVANDI, PHD INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(29) STEVEN A. KARKLIN INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(30) SUMITA B. KHATRI, MD, MS INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(31) ADAM MUNSON INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(32) DAVE MUSTIN INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(33) MICHAEL L. STERN INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(34) CARY A. ZIMMERMAN INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(35) COUNCILMAN MARTIN J. KEANE INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(36) TERRELL PRUITT INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(37) MICHAEL FORDE RIPICH INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(38) LAURENCE A. SIVIC INDIV TRUSTEE OR DIRECTOR	1.00	X					0.	0.	0.
(39) KEN SINCHAK CFO	40.00			X			145,315.	0.	14,645.
(40) SUSAN ALLEN VP OF MARKETING	40.00				X		101,660.	0.	9,754.
Total to Part VII, Section A, line 1c							246,975.		24,399.

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	732,670.				
	c Fundraising events	1c	170,736.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	79,167.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,841,701.				
	g Noncash contributions included in lines 1a-1f: \$		100,962.				
	h Total. Add lines 1a-1f		2,824,274.				
	Program Service Revenue	2 a ADMISSIONS	Business Code 713990	1,881,164.	1,881,164.		
b EDUCATIONAL PROGRAM		611710	511,326.	511,326.			
c FACILITY RENTAL		532000	290,367.	290,367.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2,682,857.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		306,417.			306,417.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ <u>170,736.</u> of contributions reported on line 1c). See Part IV, line 18	a	0.				
		b Less: direct expenses	b	61,008.			
c Net income or (loss) from fundraising events			-61,008.			-61,008.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	PARKING GARAGE	531390	720,931.	720,931.			
	b CONCESSIONS & OTHER	722210	278,732.	278,732.			
	c STORE REVENUE	453220	95,002.	95,002.			
	d All other revenue	999999	23,742.	23,742.			
	e Total. Add lines 11a-11d		1,118,407.				
12 Total revenue. See instructions		6,870,947.	3,801,264.	0.	245,409.		

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Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	362,205.	249,960.	60,045.	52,200.
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	2,520,172.	1,735,624.	416,143.	368,405.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	484,110.	339,044.	82,543.	62,523.
10 Payroll taxes	223,140.	158,903.	33,288.	30,949.
11 Fees for services (non-employees):				
a Management				
b Legal	20,833.	1,940.	16,384.	2,509.
c Accounting	41,366.		41,366.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,523.		38,523.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	354,920.	278,943.	59,849.	16,128.
12 Advertising and promotion	584,914.	555,776.	14,742.	14,396.
13 Office expenses	16,169.	13,496.	1,889.	784.
14 Information technology	69,002.	35,436.	9,723.	23,843.
15 Royalties				
16 Occupancy	557,234.	501,511.	44,579.	11,144.
17 Travel	15,917.	10,003.	2,149.	3,765.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,812.	3,247.	972.	593.
20 Interest	124,465.		124,465.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,034,165.	1,830,749.	162,733.	40,683.
23 Insurance	138,911.	125,020.	11,113.	2,778.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	472,029.	229,812.	154,577.	87,640.
b THEATRE AND EXHIBITS	246,976.	246,976.		
c REPAIR & MAINTENANCE	231,116.	231,116.		
d BANK FEES	88,429.	67,642.	11,158.	9,629.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,629,408.	6,615,198.	1,286,241.	727,969.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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		
Assets	1 Cash - non-interest-bearing	235,885.	1	151,349.		
	2 Savings and temporary cash investments	474,904.	2	498,719.		
	3 Pledges and grants receivable, net	303,693.	3	488,817.		
	4 Accounts receivable, net	120,962.	4	104,355.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	122,080.		9	137,948.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	72,809,377.				
	b Less: accumulated depreciation	43,818,659.				
	11 Investments - publicly traded securities	8,575,680.	10c	11	8,066,584.	
	12 Investments - other securities. See Part IV, line 11			12		
	13 Investments - program-related. See Part IV, line 11			13		
	14 Intangible assets			14		
	15 Other assets. See Part IV, line 11			15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	40,564,238.	16		38,438,490.		
Liabilities	17 Accounts payable and accrued expenses	799,055.	17	660,823.		
	18 Grants payable		18			
	19 Deferred revenue	350,725.	19	357,510.		
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23 Secured mortgages and notes payable to unrelated third parties	3,070,304.	23	23	2,907,011.	
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	513,811.	25		513,811.	
	26 Total liabilities. Add lines 17 through 25	4,733,895.	26		4,439,155.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	22,428,682.	27	26,930,396.		
	28 Temporarily restricted net assets	8,915,776.	28	2,557,810.		
	29 Permanently restricted net assets	4,485,885.	29	4,511,129.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	35,830,343.	33		33,999,335.		
34 Total liabilities and net assets/fund balances	40,564,238.	34		38,438,490.		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,870,947.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,629,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,758,461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,830,343.
5	Net unrealized gains (losses) on investments	5	-74,547.
6	Donated services and use of facilities	6	2,000.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,999,335.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization **GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY** Employer identification number **31-1258416**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,902,404.	3,425,145.	2,882,100.	2,143,457.	2,824,274.	15,177,380.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3,902,404.	3,425,145.	2,882,100.	2,143,457.	2,824,274.	15,177,380.
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)						169,354.
6 Public support. Subtract line 5 from line 4.						15,008,026.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3,902,404.	3,425,145.	2,882,100.	2,143,457.	2,824,274.	15,177,380.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	329,633.	285,843.	196,542.	227,691.	306,417.	1,346,126.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	727,463.	894,862.	929,039.	972,485.	1,118,407.	4,642,256.
11 Total support. Add lines 7 through 10						21,165,762.
12 Gross receipts from related activities, etc. (see instructions)					12	13,938,248.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	70.91 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	71.16 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

