Form **8868**

(Rev. January 2022)

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

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service 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. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) KOHL CHILDREN'S MUSEUM OF print GREATER CHICAGO, INC. 36-3706878 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2100 PATRIOT BLVD. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. GLENVIEW, IL 60026 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) JAMES D. GUERRA The books are in the care of ► 2100 PATRIOT BLVD. - GLENVIEW, IL 60026 Telephone No. ▶ 847-832-6885 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $_$, and ending $_$ JUN $\,$ 30 , $\,$ 2023 ► X tax year beginning JUL 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A I	or the	lpha 2022 calendar year, or tax year beginning $$ JUL $$ $$ 1 $$, $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ and ending	<u>JUN 30, 202</u>	23			
В	heck if	C Name of organization	D Employer iden	tification number			
_	pplicabl ⊐Addre	KOHL CHILDREN'S MUSEUM OF					
	chang	GREATER CHICAGO, INC.					
L	□Name □chang □Initial	Doing business as	36-3706	5878			
L	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s					
	Final return termin		847-832				
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$				
	_return □Applic	GLENVIEW, IL 00020	H(a) Is this a grou				
	⊥tion pendir	F Name and address of principal officer: MIRE DELFINI	for subordina				
				es included? Yes No			
	Nebsi		H(c) Group exemp	h a list. See instructions			
		· · · · · · · · · · · · · · · · · · ·		M State of legal domicile: IL			
	art I	Summary	real of formation. ±550	of M State of legal doffliche. The			
		Briefly describe the organization's mission or most significant activities: PROVIDE	EXPERIENCES	AND MEMORIES			
Se	-	TO BUILD A FOUNDATION FOR A LIFETIME OF LEAR					
Governance	2	Check this box if the organization discontinued its operations or disposed of r		assets.			
Ve	3			3 3			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 32			
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5 111			
Ϋ́Ę	6	Total number of volunteers (estimate if necessary)		6 151			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b 0.			
			Prior Year	Current Year			
ě	I	Contributions and grants (Part VIII, line 1h)	2,965,680				
Ju 9	I	Program service revenue (Part VIII, line 2g)	2,058,410				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,470				
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,962,571				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.			
	l	D (1) (1) (D (1)() (A) (1) (A)		0. 0.			
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	2,728,869				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.			
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 357,599.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,640,292	1,795,708.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,369,161				
	19	Revenue less expenses. Subtract line 18 from line 12	593,410	-947,956.			
Net Assets or			Beginning of Current Ye				
sets	20	Total assets (Part X, line 16)	19,312,068				
at As	21	Total liabilities (Part X, line 26)	1,268,742				
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	18,043,326	5. 17,226,710.			
	art II		stamenta and to the heat of	f my knowledge and balish it is			
truo	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer) is based on all information of which preparer. It is a first of the state	nements, and to the best of	my knowledge and beller, it is			
uuc	COLLEC	Mike Dufiwi	LZ/2.	1/2023			
Sig	2	Signatuse of edifferences	Date				
Her		MIKE DELFINI, PRESIDENT & CEO					
	Ŭ	Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Paid	l	THURE ROSS, CPA THURE ROSS, CPA	12/21/23 self-er				
Pre	arer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN				
	Only	Firm's address 2021 SPRING ROAD, SUITE 200					
		OAK BROOK, IL 60523	Phone no.				
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No			

Form 990 (2022)
Part III Statement of GREATER CHICAGO, INC. 36-3706878 Page 2

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
'	WE ARE A PLACE THAT PROVIDES EXPERIENCES AND MEMORIES TO BUILD A
	FOUNDATION FOR A LIFETIME OF 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?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$3,374,902. including grants of \$) (Revenue \$2,588,086.)
	SITUATED ON NEARLY NINE ACRES OF LAND, INCLUDING TWO ACRES OF BOUNDED
	OUTDOOR SPACE, THE MUSEUM FEATURES 17 INTERACTIVE EXHIBITS DESIGNED
	WITH EXPERT KNOWLEDGE OF HOW CHILDREN LEARN THROUGH SELF-DIRECTED PLAY.
	WITHIN THIS SETTING, THE MUSEUM ORGANIZES ENRICHMENT ACTIVITIES AND PROGRAMS SPECIFICALLY DESIGNED TO ADDRESS THE DEVELOPMENTAL NEEDS OF
	CHILDREN AGES BIRTH TO EIGHT.
	CHILDREN AGES BIRTH TO EIGHT:
	SINCE ITS INCEPTION, THE MUSEUM HAS EMERGED AS A LEADER IN THE CREATION
	OF ENGAGING EXHIBITS AND INNOVATIVE PROGRAMS THAT NURTURE A LOVE OF
	LEARNING IN YOUNG CHILDREN. FOR MORE THAN A QUARTER OF A CENTURY, IT
	HAS ELEVATED THE IMPORTANCE OF PLAY AS A CRITICAL LEARNING TOOL, AIDED
	PARENTS IN THEIR IMPORTANT ROLE AS A CHILD'S FIRST - AND MOST IMPORTANT
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3,374,902.
4e	Total program service expenses 3,3/4,902.

