Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Faultha 0040 salandan waan

** 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.

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

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B c a	heck if	c Name of organization	D Employer identification number					
	Addre	FIELD MUSEUM OF NATURAL HISTORY						
	Name Chang	e Doing business as		36-216703	11			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	Final return/	1400 SOUTH LAKE SHORE DRIVE		(312) 922	2-9410			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	103,015,807.			
	Ameno	CHICAGO, IL $00005-2827$		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: UULIAN SIGGERS		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) $4947(a)(1)$	or 🗌 527	If "No," attach a	list. (see instructions)			
		e: > WWW.FIELDMUSEUM.ORG		H(c) Group exemption	n number 🕨			
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1893 N	I State of legal domicile: ${ t IL}$			
Pa	art I	Summary						
¢	1	Briefly describe the organization's mission or most significant activities:	MUSEUM	IS AN INDEE	PENDENT			
u c		CENTER OF LEARNING THAT ENGAGES IN RESEAR	CH ANI	PUBLIC EDU	CATION.			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	I _ I				
Ň					73			
ی م		Number of independent voting members of the governing body (Part VI, line 1b)			<u>72</u> 773			
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)						
iti		Total number of volunteers (estimate if necessary)			639			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			4,761,246.			
	b	Net unrelated business taxable income from Form 990-T, line 39			1,242,752.			
				Prior Year 47,759,181.	Current Year 39,351,332.			
ne		Contributions and grants (Part VIII, line 1h)		29,853,187.	27,845,067.			
Revenue		Program service revenue (Part VIII, line 2g)		22,233,452.	23,052,590.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-205,186.	-271,459.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		99,640,634.	89,977,530.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		577,980.	575,489.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>			
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		34,346,358.	35,543,803.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		301,673.	253,589.			
en en		Total fundraising expenses (Part IX, column (A), line 11e) $4,327,55$	95.	501,075.	255,505.			
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,677,299.	43,624,043.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		82,903,310.	79,996,924.			
		Revenue less expenses. Subtract line 18 from line 12	16,737,324.	9,980,606.				
or				ginning of Current Year	End of Year			
ets (20	Total assets (Part X, line 16)		97,315,188.	765,226,846.			
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)	1	99,385,608.	200,971,529.			
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		97,929,580.	564,255,317.			
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Part II Signature Block

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

Sign		Signatu	re of officer								Date	
Here		LE N	IONTE	G.	BOOKER	, SI	R.,	CHIEF	FINANCIA	L OFFICER	ર	
		Type or	print name	and ti	le							
	Prin	t/Type pre	eparer's nar	ne			Pre	parer's signa	ture	Date	Check	PTIN
Paid	LŪ	ANN	TRAPE	2			LU	ANN 7	RAPP	11/09	/20 self-employed	P01506476
Preparer					E & MOI						Firm's EIN 🕨 38	-1357951
Use Only	Firm	n's addres	s 10	s.	RIVER	SIDE	PL	AZA, 9	TH FLOOR			
			CH:	ICA	GO, IL	606	06				Phone no. (312) 207-1040
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)											
932001 01-2	132001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)											

