

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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 **JUL 1, 2018** and ending **JUN 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 CHILDREN'S MUSEUM, INC. DBA THE CHILDREN'S MUSEUM OF HOUSTON Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 BINZ City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77004-7112 F Name and address of principal officer: TAMMIE J. KAHN 1500 BINZ, HOUSTON, TX 77004	D Employer identification number 74-2178563 E Telephone number 713-522-1138 G Gross receipts \$ 30,568,490. 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) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CMHOUSTON.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1981		M State of legal domicile: TX

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MUSEUM TRANSFORMS COMMUNITIES THROUGH INNOVATIVE, CHILD-CENTERED LEARNING		
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	43
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	43
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	357
6	Total number of volunteers (estimate if necessary)	6	2830
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,500.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	5,713,355.	5,805,063.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,194,389.	4,423,067.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	536,055.	938,085.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	595,932.	675,179.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,039,731.	11,841,394.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,790,088.	6,819,194.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 589,001.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,907,317.	5,798,103.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,697,405.	12,617,297.
19	Revenue less expenses. Subtract line 18 from line 12	-1,657,674.	-775,903.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	39,290,962.	38,870,594.
22	Net assets or fund balances. Subtract line 21 from line 20	1,151,427.	1,275,230.
22	Net assets or fund balances. Subtract line 21 from line 20	38,139,535.	37,595,364.

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 JANA GUNTER, DIRECTOR OF FINANCE Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name J. STEVEN AWALT	Preparer's signature J. STEVEN AWALT	Date 02/14/20	Check if self-employed <input type="checkbox"/>	PTIN P00087678
	Firm's name ▶ BRIGGS & VESELKA CO.				Firm's EIN ▶ 74-1769118
	Firm's address ▶ NINE GREENWAY PLAZA, SUITE 1700 HOUSTON, TX 77046				Phone no. 713-667-9147

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 [X]

1 Briefly describe the organization's mission: THE MISSION OF THE CHILDREN'S MUSEUM OF HOUSTON IS TO TRANSFORM COMMUNITIES THROUGH INNOVATIVE, CHILD-CENTERED LEARNING.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,902,241. including grants of \$) (Revenue \$ 4,423,067.) THE MUSEUM EMPLOYS CREDENTIALLED EDUCATORS WHO MANAGE THIRTEEN BILINGUAL (ENGLISH/SPANISH) EXHIBIT GALLERIES, AN ON-SITE BRANCH OF THE HOUSTON PUBLIC LIBRARY, AND PROGRAMMING THAT CHANGES WEEKLY. THESE EXHIBITS/PROGRAMS ARE FOCUSED ON THE DEVELOPMENT OF LITERACY AND ENGAGEMENT IN HANDS-ON, INQUIRY-BASED INVESTIGATIONS OF SCIENCE, TECHNOLOGY, ENGINEERING, ARTS/DESIGN AND MATH (I.E., THE STEAM DISCIPLINES). THE MUSEUM SERVED 742,000 VISITORS IN FY19 AND IS REBUILDING TO THE PRE-HARVEY NORM OF 800,000 VISITOR ANNUALLY. ONE-THIRD OF VISITORS RECEIVE FREE ADMISSION VIA WEEKLY FREE FAMILY NIGHTS AND THE OPEN DOORS FREE MUSEUM ADMISSION PASSES DISTRIBUTED TO LOW-INCOME FAMILIES BY COMMUNITY-BASED PARTNERS AT 1,060+ LOCATIONS ACROSS GREATER HOUSTON. SEE SCHEDULE O.

4b (Code:) (Expenses \$ 1,374,871. including grants of \$) (Revenue \$) COMMUNITY OUTREACH PROGRAMS SERVING LOW-INCOME FAMILIES IN UNDER-RESOURCED NEIGHBORHOODS INCLUDE A) SEVEN PROGRAMS THAT FACILITATE CHILDREN'S ENGAGEMENT IN LITERACY AND STEAM-BASED LEARNING DURING THE OUT-OF-SCHOOL HOURS AND SUMMER MONTHS; AND B) SEVEN PROGRAMS THAT EQUIP PARENTS TO FACILITATE HANDS-ON, EVIDENCE-BASED LEARNING AT HOME USING INEXPENSIVE AND READILY AVAILABLE SUPPLIES THAT CAN BE REPLENISHED AT "DOLLAR" STORES. IN FY19, THESE PROGRAMS ACHIEVED ATTENDANCE OF 557,000 AT 430+ LOCATIONS ACROSS GREATER HOUSTON. ALL PROGRAMMING IS PROVIDED FREE OF CHARGE TO PARTICIPANTS IN COLLABORATION WITH PARTNERS THAT INCLUDE TITLE I SCHOOLS, AFTERSCHOOL CENTERS, COMMUNITY CENTERS, HEALTHCARE CLINICS, LOW-INCOME HOUSING APARTMENTS, LIBRARY BRANCHES AND FAITH-BASED ORGANIZATIONS. SEE SCHEDULE O.