SEE SCHEDULE O FOR CONTINUATION(S)

GREATER CHICAGO, INC.

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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)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? If "Yes." complete Schedule I, Parts I and II

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Form 990 (2022)

GREATER CHICAGO, INC.

	Yes	No
36-3706878	Р	age 4

Pai	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		x
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\stackrel{\Lambda}{\vdash}$
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	200		х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	•	28c		х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more trial \$25,000 in horecast contributions? If "yes," complete schedule in	29		
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		<u> </u>
JZ.	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>02</u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0 T	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
00000	1 10 10 20	Гоим	aan	(2022)

KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 111 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes." see the instructions and file Form 4720. Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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Form 990 (2022) GREATER CHICAGO

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 33 **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 on Schedule O. 32 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure 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

X Own website Another's website X Upon request Upon request Other (explain on Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records JAMES D. GUERRA - 847-832-6885

2100 PATRIOT BLVD., GLENVIEW, IL 60026

GREATER CHICAGO INC.

36-3706878

<u> Page</u> **7**

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	I		((-	(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week				10010	17443		from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	пg	Inst	JJU 0	Key	Hig	For			
(1) MICHAEL DELFINI	50.00	ļ		l				044 564	•	04 444
PRESIDENT & CEO	40.00	Х		Х				244,764.	0.	24,141.
(2) JENNIFER BARYL	40.00	4				,,		160 506	0	15 016
VP OF DEVELOPMENT	40.00					X		162,596.	0.	15,816.
(3) STEPHANIE BYNUM	40.00	4				,,		102 622	0	00 010
VICE PRESIDENT OF PROGRAMS	40.00	<u> </u>				Х		103,633.	0.	28,918.
(4) MICHAEL KORMANIK	40.00	4				,,		115 555	0	14 007
VP OF MARKETING	40.00					X		115,555.	0.	14,237.
(5) CURT ADAMS	40.00	-				37		114 102	0	F 106
VICE PRESIDENT OF OPERATIO (6) JIM GUERRA	40 00	<u> </u>				X		114,183.	0.	5,196.
(6) JIM GUERRA VICE PRESIDENT OF FINANCE	40.00	1				x		105 221	0.	0
(7) RYAN BELL	0.50					^		105,331.	0.	0.
TRUSTEE	0.50	х						0.	0.	0.
(8) SHANNON CARSTENS	0.50	^						0.	0.	<u> </u>
TRUSTEE	0.50	Х						0.	0.	0.
(9) STEVE KAVETSIS	0.50							0.	0.	<u></u>
TRUSTEE	0.50	х						0.	0.	0.
(10) MATT GIBBONS	0.50	25						0.	0.	
TRUSTEE	— 0.30	х						0.	0.	0.
(11) RACHEL WINER	1.00								0.	
TRUSTEE	1.00	х						0.	0.	0.
(12) RITU SINGAL	0.50	1							•	
TRUSTEE		Х						0.	0.	0.
(13) ADAM FALKOF	0.50							-	-	
TRUSTEE		Х						0.	0.	0.
(14) SHAUN KHALFAN	0.50									
TRUSTEE		Х						0.	0.	0.
(15) AMY ALBANO	0.50									
TRUSTEE		Х						0.	0.	0.
(16) NANCY FIRFER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(17) PAUL SUTENBACH	0.50									
TRUSTEE		Х						0.	0.	0.
										Form 990 (2022)

Form 990 (2022) 232007 12-13-22

GREATER CHICAGO, INC. Form 990 (2022) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