	1990 (2019) FIELD MUSEUM OF NATURAL HISTORY	36-2167011	Page 2
Pa	rt III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[A]
•	THE FIELD MUSEUM IS AN EDUCATIONAL INSTITUTION CONCERNED	WITH THE	
	DIVERSITY AND RELATIONSHIPS IN NATURE AND AMONG CULTURES		ES
	COLLECTION-BASED RESEARCH AND LEARNING FOR GREATER PUBLIC		
	UNDERSTANDING AND APPRECIATION OF THE WORLD (CONTINUED O	N SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
•	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 other	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.	1 200	010
4a	(Code:) (Expenses \$ 30,712,071. including grants of \$ 572,788.) (Reven SCIENCE & EDUCATION: SCIENCE AND EDUCATION CONSISTS OF F		912.)
	COMPLEMENTARY CENTERS-THE COLLECTIONS CENTER, THE INTEGR.		Сн
	CENTER, THE SCIENCE ACTION CENTER, AND THE LEARNING CENT		
	THESE CENTERS ADVANCE THE MUSEUM'S MISSION OF UNDERSTAND		
	EXPLORING ITS PRESENT, AND SHAPING A FUTURE FOR THE EART	H THAT IS RI	СН
	WITH BIOLOGICAL AND CULTURAL DIVERSITY. THE COLLECTIONS		
	30,000,000 NATURAL OBJECTS AND MAN-MADE ARTIFACTS SPANNI		M'S
	FOUR DISCIPLINES - ANTHROPOLOGY, BOTANY, GEOLOGY, AND ZO	OLOGY.	
4b	(Code:) (Expenses \$15,268,800. including grants of \$2,701.) (Reven	ue\$ 16,338,	347.)
	PUBLIC PROGRAMS: THE MUSEUM BRINGS SCIENCE TO LIFE WITH		
	400,000 SQUARE FEET OF SPACE DEVOTED TO EXHIBITIONS AND		
	PROGRAMS. IN 2019, THE MUSEUM WELCOMED MORE THAN 1,300,0	00 VISITORS.	
40	(Code:) (Expenses \$ 12,877,073. including grants of \$) (Reven	136	569.)
70	MUSEUM SERVICES: THE MUSEUM HAS APPROXIMATELY 1,300,000		<u></u>)
	FOR WHICH MUSEUM SERVICES PROVIDES ENGINEERING, MAINTENA		
	SECURITY, AS WELL AS DIRECTLY SUPPORTS THE SCIENCE AND E	DUCATION AND	
	PUBLIC PROGRAMS.		
4d	Other program services (Describe on Schedule O.)	000 010	
	(Expenses \$ 8,861,272. including grants of \$ 1,377.) (Revenue \$ 10, Total program service expenses ► 67,719,216.	070,219.)	
4e	Total program service expenses ► 67,719,216.	Earm Q	90 (2019)
93200:	2 01-20-20		2019)
			1010/0