GREAT LAKES MUSEUM OF SCIENCE,

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.)

Horizontal lines for supplemental information.

Schedule A

**Identification of Excess Contributions
 Included on Part II, Line 5**

2018

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
PNC FOUNDATION	592,669.	169,354.
Total Excess Contributions to Schedule A, Part II, Line 5		169,354.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY

Employer identification number

31-1258416

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

Name of organization GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY	Employer identification number 31-1258416
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CUYAHOGA ARTS & CULTURE 1501 EUCLID AVENUE, SUITE 407 CLEVELAND, OH 44115	\$ 284,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE CLEVELAND FOUNDATION 1422 EUCLID AVE CLEVELAND, OH 44114	\$ 190,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARCELORMITTAL 3100 EAST 45TH STREET CLEVELAND, OH 44127	\$ 81,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE LOZICK FAMILY FOUNDATION 29425 CHAGRIN BLVD, SUITE 201 CLEVELAND, OH 44122-4602	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROCKWELL AUTOMATION 1 ALLEN-BRADLEY DRIVE MAYFIELD HEIGHTS, OH 44124	\$ 65,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY	Employer identification number 31-1258416
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	EXHIBIT _____ _____ _____	\$ 65,000.	09/05/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY	Employer identification number 31-1258416
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY Employer identification number 31-1258416

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,562,586.	8,650,522.	8,611,179.	9,224,124.	10,111,696.
b Contributions	25,244.				
c Net investment earnings, gains, and losses	231,870.	585,528.	943,688.	805,114.	-226,689.
d Grants or scholarships					
e Other expenditures for facilities and programs	714,593.	632,509.	863,680.	1,376,732.	613,792.
f Administrative expenses	38,523.	40,955.	40,665.	41,327.	47,091.
g End of year balance	8,066,584.	8,562,586.	8,650,522.	8,611,179.	9,224,124.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 35.80 %
- b Permanent endowment 55.92 %
- c Temporarily restricted endowment 8.28 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		48,395,454.	24,252,865.	24,142,589.
c Leasehold improvements		17,778,795.	15,819,302.	1,959,493.
d Equipment		5,662,772.	3,746,492.	1,916,280.
e Other		972,356.		972,356.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,990,718.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION WITHDRAWAL LIABILITY	513,811.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	513,811.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,820,885.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-74,547.	
b	Donated services and use of facilities	2b	2,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	61,008.	
e	Add lines 2a through 2d	2e		-11,539.
3	Subtract line 2e from line 1		3	6,832,424.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,523.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		38,523.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,870,947.

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

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

1	Total expenses and losses per audited financial statements		1	8,651,893.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	61,008.	
e	Add lines 2a through 2d	2e		61,008.
3	Subtract line 2e from line 1		3	8,590,885.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,523.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		38,523.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	8,629,408.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

ON LOAN FROM THE SMITHSONIAN: SKYLAB 3 MODULE, SPACE SUITS, SKYLAB MODEL

ON LOAN FROM THE JOHNSON SPACE CENTER: MOON ROCK

ON LOAN FROM NASA JET PROPULSION LABORATORY: OPPORTUNITY TEST LANDING BAGS

ON LOAN FROM NASA GLENN RESEARCH CENTER: SHUTTLE WIND TUNNEL MODEL

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE A FINANCIAL SUPPLEMENT TO THE OPERATING AND CONTRIBUTED INCOME OF THE SCIENCE CENTER IN THE FUTURE, AND TO SERVE AS AN ADDITIONAL SOURCE OF FUNDING FOR EMERGENCY NEEDS SHOULD UNANTICIPATED CIRCUMSTANCES DEVELOP WHICH WOULD ADVERSELY IMPACT THE FINANCIAL POSITION (OPERATING OR CAPITAL) OF THE SCIENCE CENTER.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE SCIENCE CENTER IS TAX-EXEMPT, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN REPORTED IN ITS FINANCIAL STATEMENTS. THE SCIENCE CENTER HAS NOT BEEN CLASSIFIED AS A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND DOES QUALIFY FOR DEDUCTIBLE CONTRIBUTIONS.