4c (Code:) (Expenses \$ 340,132. including grants of \$) (Revenue \$ 709,219.) VISITOR SERVICES INCLUDING FACILITATION OF EXHIBITS AND PROGRAMS, VOLUNTEERS, SERVICE SUPPORT, AND CONVENIENCES INCLUDING PARKING.

4d Other program services (Describe in Schedule O.) (Expenses \$ 150,161. including grants of \$) (Revenue \$ 188,017.)

4e Total program service expenses 10,767,405.

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

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>	X	
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	

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		357
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	X	
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?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
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?	12a	
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?	13a	
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	14b	
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 43		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 43		
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?		
10b			
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	
12c		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	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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 **JANA GUNTER - 713-522-1138**
1615 BINZ, HOUSTON, TX 77004

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) STEVE DANIEL V.P. OF STRATEGIC PLANNING	1.00	X		X				0.	0.	0.
(2) DR. ROBERT MCCALLISTER SECRETARY	1.00	X		X				0.	0.	0.
(3) SICILY DICKENSON V.P. OF EARNED INCOME	1.00	X		X				0.	0.	0.
(4) DR. CATHERINE HORN V.P. OF EDUCATION	1.00	X		X				0.	0.	0.
(5) CHARLENE PATE V.P. OF SPECIAL INITIATIVES	1.00	X		X				0.	0.	0.
(6) MICHAEL LUECK DIRECTOR	1.00	X						0.	0.	0.
(7) BRIAN THOMAS DIRECTOR	1.00	X						0.	0.	0.
(8) ELVA AKIN DIRECTOR	1.00	X						0.	0.	0.
(9) GINA GASTON ELIE DIRECTOR	1.00	X						0.	0.	0.
(10) GLEN GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(11) KATHERINE MURPHY DIRECTOR	1.00	X						0.	0.	0.
(12) LEIGH ANNE RAYMOND DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL H. HOLTHOUSE DIRECTOR	1.00	X						0.	0.	0.
(14) MICHAEL J. PLANK DIRECTOR	1.00	X						0.	0.	0.
(15) RACHEL LEAMAN DIRECTOR	1.00	X						0.	0.	0.
(16) SAM GAINER DIRECTOR	1.00	X						0.	0.	0.
(17) SUZETTE CALDWELL DIRECTOR	1.00	X						0.	0.	0.

CHILDREN'S MUSEUM, INC.
DBA THE CHILDREN'S MUSEUM OF HOUSTON

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) DR. KATHRYN RABINOW LIFETIME MEMBER	1.00	X						0.	0.	0.
(19) GAIL ADLER LIFETIME MEMBER	1.00	X						0.	0.	0.
(20) JULIE ALEXANDER LIFETIME MEMBER	1.00	X						0.	0.	0.
(21) NANCY ALLEN LIFETIME MEMBER	1.00	X						0.	0.	0.
(22) RANDY ALLEN DIRECTOR	1.00	X						0.	0.	0.
(23) WILLIAM GRIFFIN CO-V.P. OF CONTRIBUTED INCOME	1.00	X		X				0.	0.	0.
(24) ALLISON LEACH DIRECTOR	1.00	X						0.	0.	0.
(25) CYNTHIA WALKER DIRECTOR	1.00	X						0.	0.	0.
(26) JAMES RHAME DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								999,965.	0.	106,524.
d Total (add lines 1b and 1c)								999,965.	0.	106,524.