19451109 147228 101948

Form 990 (2				OF	NATURAL	HISTORY
Part IV	Checklist of Re	equired S	Schedules			

 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX 20a X 20a X 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 H. Parts I and II 				Yes	No
2 Is the organization engine in term of the complete Schedule () Controlutor? 2 X 3 Did the organization engine in term of the organization engine activities on ball of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engine in tablying activities, or have a section 501(r) election in effect 4 X 5 Is the organization a section 501(r)(c)(4). 501(c)(5), or 501(c)(5) or 50	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect policial campaign activities on bahal of or in opposition to candidates for public official "I "Yes," complete Schedule C, Part I a X 4 Section 501(b) organizations. Did the organization ingage in koblying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II a X 5 Bit the organization assection 301(b). Bit the organization matrina and yound a varia within the oran variant includes or accounting the which domars have the right to provide advice on the distribution or investment of amounts in such funds or accounting which domars have the right to provide advice on the distribution or investment or amounts in such funds or accounting essements to preserve open space, the environment, historic land areas, or historic structures in ("Yes," complete Schedule D, Part I 6 X 9 Did the organization matrina collections of works of art, historical trasumes, or other similar assets? If "Yes," complete Schedule D, Part I 8 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10, Part X, line 10, Part X 0 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X 10 X <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
public officer (if '''yes' complete Schedule C, Part I 3 X 4 Section 90(rol(s) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year? If ''yes, 'complete Schedule C, Part II 4 X 5 the organization a section 501(h)(s) or 501(c)(b) or 901(c)(b) or 901(c)(c) or 901(c)(c)(c) or 901(c)(c)(c) or 901(c)(c)(c) or 901(c)(c)(c) or 901(c)(c)(c)(c) or 901(c)(c)(c) or 901(c)(c)(c)(c) or 901(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(-		2	X	
4 Section 501(c)(3) creatizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule (P, Parl II) provide advice on the distribution or investment 0 amounts in such funds or accounts? If "Yes," complete Schedule D, Parl II 4 X 5 Did the organization mature and other assement, including assements to previde advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Parl II 6 X 9 Did the organization mature on oblic conservation assement, including assements to preserve open space, the environment, historic tand areas, or historic structures? If "Yes," complete Schedule D, Parl II 7 X 9 Did the organization and the Nat, X line 21, for serve or cautodial account liability, serve as a cutodian for orin quasi endowments? If "Yes," complete Schedule D, Part V 8 X 9 Did the organization services? II X 10 X 9 Did the organization annount for weath (hand assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 It de organization serve or annount for investments - other securities in Part X, line 12, If Yes," complete Schedule D, Part V 10 X 10 Did the organization served an amount for investments - other securities in Part X, line 12, If Yes, "complete Sche	3				v
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 is the organization a section 5(H)(6), 501(H)(6) regarization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 86.197 (ff Yes, "complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If Yes, "complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II 7 X 8 Did the organization in anount in Part X, line 21, for escrew or custodial account fability, serve as a custodian for amounts not listed in Part X, cor provide credit counselling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization in directly of through a related organization, hold assets in donorrestricted endowments? 9 X 10 Did the organization report an amount for investments - program related in Part X, line 10? 11/1 Yes, "complete Schedule D, Part VI 11 If the organization report an amount for investments - program related in Part X, line 10? 11/2 X 10 Did the organization report an amount for here securities in Part X, line 13. Tha			3		
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provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listel in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? II "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - organizeta function that addresses reported in Part X, line 10? II "Yes," complete Schedule D, Part X 11a X 14 Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part X	~		5		
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 Bit the organization maintain collections of works of art, historical treasures, or other similar assets? <i>H</i> "Yes," complete Schedule D, Part <i>W</i> Did the organization report an amount in Part X, line 21, for escrew 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? Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>H</i> "Yes," complete Schedule D, Part V Did the organization report an amount for line boliwing questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VX, or X as applicable. Did the organization report an amount for investments - other securities in Part X, line 12, <i>H</i> at Is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," complete Schedule D, Part VI Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," complete Schedule D, Part X Did the organization substruct or uncertain tax positions under FIN 48 (SC 740)? <i>H</i> "Yes," complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year? <i>H</i> "Yes," complete Schedule D, Part X Did the organization separate, independent audited financial statements for the tax year? <i>H</i> "Yes," complete Schedule D, Part X Schedule D, Part X Did the organization asserted or top 70. Yo 10 line 12a, then completing Schedule D, Part X A and XII is optional Schedule D, Part X and XII is optional St	'		7		x
Schedulo D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for inductions, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X a Did the organization report an amount for investments - orber securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 X b Did the organization report an amount for investments - orber securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI 11 X c Did the organization report an amount for the reassets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part XI 11 X c Did the organization report an amount for the reassets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part X 114 X 11 Did the organization report an amount for the tassets in Part X, line 15, that is 5% or more of its total assets reported in Pa	0				<u></u>
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amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 11 Vies, " complete Schedule D, Part V 10 X 12 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 11 If the organization report an answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII	٥		<u> </u>	- 23	
If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 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 VI 11a X 13 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11d X 14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X. 11d X 15 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 16 the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 111 X 11d X 11d X 11d <td>9</td> <td></td> <td></td> <td></td> <td></td>	9				
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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		<u> </u>
	21			v	
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			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	Х	
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		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		77	
	Schedule K. If "No," go to line 25a	24a	X	v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		x
-1	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
254	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussion during the voor?	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 163			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	 (a.c. : : :
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Form	990 (2019) FIELD MUSEUM OF NATURAL HISTORY 36-2167	011	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 773			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2019)
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FIELD MUSEUM OF NATURAL HISTORY