INCOME TAXES ARE ACCOUNTED FOR UNDER THE PROVISIONS OF THE "INCOME TAXES" TOPIC OF THE FASB ASC. UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY MANAGEMENT. THE SCIENCE CENTER CLASSIFIES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS AS INCOME TAX EXPENSE IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS OF SEPTEMBER 30, 2019, THE SCIENCE CENTER HAS IDENTIFIED NO UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNTS FOR INCOME TAX PENALTIES AND INTEREST FOR THE YEAR THEN ENDED.

THE SCIENCE CENTER FILES ITS FEDERAL FORM 990 IN THE U.S. FEDERAL JURISDICTION AND A STATE REGISTRATION AT THE OFFICE OF THE STATE'S ATTORNEY GENERAL FOR THE STATE OF OHIO.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 61,008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 61,008.

PART X, LINE 1(2) - PENSION WITHDRAWAL LIABILITY

THE SCIENCE CENTER CONTRIBUTED TO A MULTI-EMPLOYER DEFINED BENEFIT PENSION

Part XIII Supplemental Information (continued)

PLAN (THE "PLAN") UNDER THE TERMS OF A COLLECTIVE BARGAINING AGREEMENT THAT COVERED ITS PROJECTIONIST UNION-REPRESENTED EMPLOYEES. CONTRIBUTIONS TO THE PLAN WERE BASED UPON THE COLLECTIVE BARGAINING AGREEMENT. EFFECTIVE DECEMBER 30, 2014, THE PLAN WAS TERMINATED THROUGH A MASS WITHDRAWAL OF ALL CONTRIBUTING EMPLOYERS. AS A RESULT OF THIS ACTION, NO ADDITIONAL EMPLOYER CONTRIBUTIONS WILL BE REQUIRED IN THE FUTURE. HOWEVER, THE SCIENCE CENTER IS SUBJECT TO A PENSION WITHDRAWAL LIABILITY IN THE AMOUNT OF \$513,811 AS OF SEPTEMBER 30, 2019.

ALTHOUGH THE PENSION WITHDRAWAL LIABILITY IS A LEGAL OBLIGATION, THE SCIENCE CENTER IS CURRENTLY ONLY REQUIRED TO PAY MONTHLY INSTALLMENTS OF APPROXIMATELY \$561 INTO PERPETUITY. THIS AMOUNT IS COMPRISED OF ENTIRELY INTEREST EXPENSE; THEREFORE, NO REDUCTION WILL BE MADE TO THE WITHDRAWAL LIABILITY PRINCIPAL. WHILE THE PRESENT VALUE OF SCHEDULED PAYMENTS COULD CHANGE IN THE FUTURE BASED ON ACTUARIALLY CALCULATED ADJUSTMENT, CHANGES TO OTHER EMPLOYERS' OBLIGATIONS, OR SETTLEMENTS REACHED WITH THE PLAN, IT IS QUITE POSSIBLE THAT THE OUTSTANDING PENSION WITHDRAWAL LIABILITY (I.E., THE PRINCIPAL) WILL NEVER BE PAID.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization **GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY** Employer identification number
31-1258416

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

GREAT LAKES MUSEUM OF SCIENCE,

ENVIRONMENT AND TECHNOLOGY

Schedule G (Form 990 or 990-EZ) 2018

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		YURI'S NIGHT (event type)	FUSION OF FOOD (event type)	2 (total number)	
1	Gross receipts	56,374.	44,948.	69,414.	170,736.
2	Less: Contributions	56,374.	44,948.	69,414.	170,736.
3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	50,034.		10,974.
10	Direct expense summary. Add lines 4 through 9 in column (d)				61,008.
11	Net income summary. Subtract line 10 from line 3, column (d)				-61,008.