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 **7**

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

Section B. Independent Contractors

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

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

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

CHILDREN'S MUSEUM, INC.
DBA THE CHILDREN'S MUSEUM OF HOUSTON

74-2178563

Form 990

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RISHMA MOHAMED DIRECTOR	1.00	X						0.	0.	0.
(28) SEBASTIEN SOLAR CO-V.P. OF CONTRIBUTED INCOME	1.00	X		X				0.	0.	0.
(29) BRAD MORGAN PRESIDENT ELECT/V.P. OF BOARD ACTIVI	1.00	X		X				0.	0.	0.
(30) PAMELA JOUBERT DAVIS V.P. OF OPERATIONS	1.00	X		X				0.	0.	0.
(31) ROB GAUDETTE DIRECTOR	1.00	X						0.	0.	0.
(32) RON ORAN DIRECTOR	1.00	X						0.	0.	0.
(33) BILLY MCCARTNEY DIRECTOR	1.00	X						0.	0.	0.
(34) SILAS GIRGIS DIRECTOR	1.00	X						0.	0.	0.
(35) JEB BOWDEN DIRECTOR	1.00	X						0.	0.	0.
(36) RYAN DEVRIES DIRECTOR	1.00	X						0.	0.	0.
(37) MOLLY LAFAUCI DIRECTOR	1.00	X						0.	0.	0.
(38) JEFFREY SCOFIELD DIRECTOR	1.00	X						0.	0.	0.
(39) KELLY SKLAR DIRECTOR	1.00	X						0.	0.	0.
(40) WALTER WEATHERS DIRECTOR	1.00	X						0.	0.	0.
(41) GEOFFREY BRACKEN PAST PRESIDENT	2.00	X		X				0.	0.	0.
(42) WILLIAM J. TOOMEY, II PRESIDENT	2.00	X		X				0.	0.	0.
(43) SAUL SOLOMON TREASURER	2.00	X		X				0.	0.	0.
(44) TAMMIE J. KAHN EXECUTIVE DIRECTOR	45.00			X				191,433.	0.	40,954.
(45) CHERYL MCCALLUM DIRECTOR OF EDUCATION	50.00				X			188,833.	0.	10,954.
(46) WENDY WRIGHT GRANT WRITER	40.00					X		111,154.	0.	10,954.
Total to Part VII, Section A, line 1c										

CHILDREN'S MUSEUM, INC.
DBA THE CHILDREN'S MUSEUM OF HOUSTON

Form 990 (2018)

74-2178563 Page 9

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	1,233,310.				
	c Fundraising events	1c	1,142,422.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	103,165.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,326,166.				
	g Noncash contributions included in lines 1a-1f: \$		249,385.				
	h Total. Add lines 1a-1f		5,805,063.				
	Program Service Revenue	2 a ADMISSION FEES	Business Code 900099	3,123,501.	3,123,501.		
b EDUCATION SERVICE FEES		900099	973,902.	973,902.			
c FACILITY RENTAL		532000	227,290.	227,290.			
d OTHER PROGRAM INCOME		900099	93,374.	93,374.			
e EXHIBIT RENTAL		900099	5,000.	5,000.			
f All other program service revenue							
g Total. Add lines 2a-2f			4,423,067.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		506,972.			506,972.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	852,754.				
		(ii) Personal					
		b Less: rental expenses	143,534.				
		c Rental income or (loss)	709,220.				
	d Net rental income or (loss)		709,220.	709,220.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	17,127,307.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	16,694,991.	1,203.			
		c Gain or (loss)	432,316.	-1,203.			
	d Net gain or (loss)		431,113.			431,113.	
	8 a Gross income from fundraising events (not including \$ 1,142,422. of contributions reported on line 1c). See Part IV, line 18	a	112,655.				
		b Less: direct expenses	343,679.				
c Net income or (loss) from fundraising events			-231,024.			-231,024.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	1,731,705.					
	b Less: cost of goods sold	1,543,689.					
	c Net income or (loss) from sales of inventory		188,016.	188,016.			
Miscellaneous Revenue		Business Code					
11 a K-1 INCOME	523000	8,967.		1,500.	7,467.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		8,967.					
12 Total revenue. See instructions		11,841,394.	5,320,303.	1,500.	714,528.		