36-3706878

(A) Name and title	Average Position (do not check more than one							(D) Reportable	(∟) Reportable		(F) Estimate	ed
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation		amount	of
	week	<u> </u>	cer an	d a d	irecto	r/trus	tee)	from	from related		other	
	(list any hours for	Individual trustee or director						the	organizations		ompensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	- 1	from th organizat	
	organizations	ruste	l trusi		ee	ubeu		1099-NEC)	1099-1120)	- 1	and relat	
	below	dual t	Institutional trustee	_	Key employee	Highest compensated employee	-	10001120)		- 1	organizati	
	line)	Indivi	Instit	Officer	Key er	Highe	Former				Ü	
(18) KATIE IREY	0.50											_
TRUSTEE		Х						0.	0	•		0.
(19) YULIA GURMAN	0.50							_	_			
TRUSTEE		Х						0.	0	<u>. </u>		0.
(20) JOHN F. BALL	0.50											
TRUSTEE		Х						0.	0	•		0.
(21) KELLY SIMON HONDRU	0.50											
TRUSTEE		Х						0.	0	<u>. </u>		0.
(22) KIMBERLY BORS	1.50											
CHAIR		Х		X				0.	0			0.
(23) ABHI AGRAWAL	0.50											
TRUSTEE		Х						0.	0	<u>. </u>		0.
(24) BRANDON ROLEK	0.50											
TRUSTEE		Х						0.	0	<u>. </u>		0.
(25) CHRISTOPHER JACKSON	0.50											
TRUSTEE		Х						0.	0			0.
(26) MAGGIE HOLTGREIVE SEARLE	0.50											
TRUSTEE		Х						0.	0	<u>. </u>		0.
1b Subtotal	1b Subtotal 846,062.							0	•	88,3	08.	
c Total from continuation sheets to Part VII, Section A									•		0.	
d Total (add lines 1b and 1c)								846,062.	0	•	88,3	08.
2 Total number of individuals (including but no								eceived more than \$100,	000 of reportable			
compensation from the organization												6
										_	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for so	uch individual									3	3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		. 4	4 X	<u> </u>
5 Did any person listed on line 1a receive or a	ccrue compen	ısati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .				. 5	<u> ز</u>	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor										sation	from	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE	5			_	Description of s	ervices	Com	pensatio	'n
												
-												

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022)

\$100,000 of compensation from the organization

KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

36-3706878

Form 990 GREATE	R CHICAGO,	<u>. I</u>	NC	•					36-370	6878
Part VII Section A. Officers, Director	s, Trustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)				C)			(D)	(F)		
Name and title	(B) Average				ition	1		Reportable	(E) Reportable	Estimated
	hours	(cł	(check all that apply)			арр	ly)	compensation	compensation	amount of
	per week (list any hours for related	ustee or director	trustee		96	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	organizations below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest con	Former			organizations
(27) DAWN MEINERS TRUSTEE	0.50	х						0.	0.	0.
(28) BRIAN SCHUSTER	1.00									
TRUSTEE		Х						0.	0.	0.
(29) CAROLYN SONG-PEGG TRUSTEE	0.50	Х						0.	0.	0.
(30) JR DEPA	0.50	 -							•	• •
TRUSTEE		х						0.	0.	0.
(31) BRYAN MALIS	1.50									
TREASURER		Х		Х				0.	0.	0.
(32) CLAUDIA TEMPLE	0.50									
TRUSTEE		Х						0.	0.	0.
(33) LORI CARLSON	1.50									
TRUSTEE		Х						0.	0.	0.
(34) ELLEN KAPOOR	0.50									
TRUSTEE		Х						0.	0.	0.
(35) ANTHONY LICATA	1.00	ا ا								
TRUSTEE	0.50	Х						0.	0.	0.
(36) ERIN MURRAY BUTLER TRUSTEE	0.50	x						0.	0.	0.
(37) ERINN SIEGEL	0.50									
TRUSTEE		Х						0.	0.	0.
(38) CARL RUTSTEIN	0.50									
TRUSTEE		Х						0.	0.	0.
(39) LOU BANK	0.50									
TRUSTEE		Х						0.	0.	0.
(40) TIM HANNAHS TRUSTEE	1.50	x						0.	0.	0.
TROSTEE								0.		
		-								
Total to Part VII, Section A, line 1c										
, , , , , , , , , , , , , , , , , , , ,								•	-	-

KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

Form 990 (2022) GREATER

Part VIII | Statement of Revenue

36-3706878 Page **9**

Pa	rt VII	Statement of Revenue	-				
		Check if Schedule O contains a response of	or note to any line	e 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
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f ADMISSIONS MEMBERSHIP DUES FIELD TRIPS AND EDUCATIONAL PROGR	438,494. 147,608. 869,984. 12,674. Business Code 900099 900099	1,456,086. 1,145,208. 1,018,178. 312,909.	1,145,208. 1,018,178. 312,909.		Sections 312 - 314
am (d	PROGRAM SERVICE RENTAL INCOME	900099	87,748.	87,748.		
Be	e	EXHIBIT RENTAL INCOME	900099	225.	225.		
Pro	f	All other program service revenue	900099	23,818.	23,818.		
	g	Total. Add lines 2a-2f		2,588,086.			
	3	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond presented in the content of tax-exempt because th		37,697.			37,697.
	5 6 a	Royalties (i) Real Gross rents 6a	(ii) Personal				
	c d	Less: rental expenses 6b 6c Net rental income or (loss) Gross amount from sales of assets other than inventory Ta 574,511.	(ii) Other				
Revenue	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) 7b 597,520. 7c -23,009.		-23,009.			-23,009.
Other	8 a	Gross income from fundraising events (not including \$ 438,494. of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	41,850. 158,539.				
	С	Net income or (loss) from fundraising events		-116,689.			-116,689.
	9 a	Gross income from gaming activities. See Part IV, line 19 9a					
		Less: direct expenses Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a b		Business Code				
cell	С						
Misc	d	All other revenue					
_	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		3,942,171.	2,588,086.	0.	-102,001.