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

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

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

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

GREAT LAKES MUSEUM OF SCIENCE,

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16** Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY** Employer identification number **31-1258416**

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2018

GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY

31-1258416

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIRSTEN M. ELLENBOGEN, PHD PRESIDENT & CEO	(i)	172,982.	0.	0.	0.	29,263.	202,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEN SINCHAK CFO	(i)	145,315.	0.	0.	0.	14,645.	159,960.	0.
	(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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY** Employer identification number
31-1258416

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	29,074.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EXHIBIT)	X	1	65,000.	FAIR MARKET VALUE
26 Other ▶ (TAPE)	X	2	5,205.	FAIR MARKET VALUE
27 Other ▶ (LIQUID NITROG)	X	6	1,633.	FAIR MARKET VALUE
28 Other ▶ (GIFT CARD)	X	1	50.	FAIR MARKET VALUE

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

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

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

Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS THAT WERE MADE.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

GREAT LAKES MUSEUM OF SCIENCE,
ENVIRONMENT AND TECHNOLOGY

Employer identification number
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GUIDING PRINCIPLES: WE HELP PEOPLE LEARN STEM BY DOING STEM AND BELIEVE
THAT IT IS BEST LEARNED THROUGH REAL SCIENTIFIC CHALLENGES. WE
CULTIVATE CREATIVE, INNOVATIVE, CRITICAL THINKERS FOR THE 21ST CENTURY.
WE SUPPORT A LEARNING CULTURE THAT ENCOURAGES CURIOSITY AND
EXPERIMENTATION. WE BRING PEOPLE TOGETHER BY CREATING WELCOMING, FUN,
AND HIGH-QUALITY GUEST EXPERIENCES. WE STRENGTHEN OUR COMMUNITY IMPACT
BY COLLABORATING WITH OTHER ORGANIZATIONS AND CONNECTING TO STEM
RESOURCES IN OUR REGION. WE ENSURE OUR FUTURE BY MAINTAINING OUR
LONG-TERM FISCAL AND STAFF SUSTAINABILITY.

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

THROUGH THE PROCESS OF TINKERING, IDENTIFYING PROBLEMS, AND TESTING,
VISITORS FEEL CONFIDENCE ABOUT THEIR ABILITY TO DO SCIENCE. GLSC OFFERS
EDUCATIONAL AND EXPERIENTIAL LEARNING ACTIVITIES WITH MULTIPLE ENTRY
POINTS AND OUTCOMES THAT ENCOURAGE CREATIVE EXPRESSION OF IDEAS, WHILE
ALSO ENGAGING DIVERSE AUDIENCES IN STEM.

IN 2019, GLSC WELCOMED 283,306 TOTAL VISITORS, INCLUDING 31,025
STUDENTS ON SCHOOL FIELD TRIPS, WITH 16,685 OF THOSE STUDENTS FROM
TITLE I-ELIGIBLE SCHOOLS THAT VISITED FOR FREE. VISITORS EXPLORE AND
EXPERIMENT WITH MORE THAN 400 LEARNING EXHIBITS AND ENGAGE IN STEM
PROGRAMMING THROUGH DAILY LIVE SCIENCE SHOWS AND ACTIVITIES. GLSC'S
EDUCATIONAL PROGRAMMING FOR SCHOOLS ENGAGES STUDENTS IN ACTIVITIES THAT
NOT ONLY ALIGN WITH OHIO'S ACADEMIC CONTENT STANDARDS, BUT ALSO BUILD
21ST CENTURY SKILLS AND HELP STUDENTS DEVELOP CRITICAL SKILLS SUCH AS

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY	Employer identification number 31-1258416
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CREATIVITY AND PERSEVERANCE. EDUCATIONAL PROGRAMS INCLUDE:

SCIENCE DEMONSTRATIONS TEACH STUDENTS AND VISITORS ABOUT SPACE AND AERONAUTICS, ELECTRICITY, EMERGING TECHNOLOGIES AND MUCH MORE. GLSC STAFF EDUCATORS LAUNCH ROCKETS WITH FUEL-BURNING BOOSTERS, SEND TWO-MILLION VOLTS OF ELECTRICITY THROUGH THEIR BODIES, IMplode OIL DRUMS WITH AIR PRESSURE, MAKE HUGE CLOUDS OF LIQUID NITROGEN THAT ENVELOP THE CROWD, AND PERFORM OTHER AWE-INSPIRING EXPERIMENTS THAT CREATE EXCITEMENT ABOUT SCIENCE LEARNING.

GROW UP GREAT WITH SCIENCE REACHES PRESCHOOLERS FROM LOW-INCOME CLEVELAND HOUSEHOLDS THROUGH PROGRAMMING AT CATHOLIC CHARITIES' HEAD START CENTERS AND PNC FAIRFAX CONNECTION. GLSC PROVIDES QUALITY STEM-BASED, IMMERSIVE EDUCATION EXPERIENCES AND ENGAGES STUDENTS, THEIR TEACHERS, AND CAREGIVERS TO FOSTER KINDERGARTEN-READINESS SKILLS. GROW UP GREAT WITH SCIENCE REACHES CHILDREN THROUGH CLASSROOM INSTRUCTION, FIELD TRIPS TO GLSC, PROFESSIONAL DEVELOPMENT FOR TEACHERS, SCIENCE DEMONSTRATIONS IN CLASSROOMS, FAMILY PASSES TO GLSC, AND MONTHLY NEWSLETTERS WITH SCIENCE ACTIVITIES TO FURTHER ENGAGE CHILDREN AND THEIR CAREGIVERS. GLSC ALSO PROVIDES OUTREACH ACTIVITIES AND WORKSHOPS FOR EARLY EDUCATION PROVIDERS IN LOW-INCOME AREAS, INCLUDING STARTING POINT EARLY CHILDHOOD EDUCATORS.