CHILDREN'S MUSEUM, INC.
DBA THE CHILDREN'S MUSEUM OF HOUSTON

Form 990 (2018)

74-2178563 Page **10**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	1,120,927.	902,676.	139,304.	78,947.
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	4,477,661.	3,605,832.	556,465.	315,364.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	788,562.	632,119.	111,259.	45,184.
10 Payroll taxes	432,044.	354,053.	47,946.	30,045.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	408,059.	300,294.	83,964.	23,801.
12 Advertising and promotion	256,569.	252,606.	3,963.	
13 Office expenses				
14 Information technology	197,027.	156,797.	34,870.	5,360.
15 Royalties				
16 Occupancy	1,091,985.	1,034,176.	41,585.	16,224.
17 Travel	110,047.	103,947.	5,625.	475.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	58,757.		58,757.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,628,116.	1,547,290.	54,758.	26,068.
23 Insurance	212,820.	202,255.	7,158.	3,407.
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	756,881.	686,095.	51,310.	19,476.
b EXHIBIT MAINTENANCE	629,548.	619,783.	8,464.	1,301.
c PRINTING	231,548.	203,944.	9,802.	17,802.
d GALLERY PROGRAMS	83,860.	66,737.	14,842.	2,281.
e All other expenses	132,886.	98,801.	30,819.	3,266.
25 Total functional expenses. Add lines 1 through 24e	12,617,297.	10,767,405.	1,260,891.	589,001.
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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

CHILDREN'S MUSEUM, INC.
DBA THE CHILDREN'S MUSEUM OF HOUSTON

Form 990 (2018)

74-2178563 Page 11

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	672,608.	1	859,996.
	2 Savings and temporary cash investments	1,512,833.	2	1,677,378.
	3 Pledges and grants receivable, net	643,808.	3	779,274.
	4 Accounts receivable, net	365,712.	4	513,480.
	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	219,788.	8	219,836.
	9 Prepaid expenses and deferred charges	152,381.	9	242,246.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,077,725.		
	b Less: accumulated depreciation	10b 20,962,567.		
	11 Investments - publicly traded securities	16,687,775.	10c	15,115,158.
	12 Investments - other securities. See Part IV, line 11	18,605,551.	11	18,951,977.
	13 Investments - program-related. See Part IV, line 11	430,506.	12	511,249.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,290,962.	15		
		16	38,870,594.	
Liabilities	17 Accounts payable and accrued expenses	761,287.	17	872,470.
	18 Grants payable		18	
	19 Deferred revenue	373,537.	19	366,386.
	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		23	
	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	16,603.	25	36,374.
	26 Total liabilities. Add lines 17 through 25	1,151,427.	26	1,275,230.
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	19,793,987.	27	18,587,771.
	28 Temporarily restricted net assets	6,970,110.	28	7,622,155.
	29 Permanently restricted net assets	11,375,438.	29	11,385,438.
	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	38,139,535.	33	37,595,364.	
34 Total liabilities and net assets/fund balances	39,290,962.	34	38,870,594.	

Form 990 (2018)

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	11,841,394.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,617,297.
3	Revenue less expenses. Subtract line 2 from line 1	3	-775,903.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,139,535.
5	Net unrealized gains (losses) on investments	5	240,699.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,967.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,595,364.

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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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		

Form 990 (2018)

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 **CHILDREN'S MUSEUM, INC.
DBA THE CHILDREN'S MUSEUM OF HOUSTON** Employer identification number **74-2178563**

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.

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

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	16,268,724.	15,700,578.	14,141,944.	15,041,015.	15,111,850.
b Contributions	10,000.	6,910.	250,043.	250,000.	750,000.
c Net investment earnings, gains, and losses	1,098,086.	1,104,890.	1,952,332.	-496,488.	-210,657.
d Grants or scholarships					
e Other expenditures for facilities and programs	440,000.	440,000.	550,000.	560,000.	515,000.
f Administrative expenses	58,757.	103,654.	93,741.	92,583.	95,178.
g End of year balance	16,878,053.	16,268,724.	15,700,578.	14,141,944.	15,041,015.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 67.45 %
- c Temporarily restricted endowment 32.55 %

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)		X
3a(ii)		X
3b		

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		2,977,069.		2,977,069.
b Buildings		5,236,093.	4,668,849.	567,244.
c Leasehold improvements		17,435,480.	6,927,437.	10,508,043.
d Equipment		444,823.	359,384.	85,439.
e Other		9,984,260.	9,006,897.	977,363.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,115,158.

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) DUE TO FORT BEND CHILDREN'S	
(3) DISCOVERY CENTER, LLC	36,374.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	36,374.

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

CHILDREN'S MUSEUM, INC.

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	13,021,673.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	240,699.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	240,699.	
3	Subtract line 2e from line 1	3	12,780,974.	
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	58,757.	
b	Other (Describe in Part XIII.)	4b	-998,337.	
c	Add lines 4a and 4b	4c	-939,580.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,841,394.	