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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.

	tion A. Governing Body and Management		Yes	N
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 7.	3	100	
	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.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b 72	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2	х	
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	- 23	
3				x
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6 7-	Did the organization have members or stockholders?	0		
<i>i</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure	100		
7	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, GA, IL, KS	, KY	ME	. MI
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3			
-	for public inspection. Indicate how you made these available. Check all that apply.	,e e,,	arana	
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	rial	
9	statements available to the public during the tax year.	u intaff	Jai	
0				
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► LE MONTE G. BOOKER, SR 312-665-7240			
	1400 S. LAKESHORE DRIVE, CHICAGO, IL 60605-2496			
		-	990	(00
0000	3 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	330	(20)

Form 990 (2019)	FIELD MUSEUM OF NATURAL HISTORY	36-2167011 Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees,	Highest Compensated
Employee	es, and Independent Contractors	
Check if Sch	nedule O contains a response or note to any line in this Part VII	
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Empl	oyees
1a Complete this table t	for all persons required to be listed. Report compensation for the calenda	ar year ending with or within the organization's tax year.
 List all of the organ 	nization's current officers, directors, trustees (whether individuals or org	anizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than or		ne	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss per	rson i	s both	ı an	compensation	compensation	amount of
	week				recio	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trustee or director	l trus		/ee	npen		(00-2/1099-00130)		and related
	below	dual t	nstitutional trustee	_	mploy	st col	L.			organizations
	line)	Individual 1	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD LARIVIERE	35.00									
PRESIDENT + CEO	0.00	Х		х				708,421.	Ο.	27,121.
(2) WILBUR H. GANTZ III	3.00									
BOARD CHAIR	0.00	Х		х				0.	Ο.	0.
(3) CONSTANCE T. KELLER	3.00									
CHAIR EMERITUS, VICE CHAIR GOVERNANC	0.00	Х		Х				0.	0.	0.
(4) MATTHEW K. SIMON	3.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(5) JOHN L. BUCKSBAUM	3.00									
VICE CHAIR, FACILITIES AND ADMINISTR	0.00	Х		Х				0.	0.	0.
(6) DR. RICHARD A. CHAIFETZ	3.00									
VICE CHAIR, RETIREMENT AND BENEFITS	0.00	Х		Х				0.	0.	0.
(7) RICHARD W. COLBURN	3.00									
BOARD MEMBER/EXECUTIVE COMMITTEE	0.00	Х		Х				0.	0.	0.
(8) ROBERT W. CRAWFORD JR.	3.00									
VICE CHAIR, AUDIT	0.00	Х		Х				0.	0.	0.
(9) MARSHA A. CRUZAN	3.00									
VICE CHAIR, DEVELOPMENT	0.00	Х		Х				0.	0.	0.
(10) MARSHALL B. FRONT	3.00									
VICE CHAIR, INVESTMENT	0.00	Х		Х				0.	0.	0.
(11) JUDY GREFFIN	3.00									
VICE CHAIR, FINANCE	0.00	Х		Х				0.	0.	0.
(12) CARYN HARRIS	3.00									
BOARD MEMBER/EXECUTIVE COMMITTEE	0.00	Х		Х				0.	0.	0.
(13) DAVID D. HILLER	3.00									
VICE CHAIR, INTEGRATIVE RESEARCH	0.00	Х		Х				0.	0.	0.
(14) JEFFREY B. KELLER	3.00									
VICE CHAIR, SCIENCE ACTION	0.00	Х		Х				0.	0.	0.
(15) MARGARET B. MACLEAN	3.00									
VICE CHAIR, COLLECTIONS	0.00	Х		Х				0.	0.	0.
(16) BOBBY MEHTA	3.00									
VICE CHAIR, LEARNING	0.00	Х		Х				0.	0.	0.
(17) MICHAEL O'GRADY	3.00									
BOARD MEMBER/EXECUTIVE COMMITTEE	0.00	Х		Х				0.	0.	0.
032007 01-20-20										Form 990 (2019)