PUBLIC EARLY CHILDHOOD WORKSHOPS ARE NEW THIS YEAR AND ENGAGE CHILDREN AGES SEVEN AND YOUNGER IN A FUN, PLAY-BASED PROGRAM WHERE THEY CAN EXPLORE THE WORLD OF STEM AND TRY NEW EXPERIMENTS WITH AGE-APPROPRIATE TINKERING ACTIVITIES.

Name of the organization GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY	Employer identification number 31-1258416
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OUT-OF-SCHOOL-TIME PROGRAMMING FOR YOUTH IN GRADES 6-12 IN GREAT SCIENCE ACADEMY HELPS THEM STRENGTHEN THEIR ABILITIES IN PROBLEM-IDENTIFICATION, PROBLEM-SOLVING, AND CRITICAL THINKING. IT ALSO HELPS THEM INCREASE THEIR CONFIDENCE IN STEM AND LEARN ABOUT STEM CAREER PATHWAYS. YOUTH IN GRADES 6-9 FOCUS ON DIFFERENT STEM TOPICS BY GRADE, COMPLETING DESIGN AND ENGINEERING CHALLENGES THROUGH EXTENDED EXPERIMENTATION AND PROTOTYPING. YOUTH IN GRADES 10-12 BECOME INTERNS AND "PEER STEM CONVEYORS" WHO HELP DEVELOP PROGRAMMING AND TEACH YOUNGER PARTICIPANTS. YOUTH VISIT STEM-BASED BUSINESSES AND LEARN ABOUT STEM COLLEGE MAJORS AND CAREER FIELDS. THEIR FAMILIES ARE INVITED TO "FAMILY DESIGN AND BUILD" EVENTS.

CLEVELAND CREATES 6 & 7 (CC6/CC7)
CC6 WAS DIRECTLY REQUESTED BY CMSD BASED ON THE SUCCESSES OF CC7. AFTER A SUCCESSFUL PILOT, THE PROGRAM NOW SERVES ALL CMSD 6TH GRADE STUDENTS. MODELED AFTER THE EXISTING CC7 PROGRAM, CC6 USES INQUIRY-BASED LEARNING (IBL) AND INTERACTIVE PROJECTS THAT CHALLENGE STUDENTS AND ENCOURAGE CREATIVITY, EXPERIMENTATION, PERSEVERANCE, AND SELF-EFFICACY AMONG STUDENTS. CC6 ALIGNS WITH CLASSROOM CURRICULUM ON RENEWABLE ENERGY. GLSC EDUCATORS CHALLENGE THESE 6TH GRADE STUDENTS TO CONSTRUCT A WIND TURBINE USING THE ENGINEERING DESIGN PROCESS.

CC7 COMBINES CLASSROOM INSTRUCTION WITH PRACTICAL DESIGN CHALLENGES AND EXPERIMENTATION TO TEACH THE ENGINEERING DESIGN PROCESS, REINFORCE STEM CONCEPTS, AND ENCOURAGE CREATIVITY, PERSEVERANCE, AND SELF-EFFICACY AMONG STUDENTS. USING IBL, THE PROGRAM PROVIDES STRUCTURED FIELD EXPERIENCES THAT ENGAGE CMSD 7TH GRADERS IN CHALLENGING, INTERACTIVE PROJECTS TO ENCOURAGE DEEP LEARNING AND TEACH PHYSICAL SCIENCE

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CONCEPTS. ALL CMSD 7TH GRADE CLASSROOMS VISIT GLSC FOR A CIRCUITRY WORKSHOP WHERE THEY BUILD WORKING FLASHLIGHTS MADE OUT OF POPSICLE STICKS, COPPER TAPE, A BATTERY, AND LED LIGHT. BOTH CC6 AND CC7 WORKSHOPS ALSO INCLUDE AN INTERACTIVE SCIENCE SHOW AS WELL AS A TAKE-HOME KIT TO BUILD, DESIGN AND REWORK THE PROJECT WITH THEIR SIBLINGS, FRIENDS OR FAMILY MEMBERS. FAMILY AND FRIENDS ARE ALSO INVITED TO SPEND A DAY AT GLSC WHERE THEY PARTICIPATE IN A DESIGN CHALLENGE AND SPEND THE DAY VISITING THE GALLERIES.