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	13,565,844.
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	1,007,304.	
e	Add lines 2a through 2d	2e	1,007,304.	
3	Subtract line 2e from line 1	3	12,558,540.	
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	58,757.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	58,757.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,617,297.	

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 X, LINE 2:

THE ORGANIZATION RECORDS CHARGES FOR UNCERTAIN TAX POSITIONS WHEN THEY ARE CONSIDERED PROBABLE. BASED ON THEIR EVALUATION, THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD - CAFE - REPORTED ON FORM 990, PART VIII, LN 10B -564,232.

COST OF GOODS SOLD - GIFT SHOP - REPORTED ON FORM 990, PART VIII, LN 10B -166,846.

COST OF GOODS SOLD - SECRET - REPORTED ON FORM 990, PART

Part XIII Supplemental Information (continued)

VIII, LN 10B -73,157.

DIRECT FUNDRAISING EXPENSES REPORTED ON FORM 990, PART

VIII, LN 8B -59,534.

K-1 INCOME - BLACK STONE MINERALS, LP (COMMON UNITS) 2,886.

K-1 INCOME - BLACK STONE MINERALS, LP (SUBORDINATED UNITS) 6,132.

K-1 INCOME - ENTERPRISE PRODUCT PARTNERS L.P. -51.

PARKING LOT EXPENSES REPORTED ON FORM 990, PART VIII, LN 6B -143,535.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -998,337.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD - CAFE - REPORTED ON FORM 990, PART

VIII, LN 10B 564,232.

COST OF GOODS SOLD - GIFT SHOP - REPORTED ON FORM 990, PART

VIII, LN 10B 166,846.

COST OF GOODS SOLD - SECRET - REPORTED ON FORM 990, PART

VIII, LN 10B 73,157.

DIRECT FUNDRAISING EXPENSES REPORTED ON FORM 990, PART

VIII, LN 8B 59,534.

PARKING LOT EXPENSES REPORTED ON FORM 990, PART VIII, LN 6B 143,535.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,007,304.

CHILDREN'S MUSEUM, INC.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		ANNUAL GALA (event type)	FRIENDS & FAMILIES LUN (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,013,012.	157,021.	85,044.	1,255,077.
	2	Less: Contributions	929,312.	137,066.	76,044.	1,142,422.
	3	Gross income (line 1 minus line 2)	83,700.	19,955.	9,000.	112,655.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	154,649.	23,616.	1,142.	179,407.
	8	Entertainment	13,100.	15,153.		28,253.
	9	Other direct expenses	102,095.	11,098.	22,826.	136,019.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				343,679.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-231,024.

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.

		(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: _____

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 **CHILDREN'S MUSEUM, INC.
DBA THE CHILDREN'S MUSEUM OF HOUSTON** Employer identification number **74-2178563**

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

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) TAMMIE J. KAHN EXECUTIVE DIRECTOR	(i)	191,433.	0.	0.	30,000.	10,954.	232,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHERYL MCCALLUM DIRECTOR OF EDUCATION	(i)	188,833.	0.	0.	0.	10,954.	199,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANA GUNTER DIRECTOR OF FINANCE	(i)	142,054.	0.	0.	0.	10,954.	153,008.	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)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE PRESIDENT AND PAST PRESIDENT REVIEW THE PERFORMANCE AND COMPENSATION OF THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR ON AN ANNUAL BASIS. SUCH REVIEW INCLUDES SALARY SURVEYS AND CONSIDERATION OF LIKE POSITIONS IN LIKE CIRCUMSTANCES WITH OTHER MUSEUMS AND NONPROFIT ORGANIZATIONS. PERFORMANCE IS JUDGED AGAINST THE STRATEGIC PLAN GOALS.

PART I, LINE 4B:

THE CHILDREN'S MUSEUM INC. HAS A DEFERRED COMPENSATION AGREEMENT WITH TAMMIE J. KAHN IN WHICH \$30,000 ACCRUES EACH YEAR UNTIL ATTAINMENT OF AGE 65 OR RETIREMENT OF EMPLOYMENT.

**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 **CHILDREN'S MUSEUM, INC.
DBA THE CHILDREN'S MUSEUM OF HOUSTON** Employer identification number **74-2178563**

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				
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 ▶ (AUCTION ITEMS)	X	90	230,059.FMV	
26 Other ▶ (IN-KIND STOCK)	X	4	18,106.FMV	
27 Other ▶ (AUCTION ITEMS)	X	5	1,220.FMV	
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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.