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Form **990** (2019)

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Form	990	(2019)
	330	(2013)

FIELD MUSEUM OF NATURAL HISTORY

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average			Posi				Reportable	Reportable		Estimated
	hours per		not ch unles					compensation	compensation		amount of
	week	offic	cer and	d a di	recto	r/trust	ee)	from	from related		other
	(list any	ctor						the	organizations		compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC	3)	from the
	related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			organization
	organizations	al trus	nal tr		oyee	e comp					and related
	below	vidua	itutio	cer	ƙey employee	hest i	Former				organizations
	line)	Indi	Inst	Officer	Key	em _l	For			\rightarrow	,
(18) JOHN W. ROWE	3.00										
VICE CHAIR, GOVERNMENT RELATIONS	0.00	Х		Х				0.		0.	0.
(19) JESSICA P. SAROWITZ	3.00										
BOARD MEMBER/EXECUTIVE COMMITTEE	0.00	Х		х				0.		0.	0.
(20) DAWN L. SOLOMON	3.00										
VICE CHAIR, EXHIBITIONS	0.00	х		x				0.		0.	0.
(21) MARK TEBBE	3.00									-	
VICE CHAIR, TECHNOLOGY	0.00	х		x				0.		0.	0.
(22) W. ROCKWELL WIRTZ	3.00	21							,		
VICE CHAIR, MARKETING	0.00	х		x				0.		0.	0.
· · ·		Δ		^				0.		<u> </u>	0.
(23) ARJUN AGGRWAL	1.00							0			0
BOARD MEMBER	0.00	Х						0.		0.	0.
(24) ROBERT P. ARTHUR	1.00									.	_
BOARD MEMBER	0.00	Х						0.		0.	0.
(25) SUSAN M. BENTON	1.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
(26) JUDSON BERGMAN	1.00										
BOARD MEMBER	0.00	Х						0.		0.	0.
1b Subtotal								708,421.		0.	27,121.
c Total from continuation sheets to Part VI								2,086,217.		0.	222,918.
d Total (add lines 1b and 1c)								2,794,638.		0.	250,039.
2 Total number of individuals (including but no) wh	o re		000 of reportable		
compensation from the organization		000	notot	4 40	010	,	010				36
											Yes No
3 Did the organization list any former officer.	director truct			mol	~~~~	~ ~r	hia	boot componented ampl	0,000 00	Ē	
5										- 1	3 X
line 1a? If "Yes," complete Schedule J for su										·	3 X
4 For any individual listed on line 1a, is the su											- V
and related organizations greater than \$150										··· -	4 X
5 Did any person listed on line 1a receive or a	•							•			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch r	berse	on .					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	npensated ind	epe	nden	t co	ontra	actor	s th	nat received more than \$	100,000 of compe	nsati	on from
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith o	or wit	hin	the organization's tax y	ear.		
(A)								(B)			(C)
Name and business								Description of s	ervices	Cc	ompensation
HILL MECHANICAL CORPORATI	ON										
11045 GAGE AVE, FRANKLIN	PARK, I	L	601	13:	1			CONSTRUCTION		1,	324,748.
TARGET DATA INC											
626 W. JACKSON BLVD., CHI	CAGO, I	L	606	563	1			MARKETING		1.	118,600.
W.J. O'NEIL CHICAGO										/	
224 NORTH JUSTINE STREET,	CHTCAG	0	ТΤ	, <i>i</i>	60	60'	7	CONSTRUCTION			838,118.
ORTIZ BUILDERS INC	01110110	<u> </u>				00	<u> </u>	compriserion			050,110.
	CO TT	۴۵	623	2				CONGUDITOUTON			710 176
3607 W 26TH STREET, CHICA ACCESS DIRECT MARKETING L		00	υ Δ .	<u> </u>			-	CONSTRUCTION			749,476.
		0 77	07								E71 000
6478 W. NORTH AVE, CHICAG							_	MARKETING			571,230.
2 Total number of independent contractors (in	-	ot lin	nited	to t			ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz					30						
SEE PART VII, SECTION	A CONT	ΙN	UA'	r I (ON	SI	ΗE	ETS		F	orm 990 (2019)