CREATING CONNECTIONS 8 (CC8)

IN 2019, GLSC PILOTED CC8 LEVERAGING OUR UNIQUE POSITION AS A STEM EDUCATION LEADER TO BRIDGE THE GAP BETWEEN CLEVELAND'S YOUTH AND THE OPPORTUNITIES OF EMERGING TECHNOLOGIES. THIS NEW, MULTI-YEAR INITIATIVE DESIGNED TO PROVIDE STEM EDUCATION IN THE AREAS OF BLOCKCHAIN, CODING, INDUSTRIAL INTERNET OF THINGS (IIOT), CYBERSECURITY AND DATA PROTECTION HAS GROWN ORGANICALLY FROM CONVERSATIONS AND COLLABORATIONS WITH LEADING REGIONAL TECH-RELATED ECONOMIC DRIVERS AND THE SUCCESS OF SUPPORTING CMSD'S 6TH AND 7TH GRADERS THROUGH THE CLEVELAND CREATES INITIATIVE. THIS INTENSIVE STEM PROGRAM FOCUSED ON DIGITAL UPSKILLING WILL RAPIDLY ACCELERATE CLEVELAND 8TH GRADERS' SELF-EFFICACY WITH EMERGING TECHNOLOGIES. STUDENTS USE TECHNOLOGIES SUCH AS LINKBOT, MICRO:BIT AND SPHERO+ AMONG OTHER RESOURCES TO DEVELOP SKILLS VITAL TO MEETING THE NEEDS AND HIGH DEMANDS OF THE DIGITAL CAREER LANDSCAPE. A TOTAL OF 2,746 CMSD STUDENTS PARTICIPATED IN CC6, CC7 AND CC8 IN FY19.

CAMP CURIOSITY ENGAGES STUDENTS FROM K-8TH GRADE IN FUN, INQUIRY-BASED, ACTIVE LEARNING CENTERED ON THE INVESTIGATION AND RESOLUTION OF MESSY REAL-WORLD PROBLEMS. ALL CAMPS ARE SEPARATED BY AGE, AND CURRICULUM

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CONTENT IS TAILORED TO THE AGE GROUP. ONE-DAY CAMPS ARE OFFERED DURING SPRING AND WINTER BREAK WHILE SUMMER CAMPS PROVIDE WEEK-LONG IMMERSIVE EXPERIENCES OF STEM FUNDAMENTALS. CAMP THEMES OFFER CHILDREN TIME TO BE OUTDOORS, ACCESS TO SCIENCE CENTER EXHIBITS AND DOME THEATER MOVIES. CAMPS ARE LED BY LICENSED LOCAL TEACHERS, OFFERED AT GREAT LAKES SCIENCE CENTER AND TWO AREA LOCATIONS. FROM CHEMISTRY, TO PHYSICS, ROBOTICS, EMERGING TECHNOLOGIES, AND ENGINEERING, CAMPERS WILL HAVE THE CHANCE TO SEE HOW STEM IS PART OF THEIR EVERYDAY LIVES.

FREE ADMISSION DAY OPPORTUNITIES ARE OFFERED AT LEAST FOUR TIMES A YEAR INCLUDING MARTIN LUTHER KING, JR. DAY (FREE FOR ALL GUESTS). DURING FY19, FREE ADMISSION EVENTS WERE ALSO HELD IN MARCH AND JUNE WHEN ALL GUESTS RECEIVED FREE ADMISSION, AND AUGUST WHEN ALL YOUTH RECEIVED FREE ADMISSION. A TOTAL OF 13,690 GUESTS RECEIVED FREE ADMISSION AS PART OF A FREE DAY IN FY19.

DATA CONTINUES TO BE COLLECTED BY THE SCIENCE CENTER'S GUEST ENGAGEMENT STAFF TO CONTRIBUTE TO THE COLLABORATION FOR ONGOING VISITOR EXPERIENCE STUDIES (COVES) PROJECT. THIS DATA ALLOWS MEMBER MUSEUMS AND SCIENCE CENTERS TO BE MORE EFFECTIVE AND ECONOMICALLY STRONG THROUGH COLLABORATIVE COLLECTION, ANALYSIS AND INTERPRETATION OF VISITOR DATA.

VALUE ADDED PROGRAMMING CONTINUES TO BE A STRONG DRIVER FOR MEDIA ATTENTION THAT KEEPS THE SCIENCE CENTER IN THE PUBLIC VIEW, OPPORTUNITIES TO ENGAGE GUESTS WITH PROGRAMMING AND TO INCREASE ATTENDANCE.

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

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ENGINEERING AND DESIGN ON A CAR'S AERODYNAMICS, THE PHYSICS OF MOTION AND MORE. AFTER CLOSING IN SEPTEMBER, SEVERAL KEY PIECES FROM VROOM! WERE MOVED TO OUR SCIENCE PHENOMENA EXHIBITION.