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	CHILDREN'S MUSEUM, INC. DBA THE CHILDREN'S MUSEUM OF HOUSTON	Employer identification number	74-2178563
--------------------------	---	--------------------------------	------------

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

BY PROVIDING EVIDENCE-BASED PARENTING, LITERACY AND STEM (SCIENCE,
TECHNOLOGY, ENGINEERING, AND MATHEMATICS) PROGRAMS AND EXHIBITS.

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

THE GIFT SHOP - THE GIFT SHOP SELLS AN ARRAY OF UNIQUE, EDUCATIONAL
TOYS AND GAMES FOR CHILDREN AGES BIRTH TO 12 YEARS OLD. MERCHANDISE
SOLD INCLUDES SIMULATING SCIENCE AND MATH PRODUCTS THAT ARE RELATED TO
THE VISITOR'S EXPERIENCE IN THE MUSEUM. MANY ITEMS ARE USED IN THE
EXHIBITS AND PROGRAMS THROUGHOUT THE MUSEUM. ALL PRODUCTS RELATE TO THE
MUSEUM'S EXHIBITS AND PROGRAMS.

THE CAFE - THE CAFE OFFERS NUTRITIOUS FOODS FOR ANY TIME OF THE DAY SO
VISITORS CAN ENJOY A HEALTHY AND AFFORDABLE MEAL WITHOUT HAVING TO
LEAVE THE MUSEUM.

S.E.C.R.E.T - A FEE BASED INTERACTIVE EXPERIENCE DESIGNED TO TAKE A
CHILD'S (8 AND OVER) MUSEUM EXPERIENCE TO THE NEXT LEVEL. USING
STATE-OF-THE ART TECHNOLOGY, KIDS REPORT TO DUTY AND ARE ASSIGNED A
S.E.C.R.E.T. MISSION. THE MUSEUM COMBINES RADIO FREQUENCY
IDENTIFICATION (RFID) TECHNOLOGY WITH HANDS-ON EDUCATIONAL ELEMENTS
THAT ENCOURAGE PROBLEM SOLVING, CRITICAL THINKING, DATA ANALYSIS,
PROGRAMMING AND TEAMWORK WHICH HELPS THE VISITOR TO SOLVE PUZZLES,
DISCOVER HIDDEN AGENDAS AND THWART THE VILLAINS' SCHEMES.

EXPENSES \$ 150,161. INCLUDING GRANTS OF \$ 0. REVENUE \$ 188,017.

Name of the organization	CHILDREN'S MUSEUM, INC. DBA THE CHILDREN'S MUSEUM OF HOUSTON	Employer identification number	74-2178563
--------------------------	---	--------------------------------	------------

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

THE AUTHORITY TO REVIEW THE FORM 990 IS DELEGATED BY THE BOARD OF DIRECTORS TO THE FINANCE COMMITTEE. THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE REVIEW THE FORM 990 WITH THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE PRIOR TO FILING. THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SUBMIT A CONFLICT OF INTEREST STATEMENT TO THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS.

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

THE PRESIDENT AND PAST PRESIDENT REVIEW THE PERFORMANCE AND COMPENSATION OF THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR ON AN ANNUAL BASIS. SUCH REVIEW INCLUDES SALARY SURVEYS AND CONSIDERATION OF LIKE POSITIONS IN LIKE CIRCUMSTANCES WITH OTHER MUSEUMS AND NONPROFIT ORGANIZATIONS

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE FOR PUBLIC INSPECTION.

FORM 990, PART VI, LINE 1A -

EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE:

THE EXECUTIVE COMMITTEE HAS THE POWERS AND DUTIES TO CONDUCT THE GENERAL MANAGEMENT OF THE AFFAIRS OF THE MUSEUM AS ARE REGULARLY EXERCISED BY SUCH EXECUTIVE COMMITTEES DIRECTORS' OVERALL CONTROL AND

Name of the organization CHILDREN'S MUSEUM, INC. DBA THE CHILDREN'S MUSEUM OF HOUSTON	Employer identification number 74-2178563
---	--