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	MUSEUM OF								36-216	7011
Section A. Onicers, Directors		nplo	yee			lighe	est (, ,	(=)
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(-		Posi			L A	Reportable	Reportable	Estimated
	hours	(C	heck I		that	app I	iy)	compensation from	compensation from related	amount of other
	per week					ee		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ed en		(W-2/1099-MISC)	,	organization
	related	stee o	rustee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pen sated em ployee				organizations
	below	lividua	titutio	Officer	y em p	phest	Former			
	line)	Inc	l	0ff	Ke	Ĕ	Foi			
(27) HOWARD B. BERNICK	1.00							0	0	
BOARD MEMBER	0.00	Х						0.	0.	0.
(28) AMY E. BEST	1.00							0	0	
BOARD MEMBER	0.00	Х						0.	0.	0.
(29) JOHN A. CANNING JR.	1.00							0	0	
BOARD MEMBER	0.00	Х						0.	0.	0.
(30) GREGORY C. CASE	1.00								0	
BOARD MEMBER	0.00	Х						0.	0.	0.
(31) DAVID COTTON	1.00								0	
BOARD MEMBER	0.00	Х						0.	0.	0.
(32) MARK J. COZZI	1.00								•	
BOARD MEMBER	0.00	Х						0.	0.	0.
(33) SIR PETER CRANE FRS	1.00								•	
BOARD MEMBER	0.00	Х						0.	0.	0.
(34) KERMIT R. CRAWFORD	1.00								•	
BOARD MEMBER	0.00	Х						0.	0.	0.
(35) OSCAR A. DAVID	1.00								•	
BOARD MEMBER	0.00	х						0.	0.	0.
(36) LOUIS T. DELGADO	1.00								•	
BOARD MEMBER	0.00	х						0.	0.	0.
(37) ROGER K. DEROMEDI	1.00								•	
BOARD MEMBER	0.00	Х						0.	0.	0.
(38) DANIEL DIERMEIER	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(39) MARSHALL FIELD V	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(40) MICHAEL E. FLANNERY	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(41) JEFFREY T. FOLAND	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(42) JAMES S. FRANK	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(43) KAREN Z. GRAY-KREHBIEL	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(44) JACK M. GREENBERG	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(45) LEWIS S. GRUBER	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(46) ADNAAN HAMID	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.

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Form 990 FIELD N Part VII Section A. Officers, Directors,	<u>IUSEUM OF</u>								<u>36-216</u>	1011
(A)	(B)		yee		na H C)	iigne	est ((D)	es <u>(continued)</u> (E)	(F)
(A) Name and title				بر Posi				(D) Reportable		
ivame and title	Average hours	(c	heck				lv)	compensation	Reportable compensation	Estimated amount of
	per	(0	T				y)	from	from related	other
	week					/ee		the	organizations	compensation
	(list any	ector				u plo		organization	(W-2/1099-MISC)	from the
	hours for	ordir	e l			ited e		(W-2/1099-MISC)		organization
	related	Istee	truste		æ	pensa				and related
	organizations	ual tru	ional		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(47) JAMEE C. FIELD KANE	1.00	-	-	0	×	- <u>-</u>	Ē			
BOARD MEMBER	0.00	х						0.	0.	0.
(48) MICHAEL L. KEISER	1.00									
BOARD MEMBER	0.00	x						0.	0.	0.
(49) SHANNON M KENNEDY	1.00								•••	
BOARD MEMBER	0.00	x						0.	0.	0.
(50) RICHARD L. KEYSER	1.00	<u> </u>						·	•	
BOARD MEMBER	0.00	x						0.	0.	0.
(51) WILLIAM C. KUNKLER III	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(52) RICHARD LEVIN	1.00									
BOARD MEMBER	0.00	x						0.	0.	0.
(53) DIANE VON SCHLEGELL LEVY	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(54) JACK MOLLOY	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(55) MADHAVAN NAYAR	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(56) NEIL S. NOVICH	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(57) JAMES J. O'CONNOR JR.	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(58) CHRISTOPHER A. O'HERLIHY	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(59) ASUTOSH PADHI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(60) AURIE A. PENNICK	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(61) JOHN F. PODJASEK III	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(62) PETER B. POND	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(63) JOHN RAU	1.00								•	
BOARD MEMBER	0.00	Х						0.	0.	0.
(64) THOMAS S. RICKETTS	1.00								•	
BOARD MEMBER	0.00	Х						0.	0.	0.
(65) MICHAEL J. SACKS	1.00								-	
BOARD MEMBER	0.00	Х						0.	0.	0.
(66) NYDIA S. SEARLE	1.00								•	
BOARD MEMBER	0.00	х	1					0.	Ο.	0.