CURIOSITY CARNIVAL (NOVEMBER 2019 - FEBRUARY 2020) ALSO CREATED BY THE GLSC EXHIBITS TEAM, COMBINES THE EXCITEMENT OF THE CLASSIC CARNIVAL EXPERIENCE WITH STEM LEARNING PRINCIPLES IN A FUN, ENGAGING ATMOSPHERE. FROM THE SPECTACLES TO THE MIDWAY GAMES, GUESTS EXPLORE PHYSICS, MATH, AND ENGINEERING CONCEPTS THROUGH A VARIETY OF EXHIBIT ACTIVITIES. GUESTS CREATE SPECTACULAR KALEIDOSCOPE PATTERNS, DESIGN AND FLY PAPER AIRPLANES USING OUR ELECTRIC LAUNCHERS AND LEARN THE STEM SECRETS TO WINNING CARNIVAL GAMES.

NASA GLENN VISITOR CENTER, CONGRESSIONALLY DESIGNATED AND ONE OF ONLY 11 IN THE COUNTRY, ALLOWS VISITORS TO EXPERIENCE SPACE THROUGH IMAGES, INTERACTIVE EXHIBITS, FASCINATING ARTIFACTS, AND A VAST COLLECTION OF NASA MEDIA. IN ADDITION, THE NEWLY DESIGNED NASA GLENN VISITOR CENTER APP USES VIRTUAL REALITY AND AUGMENTED REALITY TO BRING IMPORTANT ARTIFACTS TO LIFE AND ALLOW VISITORS TO CONDUCT EXPERIMENTS AND CHALLENGES.

SCIENCE PHENOMENA OFFERS MORE THAN 100 INTERACTIVE EXPERIENCES THAT DEMONSTRATE THE WONDERS OF SCIENCE. VISITORS EXPLORE PHOTOLUMINESCENCE IN THE SHADOW ROOM, USE MAGNETS TO MOVE A PENDULUM, EXPERIMENT WITH SOUND IN AN ECHO TUBE, AND LIFT HEAVY LOADS WITH PULLEYS.

BIOMEDTECH GALLERY PROVIDES INTERACTIVE EXHIBITS, VIDEOS, AND EDUCATIONAL DISPLAYS FOCUSING ON GENOMICS, STEM CELLS, PROSTHETICS, FUNCTIONAL ELECTRICAL STIMULATION (FES), AND MEDICAL IMAGING, HELPING

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STUDENTS UNDERSTAND HOW THESE TECHNOLOGIES ADVANCE HEALTH AND IMPROVE LIVES. THE NEWEST ADDITION TO THE BIOMEDTECH GALLERY FOCUSES ON NANO TECHNOLOGY. THIS HANDS-ON EXHIBIT AREA ENGAGES GUESTS THROUGH A SERIES OF INTERACTIVE EXPERIENCES THAT MAKE A WORLD WE CANNOT SEE COME ALIVE THROUGH REAL-LIFE APPLICATIONS AND SMALL-SCALE, BUT POWERFUL, TECHNOLOGIES.

CLEVELAND CREATES ZONE INTRODUCES VISITORS TO MAKER EXPERIENCE AND THE DESIGN AND ENGINEERING PROCESS THROUGH STEM 'DO IT YOURSELF' PROJECTS SUCH AS DESIGNING A PARACHUTE TO SAFELY LAND CARGO AND BUILDING AND EXPERIMENTING WITH CARS MADE OF LEGOS. EVALUATIONS SHOW THAT GUESTS HAVE THEIR MOST REFLECTIVE, EXPERIMENTAL LEARNING EXPERIENCES AT THESE EXHIBITS.

POLYMER FUN HOUSE IS A SPECIAL AREA OF THE SCIENCE PHENOMENON GALLERIES THAT IS GEARED FOR OUR YOUNGEST GUESTS. IN THE FUN HOUSE, GUESTS AGE 7 AND YOUNGER HAVE THEIR OWN AREA TO EXPLORE BASIC SCIENCE PRINCIPLES THROUGH OPEN ENDED PLAY. THE AREA ALSO INCLUDES THE SEASONAL OUTDOOR EXHIBIT PORT POLYMER AND A SPECIAL INFANT AREA ADDED THIS YEAR FOR THOSE AGE 2 AND YOUNGER. THE INFANT AREA EXPLORES THE CONCEPTS OF FORCES, SORTING (MATH), AND LITERACY IN AN AGE-APPROPRIATE AND SAFE LOCATION ALLOWING CAREGIVERS TO FEEL MORE COMFORTABLE LETTING THEIR CHILDREN PLAY IN THEIR OWN DESIGNATED SPACE.