232009 12-13-22

Form 990 (2022) GREATER CHICA
Part IX | Statement of Functional Expenses

GREATER CHICAGO, INC. 36-3706878 Page 10

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 (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 262,447. 262,447. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,355,417. 1,702,458. 396,772. 256,187. Other salaries and wages 7 Pension plan accruals and contributions (include 60,965. 46,245. 7,761. 6,959. section 401(k) and 403(b) employer contributions) 164,321. <u>42</u>,931. 231,979. 24,727. Other employee benefits 9 183,611. 120,672. 44,780. 18,159. 10 Payroll taxes Fees for services (nonemployees): Management Legal 164,550. 164,550. Accounting Lobbying Professional fundraising services. See Part IV, line 17 2,476. 2,476. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 125,169. 24,198. 26,547. 74,424. column (A), amount, list line 11g expenses on Sch O.) 74,054. 58,153. 13,078. 2,823. Advertising and promotion 12 255,719. 215,364. 31,815. 8,540. Office expenses 13 9,213. 6,778. 2,413. 22. Information technology 14 15 Royalties 240,033 202,343. 37.045 645. 16 Occupancy 9,568. 8,145. 254. 1,169. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 62,260. 52,997. 1,658. 7,605. Conferences, conventions, and meetings 19 2,170. 2,244. 20 Payments to affiliates 21 473,663. 465,856. 7,807. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 341,270. 107,995. 233,275. REPAIRS AND MAINTENANCE SUBSCRIPTIONS 14,523. 8,526. 1,918. 4,079. С d 20,966. 15,345. 5,558. 63. All other expenses 4,890,127. 3,374,902. 1,157,626. 357,599. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

GREATER CHICAGO, INC.

36-3706878 Page **11**

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,586,738.	1	1,164,277.
	2	Savings and temporary cash investments			3,980,988.	2	3,812,987.
	3	Pledges and grants receivable, net			1,218,940.	3	891,104.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described in		6			
<u>s</u>	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Š	9	B ::			74,831.	9	41,474.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	21,795,979.			
	b	Less: accumulated depreciation	10b	12,894,320.	9,007,909. 1,235,529.	10c	8,901,659. 1,580,501.
	11	Investments - publicly traded securities	1,235,529.	11	1,580,501.		
	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	2,207,133.	15	2,401,438.		
	16	Total assets. Add lines 1 through 15 (must equal			19,312,068.	16	18,793,440.
	17	Accounts payable and accrued expenses			437,154.	17	419,229.
	18	Grants payable				18	540.000
	19	Deferred revenue			784,895.	19	640,298.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substar					
iab.		controlled entity or family member of any of these			46.602	22	06 070
_	23	Secured mortgages and notes payable to unrelate			46,693.	23	26,079.
	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24)	. Complete Part X	0		101 101
		of Schedule D			1,268,742.	25	481,124. 1,566,730.
	26	Total liabilities. Add lines 17 through 25		e X	1,200,742.	26	1,300,730.
Ø		Organizations that follow FASB ASC 958, check	k nere				
nce	07	and complete lines 27, 28, 32, and 33.			10,082,523.	07	9 146 162
ala	27				7,960,803.	27 28	9,146,162. 8,080,548.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958			1,900,005.	28	0,000,340.
-u		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets		Paid-in or capital surplus, or land, building, or equi				30	
\ss(30					31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated inco Total net assets or fund balances			18,043,326.	32	17,226,710.
ž	33	Total liabilities and net assets/fund balances			19,312,068.	33	18,793,440.
-	_ 00	Total habilities and not assets/fully balances				- 00	Form 990 (2022)

Form 990 (2022) GREATER CHICAGO, INC. 36-3706878 Page 12

Pai	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,94:					
2	Total expenses (must equal Part IX, column (A), line 25)	2		,89 -94'					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	17	,22	6,7	<u> 10.</u>			
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	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:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?]	За		X			
b	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 on Schedule O and describe any steps taken to undergo such audits			3b					
				Form	990	(2022)			

232012 12-13-22

SCHEDULE A

(Form 990)

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.