Form 990 FIELD MU									36-216	7011
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, an	d H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average	Po			tion			Reportable	Reportable	Estimated
	hours	(c	heck	all th	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em p		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	stee			nsate		(** 2/1000 10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	vidual	tutior	er	Key employee	lest ci	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(67) DR. MICHAEL E. SEVERINO	1.00									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(68) JAI SHEKHAWAT	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(69) JENNIFER L. SHERMAN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(70) ALEJANDRO SILVA	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(71) ADELE S. SIMMONS	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(72) JUDSON B. SNYDER	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(73) THOMAS S. SOULELES	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(74) MARCUS VON KAPFF	1.00									_
BOARD MEMBER	0.00	х						0.	0.	0.
(75) MARK R. WALTER	1.00									_
BOARD MEMBER	0.00	х						0.	0.	0.
(76) EVERETT S. WARD	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(77) LAURA S. WASHINGTON	1.00									-
BOARD MEMBER	0.00	х						0.	0.	0.
(78) MELVIN D. WILLIAMS	1.00									-
BOARD MEMBER	0.00	х						0.	0.	0.
(79) PATRICK WOOD-PRINCE	1.00									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(80) JASON M. WORTENDYKE	1.00									_
BOARD MEMBER	0.00	х						0.	0.	0.
(81) LE MONTE BOOKER	35.00									
CHIEF FINANCE OFFICER	0.00			Х				261,346.	0.	25,719.
(82) CHARLES KATZENMEYER	35.00									
VP, INSITUTIONAL ADVANCEMENT	0.00				X			279,132.	0.	16,924.
(83) RAYMOND DETHORNE	35.00									
CHIEF MARKETING OFFICER	0.00				X			255,002.	0.	20,930.
(84) THORSTEN LUMBSCH	35.00								_	
VP, SCIENCE AND EDUCATION	0.00			\square	X			221,728.	0.	27,814.
(85) SHAWN VANDERZIEL	35.00								_	
CHIEF HUMAN RESOURCES OFFICER	0.00			\square	X			181,625.	0.	15,311.
(86) R L GRANDE	35.00								_	
DISTINGUISHED SERVICE CURATOR	0.00					Х		199,398.	0.	29,358.
Total to Part VII, Section A, line 1c										

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Form 990 FIELD MU:	SEUM OF	NA	TU	RA	L	ΗI	ST	ORY	36-216	7011			
Part VII Section A. Officers, Directors, Tr		nplo	yee			lighe	est (e es (continued)				
(A) Name and title	(B) Average hours	(cł		(C Posi all t	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
(87) OLIVIER RIEPPEL CURATOR AND SECTION HEAD	35.00					x		193,363.	0.	22,992.			
(88) GARY FEINMAN	35.00												
CURATOR (89) LORI BRESLAUER	0.00					X		168,219.	0.	20,806.			
GENERAL COUNSEL	0.00					x		167,893.	0.	19,292.			
(90) GINEVRA RANNEY DIRECTOR, PRINCIPAL GIFTS	35.00	-				x		158,511.	0.	23,772.			
		-											
		-											
		-											
Total to Part VII, Section A, line 1c	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	2,086,217.		222,918.			