DIRECTION. APPOINTMENTS TO THE BOARD OF DIRECTORS AND COMMITTEES AND EXPENDITURES IN EXCESS OF 5% OF THE MUSEUM'S OPERATING BUDGET MUST BE RATIFIED BY THE BOARD OF DIRECTORS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

K-1 INCOME -8,967.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT OF THE AUDIT AND SELECTION PROCESS OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART I, LINE 1 -

MISSION STATEMENT CONTINUED:

SNAPSHOT OF CMH TODAY -

THE MUSEUM'S MISSION OF TRANSFORMING COMMUNITIES THROUGH INNOVATIVE, CHILD-CENTERED LEARNING IS ACHIEVED BY ADDRESSING SIX KEY COMMUNITY NEEDS IDENTIFIED THROUGH COMMUNITY FORUMS THAT INVOLVE 1) FOSTERING THE DEVELOPMENT OF THE CHILD POPULATION OF THE GREATER HOUSTON AREA; 2) INCREASING PARENTAL ENGAGEMENT; 3) PROVIDING LEARNING EXPERIENCES THAT REINFORCE CLASSROOM INSTRUCTION; 4) REDUCING EFFECTS OF POVERTY ON LEARNING; 5) SERVING A MULTICULTURAL, MULTILINGUAL POPULATION; AND 6) PROMOTING WORKFORCE READINESS.

THE MUSEUM'S TARGET AUDIENCE IS THE FAMILIES OF CHILDREN AGES BIRTH THROUGH TWELVE. THESE FAMILIES ARE SERVED AT THE MUSEUM AND THROUGH

Name of the organization	CHILDREN'S MUSEUM, INC. DBA THE CHILDREN'S MUSEUM OF HOUSTON	Employer identification number	74-2178563
--------------------------	---	--------------------------------	------------

COMMUNITY OUTREACH PROGRAMMING FACILITATED AT 430+ LOCATIONS ACROSS GREATER HOUSTON. MUSEUM ATTENDANCE OF 752,000 AND OUTREACH ATTENDANCE OF 557,000 IN FY19 RESULTED IN TOTAL ATTENDANCE OF 1.3 MILLION, REPRESENTING THE GREATEST REACH IN THE MUSEUM'S FORTY-YEAR HISTORY.

THE MUSEUM MAINTAINS THE MOST EXTENSIVE FREE ADMISSION PRACTICES OF ALL THE NATION'S CHILDREN'S MUSEUMS. 33% OF MUSEUM VISITORS ARE ADMITTED FREE OF CHARGE AND 100% OF COMMUNITY OUTREACH IS FACILITATED FREE OF CHARGE TO PARTICIPANTS. THIS OUTREACH PRIORITIZES UNDER-RESOURCED, PREDOMINATELY NON-ANGLO NEIGHBORHOODS HAVING THE GREATEST LEVEL OF NEED. WITHIN THE 500 SQUARE MILES INSIDE OF BELTWAY 8, EVERY FAMILY LIVES WITHIN TWO MILES OF A COMMUNITY PARTNER THAT HOSTS THE MUSEUM'S OUTREACH PROGRAMS AND/OR DISTRIBUTES THE MUSEUM'S OPEN DOORS FAMILY ADMISSION PASSES.

ALL EXHIBITS AND PROGRAMS ENGAGE CHILDREN IN HANDS-ON, INQUIRY-BASED ACTIVITIES ALIGNED WITH THE TEXAS ESSENTIAL KNOWLEDGE AND SKILLS (TEKS) STANDARDS THAT STRUCTURE SCHOOL EDUCATION IN THE PUBLIC SCHOOL SYSTEMS. PROGRAM DEVELOPMENT IS GUIDED BY THE BUILDING BLOCKS OBJECTIVES CREATED BY THE MUSEUM'S EDUCATORS TO ENSURE STRATEGIC CONNECTIONS WITH THE TEKS AND 21ST CENTURY WORKPLACE SKILLS. ALL PROGRAMMING IS FACILITATED IN BILINGUAL (ENGLISH/SPANISH) FORMATS, WITH TRANSLATION PROVIDED IN ADDITIONAL LANGUAGES AS NEEDED. 55% OF THE MUSEUM'S PUBLIC CONTACT STAFF ARE BILINGUAL.