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

Inspection

Employer identification number

36-3706878

OMB No. 1545-0047

Name of the organization KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO

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

ч		Ticason for Fabric (onanty Otatas.	(All Organizations must c	omplete ti	iis part.) S	ee iristructions.						
ne	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:											
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
		section 170(b)(1)(A)(iv). (C			•	, ,							
6		A federal, state, or local gov		nental unit described in	section 17	'0(b)(1)(A)	(v).						
	X	An organization that norma						oublic described in					
		section 170(b)(1)(A)(vi). (C	•	a. part of the eappert in	o a go		arms or morn and gonerar p						
8		A community trust describe	•	(1)(Δ)(vi) (Complete Par	+ II)								
9	H	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
•	ш	or university or a non-land-g				-	-	•					
		university:	grant conege or agrici	ulture (300 il istractions).	Litter tile i	iarric, city	, and state of the conege	, 01					
0		An organization that norma	Ily receives (1) more:	than 33 1/3% of its sunn	ort from co	ontribution	ne membershin fees and	d arose receipts from					
U		activities related to its exen	•				· ·	-					
				•			• •	-					
		income and unrelated busing See section 509(a)(2). (Con		(less section of reak) inc	iiii busiiies	ises acquii	ed by the organization a	inter June 30, 1973.					
			•	valv to toot for public on	fatu Caa	aastian EC)O(a)(4)						
1	H	An organization organized a	· ·	•	•			numacos of one or					
2	ш	An organization organized a	· ·	•	-		· · · · · · · · · · · · · · · · · · ·						
		more publicly supported or	-					SHECK THE DOX OH					
_		lines 12a through 12d that	* *										
а			· · · · · · · · · · · · · · · · · · ·	•	•	-							
		the supported organization			majority o	t the airec	tors or trustees of the st	ipporting					
		organization. You must o											
b								-					
		control or management o			ame perso	ns that coi	ntrol or manage the supp	oorted					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	-				• •	ed with,					
		its supported organization		·									
d			/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	bution rec	uirement and an attentiv	/eness					
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.							
f	Ent	er the number of supported o	organizations										
g		vide the following information			(iv) Is the orga	nization listed		6 d) A					
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
								I					

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GREATER CHICAGO, INC.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	` ,	` ,	` '	,
	membership fees received. (Do not						
	include any "unusual grants.")	5872806.	1149569.	1891748.	2965680.	1456086.	13335889.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5872806.	1149569.	1891748.	2965680.	1456086.	13335889.
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)						2399125.
6	Public support. Subtract line 5 from line 4.						10936764.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5872806.	1149569.	1891748.	2965680.	1456086.	13335889.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	36,214.	70,070.	28,016.	19,834.	37,697.	191,831.
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.)	84,800.	18,818.	192.			103,810.
11	Total support. Add lines 7 through 10						13631530.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li					14	80.23 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	77.24 %
16a	33 1/3% support test - 2022. If the o						
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
18			-			nd see instruction	(Form 990) 2022

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GREATER CHICAGO, INC.

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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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2022

KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	V	
	Yes	No
1		
2		
За		
OI.		
3b		
3c		
4a		
4b		
10		
4c		
5a		
- Ou		
5 14		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		
ıle A (Forn	n 990)	2022

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		/000/	о Ра	age 5
Par	t IV Supporting Organizations (continued)			
44	Has the examination eccented a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	115		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
200	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion of Type it Supporting Organizations			
4	Ways a majority of the avanciation's disectors or twistons during the toy year along a majority of the disectors		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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		-1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	c)	
2	Activities Test. Answer lines 2a and 2b below.	ii isti uctioi	Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
1-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		•	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see
	instructions).			

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Schedule A (Form 990) 2022 GREATER CHICAGO, INC. 36-3706878 Page 7

	dule A (Form 990) 2022 GREATER CHICA TV Type III Non-Functionally Integrated 509		nizatione (5-3/068/8 Page 7
	ion D - Distributions	(a)(o) Supporting Orga	mizations (continu	<u>Jea)</u>	Current Year
		mpt nurnaeae		1	Current real
1	Amounts paid to supported organizations to accomplish exe			 ' 	
2	Amounts paid to perform activity that directly furthers exemp	or purposes of supported			
_	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_	Distributable amount for 2000 from Section C. line 6				
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				

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c Excess from 2020d Excess from 2021e Excess from 2022

Part VI

KOHL CHILDREN'S MUSEUM OF

36-3706878 Page 8 GREATER CHICAGO, INC. Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER 2018 AMOUNT: \$ 84,800. 2019 AMOUNT: \$ 18,818. 2020 AMOUNT: \$ 192.

Schedule A (Form 990) 2022

__SCLOSURE COPY **

Schedule of Contributors

Schedule B

(Form 990)

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

Employer identification number

36-3706878

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	X 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				
	_	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special F	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), 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), 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						

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2

Name of organization
KOHL CHILDREN'S MUSEUM OF
GREATER CHICAGO, INC.

Employer identification number
36-3706878

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$69,803.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ \$ 55,844.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

223452 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization
KOHL CHILDREN'S MUSEUM OF
GREATER CHICAGO, INC.

Employer identification number
36-3706878

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
7		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Turney data doo; and Em 1 7	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	ivanie, addiess, and Zif + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humo, addi 655, und En TT	\$	Person Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization
KOHL CHILDREN'S MUSEUM OF
GREATER CHICAGO, INC.

Employer identification number
36-3706878

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

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** KOHL CHILDREN'S MUSEUM OF 36-3706878 GREATER CHICAGO, INC. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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.