STEAMSHIP WILLIAM G. MATHER GIVES VISITORS A GLIMPSE OF LIFE ON BOARD A WORKING GREAT LAKES FREIGHTER, THROUGH THE RESTORED 618-FOOT HISTORIC FLAGSHIP OF CLEVELAND-CLIFFS IRON COMPANY.

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CLEVELAND CLINIC DOME THEATER CONVERTED INTO THE WORLD'S FIRST GIANT DOME CINEMA LASER SYSTEM IN 2016. THE THEATER FEATURES THE WORLD'S MOST SOPHISTICATED MOTION-PICTURE PROJECTION SYSTEM AND ALLOWS GLSC TO SHOW BREATHTAKING SCIENCE-RELATED DOCUMENTARIES WITH A STRONG EMPHASIS ON SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH CAREERS. THESE FILMS CAN INSPIRE STEM CAREERS BY BRIDGING THE GAP BETWEEN ENTERTAINMENT AND SCIENCE EDUCATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
EXHIBIT AND FILM PREVIEWS.

PROGRAM SERVICE ACCOMPLISHMENTS:

EXHIBITS AND PROGRAMS ARE DESIGNED TO INSPIRE MORE FREQUENT VISITS FOR MEMBERS WITH FREE WITH ADMISSION, ACTIVE-PROLONGED EXHIBIT EXPERIENCES, AND FREQUENT CHANGES TO EXPERIENCES. THE WEBSITE - GREATSCIENCE.COM - WAS COMPLETELY REBUILT IN 2016 AND HAS CONTINUED TO BE STREAMLINED AND OPTIMIZED FOR MOBILE DEVICES AND EASE IN PURCHASING TICKETS, WHILE ALLOWING THE SCIENCE CENTER TO BETTER UNDERSTAND AND SERVE ITS AUDIENCE.

SOCIAL MEDIA ENGAGEMENT GREW ACROSS ALL FIVE OF THE MAJOR PLATFORMS: FACEBOOK, TWITTER, AND INSTAGRAM, PINTEREST, AND LINKEDIN. WE REDIRECTED A PORTION OF OUR PAID MEDIA BUDGET TO OUR TARGET AUDIENCE VERSUS A BROAD DEMOGRAPHIC AUDIENCE. THE SHIFT INCLUDES LEVERAGING DIGITAL CAMPAIGNS IN PAID SOCIAL MEDIA ADS TO INCREASE REACH, ENGAGEMENT AND CONVERSION OF OUR TARGET AUDIENCE AND PAID SEARCH ADS TO DRIVE INTENT INTO CONVERSIONS. WE HAVE IDENTIFIED OUR PRIMARY TARGET AUDIENCE AS PARENTS WITH CHILDREN AGE 4-12 LIVING OR VISITING THE

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**NORTHEAST OHIO EIGHT-COUNTY REGION, AND OUR SECONDARY AUDIENCE AS
GRANDPARENTS WITH GRANDCHILDREN AGE 4-12 IN THE SAME GEOGRAPHIC REGION.
EARNED MEDIA CONTINUED TO INCREASE YEAR OVER YEAR AS THE SCIENCE CENTER
GARNERED MORE THAN \$6.9 MILLION IN ADVERTISING VALUE EQUIVALENCY IN
BROADCAST AND ONLINE MEDIA.**

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

COMBINATION OF OMNIMAX AND GUEST SERVICES.

EXPENSES \$ 1,551,177. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

**FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE BOARD AND SIGNED BY
THE CHIEF EXECUTIVE OFFICER.**

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

**THE ORGANIZATION DISTRIBUTES A QUESTIONNAIRE TO EACH OFFICER,
DIRECTOR/TRUSTEE AND KEY EMPLOYEE EACH YEAR AND MAINTAINS A FILE OF THOSE
QUESTIONNAIRES COMPLETED.**

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

**THE PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS INCLUDES OBTAINING
COMPARATIVE SALARY DATA, WITH FINAL REVIEW AND APPROVAL BY GREAT LAKES
SCIENCE CENTER EXECUTIVE COMMITTEE MEMBERS.**

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

**GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT CURRENTLY
AVAILABLE TO THE PUBLIC. FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC
IN ANNUAL REPORTS TO THE COMMUNITY. THE AUDITED FINANCIAL STATEMENTS ARE**

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AVAILABLE TO THE PUBLIC UPON REQUEST.

Multiple horizontal lines for additional information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. GREAT LAKES MUSEUM OF SCIENCE, ENVIRONMENT AND TECHNOLOGY	Employer identification number (EIN) or 31-1258416
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 601 ERIESIDE AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44114	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DR. KIRSTEN ELLENBOGEN, PRESIDENT & CEO

- The books are in the care of ▶ **601 ERIESIDE AVE - CLEVELAND, OH 44114**
Telephone No. ▶ **216-694-2000** 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 the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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