A MANAGER OF CURRICULUM AND EVALUATION EVALUATES EACH OF THE MUSEUM'S EXHIBITS/PROGRAMS AT LEAST ANNUALLY WITH THE SUPPORT OF A BOARD EVALUATION COMMITTEE CHAIRED BY DR. CATHY HORN, PROFESSOR AND CHAIR THE

Name of the organization CHILDREN'S MUSEUM, INC. DBA THE CHILDREN'S MUSEUM OF HOUSTON	Employer identification number 74-2178563
---	--

DEPARTMENT OF EDUCATIONAL LEADERSHIP AND POLICY STUDIES AT THE UNIVERSITY OF HOUSTON. METHODS INCLUDE INDEPENDENT EVALUATIONS CONDUCTED BY PHD LEVEL RESEARCHERS AND INTERNAL EVALUATIONS COMPOSED OF PRE/POST-TESTS WITH COMPARISONS TO CONTROL GROUPS; SURVEYS THAT DETERMINE SATISFACTION LEVELS AND QUANTIFY PERCEPTIONS OF NEEDS/BENEFITS; AND FOCUS GROUPS THAT GENERATE QUALITATIVE FINDINGS. THE EVALUATIONS INDICATE A SUCCESS RATE OF 99% SINCE 2010 IN ACHIEVING/SURPASSING OUTPUT AND OUTCOME GOALS.

THE MUSEUM RANKS AMONG THE BEST CHILDREN'S MUSEUMS NATIONALLY AND INTERNATIONALLY, REGARDLESS OF THE CRITERIA EMPLOYED. IMPACTS ARE CONFIRMED IN THE CITY OF HOUSTON'S CULTURAL ARTS PLAN. A CONSULTANT WHO PREVIOUSLY SERVED AS A STAFF MEMBER OF THE FORD FOUNDATION CONDUCTED COMMUNITY TOWN HALL MEETINGS AND FOCUS GROUPS IN NEIGHBORHOODS ACROSS HOUSTON, FOCUSING ON THOSE WITH HIGH CONCENTRATIONS OF LOW-INCOME FAMILIES, IMMIGRANTS AND NON-ANGLO MINORITIES. THE MUSEUM WAS THE ONLY ORGANIZATION DESCRIBED BY PARTICIPANTS IN EVERY SETTING AS BENEFITTING FAMILIES IN THEIR NEIGHBORHOODS AND MAKING THEM FEEL WELCOME ON-SITE. THE CULTURAL ARTS PLAN PRAISES THE SUCCESS OF THE MUSEUM'S DIVERSITY INITIATIVES, DECLARING THAT THE MUSEUM HAS "MASTERED THE ART OF OUTREACH," WITH VISITORS REPRESENTING THE FULL RANGE OF THE ETHNIC AND SOCIOECONOMIC DEMOGRAPHICS OF THE REGION, AND WITH COMMUNITY-BASED PROGRAMMING PROVING TO BE "EQUALLY AS EFFECTIVE AS THE EXPERIENCES CREATED FOR VISITORS TO THE MUSEUM."

FORM 990, PART III, LINE 4A

PROGRAM SERVICE 4A CONTINUED:

Name of the organization CHILDREN'S MUSEUM, INC. DBA THE CHILDREN'S MUSEUM OF HOUSTON	Employer identification number 74-2178563
---	--

OUTCOMES OF MUSEUM VISITS ARE EVALUATED ANNUALLY WITHIN A PROCESS OF CONTINUOUS QUALITY IMPROVEMENT. THE SOCIOECONOMIC AND RACIAL/ETHNIC DEMOGRAPHICS OF MUSEUM VISITORS MIRROR THOSE OF HOUSTON, WITH 48% OF HISPANIC/LATINO DESCENT, FOLLOWED BY AFRICAN AMERICANS (23%), ANGLOS (21%), AND ASIAN AMERICANS (7%).

FORM 990, PART III, LINE 4B

PROGRAM SERVICE 4B CONTINUED:

THESE PARTNERSHIPS INCREASE COLLECTIVE IMPACTS WHILE REMOVING BARRIERS TO PARTICIPATION AND EMPLOYING BEST-PRACTICE APPROACHES THAT ENABLE CHILDREN OF LOW-INCOME FAMILIES TO DEVELOP ASPIRATIONAL GOALS FOR SCHOOL COURSEWORK AND CAREERS. ALL PROGRAMS ARE EVALUATED ANNUALLY, WITH TARGETS SET FOR OUTPUTS AND OUTCOMES.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FORT BEND CHILDREN'S DISCOVERY CENTER	Q	947,760.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

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

Lined area for supplemental information.