2022
Open to Public Inspection

Name of the organization

KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

Employer identification number 36-3706878

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic 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 cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170((h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements.	: Aut Historical Tuscours or Ot	dhay Ciwailay Assata
Pai	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treations of the control of the co		ıl gaın, provide
	the following amounts required to be reported under FASB A	-	•
	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2022

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

		CHICAGO, I			3	6-370687	8 _F	age 2
Par	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Similar <i>I</i>	Assets _{(cont}	inued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make s	significant us	e of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpose	in Part XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	ures, or other simila	r assets			_
_	to be sold to raise funds rather than to be ma							No
Par	rt IV Escrow and Custodial Arrang		te if the organization	n answered "Yes" or	n Form 990, F	Part IV, line 9, c	r	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia		•				_	_
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					
						Amou	<u>nt</u>	
d	Additions during the year							
е	Distributions during the year							
	• • • • • • • • • • • • • • • • • • • •				1f			
	Did the organization include an amount on Fo					Yes	F	∐ No
	If "Yes," explain the arrangement in Part XIII.						<u>. L</u>	
Pai	rt V Endowment Funds. Complete if					ura haalt (a) Fa		hook
_		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	+ ` `	ur years	
1a	Beginning of year balance	2,099,480.	762,305.	572,609.		9,843.		962.
b	Contributions	120 055	1,500,000.	-3,412.		3,433.		406.
С.	Net investment earnings, gains, and losses	130,855.	-162,825.	193,108.	-10	0,667.		475.
d	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs							
		2 220 225	2 000 400	762 205	57	2 600	470	843.
g	End of year balance	2,230,335.	2,099,480.	762,305.	372	2,609.	413	,043.
2	Provide the estimated percentage of the curre	ent year end balance) neid as:				
a	Board designated or quasi-endowment Permanent endowment 90.1200	0/	_%					
b	0.000	%						
С	Term endowment 9.8800 9 The percentages on lines 2a, 2b, and 2c should be a s	-						
20	Are there endowment funds not in the posses	·	tion that are hold an	d administered for t	ho			
Sa	organization by:	ssion of the organiza	tion that are new an	d administered for the	i i e		Yes	No
	,					3a(i)	+	X
	(i) Unrelated organizations							X
h	(ii) Related organizations	ione lieted as require	ad on Schedule R2			3b	+	1
4	Describe in Part XIII the intended uses of the							
	rt VI Land, Buildings, and Equipme		villetti turius.					
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Part X	. line 10.			
	Description of property	(a) Cost or o			Accumulated	(d) Bo	ok valu	ΙΔ
	bescription of property	basis (investm	, ,	' '	epreciation	(4) 50	JK Valu	
	Land	`	,	,				
b			14.73	7,120. 6,	377,553	1. 8,35	9.5	69.
C	Leasehold improvements				525,669		1,8	
					991,100		$\frac{1}{50,2}$	
	Other				- ,			
	I. Add lines 1a through 1e. (Column (d) must ed		X column (R) line 1()c.)		8,90	1,6	59.

Schedule D (Form 990) 2022

	lle D (Form 990) 2022 GREATER CHI				-3706878 Page 3
	ule D (Form 990) 2022 GREATER CHI VII Investments - Other Securities.	CAGO	, INC.	30	-3700070 Page 3
Fait	Complete if the organization answered "Yes"	on Form	000 Part IV line	11h See Form 990 Part Y line 12	
(a) D	escription of security or category (including name of security)) Book value	(c) Method of valuation: Cost or end	of year market value
		d)) BOOK Value	(c) Method of Valuation. Cost of end	-or-year market value
	ancial derivatives				
	sely held equity interests				
(3) Oth	ier				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part	Investments - Program Related.	F	. 000 Dart IV line	11 - Cas Farms 000 Bart V line 10	
	Complete if the organization answered "Yes"	_			-f
	(a) Description of investment	d)) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part	Col. (b) must equal Form 990, Part X, col. (B) line 13.) IX Other Assets.				
rait	Complete if the organization answered "Yes"	on Form	000 Part IV line	11d Soc Form 990 Bart V line 15	
		Descript		Tru. See Form 990, Fart X, line 13.	(b) Book value
- (4)	IN-KIND RENT RECEIVABLE	Descrip	LIOIT		2,100,014.
(1)	RIGHT-OF-USE ASSET				301,424.
(2)	RIGHT-OF-OSE ASSET				301,424.
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
	Column (b) must equal Form 990, Part X, col. (B) line	o 15)			2,401,438.
Part	X Other Liabilities.	<u>e 15.)</u>			2,401,430.
	Complete if the organization answered "Yes"	on Form	990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability		, ,	,	(b) Book value
(1)	Federal income taxes				. ,
(2)	LEASE LIABILITY				481,124.
(3)					,
(4)					
(5)					
(6)					
(7)					
(8)					
$\overline{}$	·				

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

Schedule D (Form 990) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

			REN'S MUSEUM OF					
		(Form 990) 2022 GREATER CH					3706878	Page 4
Par	t XI	Reconciliation of Revenue per Au			Revenue per Ret	turn.		
		Complete if the organization answered "Yes		2a.			4 006	005
1		revenue, gains, and other support per audited				1	4,096,	035.
		nts included on line 1 but not on Form 990, P	,	1 1	121 240			
а		nrealized gains (losses) on investments			131,340. 25,000.			
b		ed services and use of facilities			25,000.			
С		veries of prior year grants						
d		(Describe in Part XIII.)		2d			1 - 6	240
						2e	156,	340.
		act line 2e from line 1				3	3,939,	695.
		nts included on Form 990, Part VIII, line 12, b		1 . 1	2 476			
		ment expenses not included on Form 990, Pa			2,476.			
		(Describe in Part XIII.)		4b			•	456
						4c	2, 3,942,	4/6.
		revenue. Add lines 3 and 4c. (This must equal	I Form 990. Part I. line 12.)	monto With	Evnanasa nar B	5	3,942,	Ι/Ι.
Par	t XII	Reconciliation of Expenses per A			Expenses per H	eturn	l -	
		Complete if the organization answered "Yes	· · · · · · · · · · · · · · · · · · ·				4 010	C = 1
1		expenses and losses per audited financial sta				1	4,912,	02T•
		nts included on line 1 but not on Form 990, P	*	1 1	25 222			
		ed services and use of facilities			25,000.			
b		year adjustments						
С		losses						
d		(Describe in Part XIII.)		2d			0.5	000
						2e		000.
		act line 2e from line 1				3	4,887,	651.
		nts included on Form 990, Part IX, line 25, bu		1 1	0 476			
		ment expenses not included on Form 990, Pa			2,476.			
b	Other	(Describe in Part XIII.)		4b			_	
						4c		476.
5	Total	expenses. Add lines 3 and 4c. (This must equ	ıal Form 990, Part I, line 18.)			5	4,890,	127.
Par	τ ΧΙΙΙ	Supplemental Information.						
Provi	de the	descriptions required for Part II, lines 3, 5, and	d 9; Part III, lines 1a and 4; Pa	art IV, lines 1b a	nd 2b; Part V, line 4;	; Part X	, line 2; Part X	l,
lines 2	2d and	l 4b; and Part XII, lines 2d and 4b. Also comp	lete this part to provide any a	dditional inform	ation.			
PAR	T V	, LINE 4:						
		_						
THE	OR	GANIZATION'S ENDOWMENT	IS HELD TO GENI	ERATE FU	TURE EARNI	NGS	TO BE	
USE	D B	Y THE ORGANIZATION FOR	GENERAL OPERAT:	ING PURP	OSES.			
PAR	T X	, LINE 2:						
THE	MU	SEUM IS EXEMPT FROM INC	OME TAXES UNDER	R SECTIO	N 501(C)(3	<u>) OF</u>	THE U.	S.
INI	'ERN	AL REVENUE CODE AND A S	SIMILAR PROVISION	ON OF ST	ATE LAW. H	OWEV	ER, THE	
MUS	EUM	IS SUBJECT TO FEDERAL	INCOME TAX ON U	UNRELATE	D BUSINESS	TAX	ABLE	
INC	OME	. THE MUSEUM IS NOT CON	ISIDERED TO BE Z	A PRIVAT	E FOUNDATI	ON.		

Schedule D (Form 990) 2022

		KOHL CHILDREN'S MUSEUM OF	
Schedule D	(Form 990) 2022 Supplemental Info	GREATER CHICAGO, INC.	36-3706878 Page 5
Part XIII	Supplemental Info	rmation _(continued)	
`			
-			
-			
-			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization KOHL CH		Employer identification number							
GREATER CHICAGO, INC. 36-3706878 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV. line 17. Form 990-EZ filers are not									
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									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Sample of the organization or licensing.		ontrib	utions	or has been notified	it is e	exempt from re	gistration		

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

Schedule G (Form 990) 2022

KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

Schedule G (Form 990) 2022

36-3706878 Page 2

Pa	irt i	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
			(a) Event #1	(b) Event #2 TOUCH-A-TRUC	(c) Other events	(d) Total events (add col. (a) through
			GALA	K	1	col. (c)
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	184,179.	177,014.	119,151.	480,344.
_	2	Less: Contributions	163,929.	177,014.	97,551.	438,494.
	3	Gross income (line 1 minus line 2)	20,250.		21,600.	41,850.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	3,160.	7,505.		10,665.
Direct Expenses	7	Food and beverages	41,229.	7,869.	33,468.	82,566.
	8	Entertainment				
	9	Other direct expenses	18,235.	11,523.	35,550.	65,308.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			158,539.
D	11					-116,689.
Pá	ırt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
		\$13,000 011 F01111 990-EZ, III1e 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ď	1	Gross revenue				
e S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No
~	_					
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No
2320	32 10	0-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022 GREATER CHICAGO, INC.	6 - 37	068	78	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	☐ No
	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?	[Y	es	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	1	13a		%
	o An outside facility		13b		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	L	100		
14	Liner the fiame and address of the person who prepares the organization's gaming/special events books and records.				
	News				
	Name				
	Address				
		ſ			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	l	Y	es	No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt			
	of gaming revenue retained by the third party \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
	Address				
40					
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	untain the state marrier linears 0	ſ	Y	es	No
h	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t				
L		. IC			
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Dort	II lino	0 0	h 10h
. u		iu Fait i	III, III IE	5 9, 9	ь, тоь,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				-

	KOHL CHILDREN'S MUSEUM OF	
Schedule 6	(Form 990) GREATER CHICAGO, INC. Supplemental Information (continued)	36-3706878 Page 4
Part IV	Supplemental Information (continued)	.
	(continued)	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KOHL CHILDREN'S MUSEUM OF

Employer identification number GREATER CHICAGO 36-3706878 INC. **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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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 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.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	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
С	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:	_		77
a	The organization?	5a		X
b	Any related organization?	5b		
_	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:			Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	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	7		Х
٥	not described on lines 5 and 6? If "Yes," describe in Part III	7		Λ
8	Sitial content constitution described in Developing and the FO 4050 4(-)(0)0 If IIV/co. II describe in Det III	8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	L		- 25
9	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

GREATER CHICAGO, INC.

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

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

36-3706878

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL DELFINI	(i)	244,764.	0.	0.	6,146.	17,995.	268,905.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER BARYL	(i)	162,596.	0.	0.	6,754.	9,062.	178,412.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

GREATER CHICAGO, INC. 36-3706878 Schedule J (Form 990) 2022 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO, INC.

Employer identification number 36-3706878

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

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

LEARNING ENVIRONMENT.

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

PERSONAL CIRCUMSTANCES PREVENT THEM FROM VISITING, THE MUSEUM REMOVES

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

A FULL MUSEUM EXPERIENCE. FROM PROGRAMS SUCH AS EARLY CHILDHOOD

CONNECTIONS, WHICH BRINGS PROVEN TEACHING STRATEGIES TO CLASSROOMS

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

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

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

THOSE WHO NEED IT MOST.

AS PART OF OUR COMMITMENT TO ENSURING THAT EVERY CHILD AND FAMILY HAS

ACCESS TO A HIGH-QUALITY CHILDREN'S MUSEUM EXPERIENCE, WE ARE VERY

EXCITED TO BETTER SERVE CHILDREN AND FAMILIES IN UNDER-RESOURCED AREAS

BY BRINGING OUR EXHIBITS AND EDUCATION TEAM TO THEM DIRECTLY. POP-UP

MUSEUM PROGRAMS LIKE OUR PILOT IN WAUKEGAN WILL ALLOW US TO CONNECT

WITH MORE FAMILIES AND INSPIRE FUTURE GENERATIONS WITHIN OUR COMMUNITY.

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

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

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

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

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 KOHL CHILDREN'S MUSEUM OF **Employer identification number** Name of the organization 36-3706878 GREATER CHICAGO, INC. TO REVIEW THE RETURN AND ASK ANY QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT OR THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING. A MEETING IS SCHEDULED FOR THE CPA FIRM AND ORGANIZATION MANAGEMENT TO DISCUSS THE FORM 990 WITH THE GOVERNING BODY OR THEIR DESIGNATED COMMITTEE. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 15A: ANNUALLY, THE PRESIDENT & CEO'S COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE, UTILIZING COMPARABILITY DATA. THE PROCESS AND THE FINAL SALARY DETERMINATION ARE DOCUMENTED IN WRITING. ALL OTHER MUSEUM EMPLOYEES' COMPENSATION LEVELS ARE HANDLED IN A SIMILAR MANNER (I.E. COMPARABLE DATA, REVIEWS, ETC.). THE PRESIDENT & CEO IS AUTHORIZED BY THE BOARD TO SET COMPENSATION FOR MUSEUM EMPLOYEES WITHIN THE IDENTIFIED APPROPRIATE RANGES. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; THE AUDITED FINANCIALS, ANNUAL REPORT, CONFLICT OF INTEREST POLICY, AS WELL AS OTHER POLICIES ARE AVAILABLE ON THE MUSEUM'S WEBSITE.

FORM 990, PART XII, LINE 2C

THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 20:	22		Page 2
Name of the organization	KOHL CHILDREN'S	MUSEUM OF	Employer identification number
· · · · · · · · · · · · · · · · · · ·	GREATER CHICAGO		Employer identification number 36-3706878
	GREETIER CHICAGO	, 11101	30 3700070

232212 10-28-22 Schedule O (Form 990) 2022