932201 04-01-19

						JM	OF NATURA	L HISTORY		36-2167	011 Page 9
Pa	rt \	/111	Statement of Re	evenu	le						
			Check if Schedule O	contai	ns a respo	onse	or note to any line		(B)		
								(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under
(0 , 10			Forders to discuss since		4-1						sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns								
n Gr			Membership dues Fundraising events				2,310,090.				
fts, r Ar			–				2,010,000.				
, Gi nila			Government grants (contr	ributio			7,009,946.				
Sin			All other contributions, gifts,								
her		•	similar amounts not included	-			30,031,296.				
<u>t</u>		g	Noncash contributions included in			\$	767,147.				
anc		-	Total. Add lines 1a-1f				►	39,351,332.			
							Business Code				
e	2	а	ADMISSIONS				900099	15,148,326.	15,148,326.		
Program Service Revenue		b	EVENT INCOME				900099	4,821,048.	68,274.	4,752,774.	
se inc		с	MEMBERSHIP DUES				900099	2,171,397.	2,171,397.		
ram leve		d	COMMISSIONS				900099	2,152,710.	2,152,710.		
igo H		е	TRAVELING EXHIBITS				900099	737,881.	737,881.		
ų.		f	All other program service	reven	ue		900099	2,813,705.	2,812,684.	1,021.	
		g	Total. Add lines 2a-2f					27,845,067.			
	3		Investment income (inclue					0 000 045			
			other similar amounts)					8,003,315.		7,451.	7,995,864.
	4		Income from investment o		-			20 102			20.102
	5		Royalties	······	(i) Rea		(ii) Personal	39,123.			39,123.
	~	_	Owners works		(I) nea	1	(II) Personal				
	0		Gross rents	6a							
			Less: rental expenses Rental income or (loss)	6b							
			Net rental income or (loss)	_ 6c							
	7		Gross amount from sales of	"——	(i) Securi	ies	(ii) Other				
	'	a	assets other than inventory	72	27,596,3		(, 0				
		h	Less: cost or other basis	14							
ē		~	and sales expenses	7b	12,547,3	110.					
venue		с	Gain or (loss)		15,049,3						
Rev			Net gain or (loss)					15,049,275.			15,049,275.
Other	8		Gross income from fundraisi								
Ę			including \$ 2,	310,0	⁹⁰ . of						
			contributions reported on	line 1	c). See						
			Part IV, line 18			8a	180,585.				
		b	Less: direct expenses			8b	491,167.				
		С	Net income or (loss) from	fundra	aising ever	nt <u>s</u>	>	-310,582.			-310,582.
	9	а	Gross income from gamin	-							
			Part IV, line 19			<u>9a</u>					
			Less: direct expenses			9b					
			Net income or (loss) from	•	•	s <u></u>	▶				
	10	а	Gross sales of inventory,								
			and allowances			102					
			Less: cost of goods sold			10b					
		C	Net income or (loss) from	Sales		ıy	Business Code				
sn	11	2									
neo		a b									
ella ver		c									
Miscellaneous Revenue			All other revenue				900099				
Σ			Total. Add lines 11a-11d				▶				
	12		Total revenue. See instruction					89,977,530.	23,091,272.	4,761,246.	22,773,680.
93200	9 01	-20-									Form 990 (2019)

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FIELD MUSEUM OF NATURAL HISTORY Part IX Statement of Functional Expenses

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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 expenses (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 123,897. 123,897. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 149,016. 149,016. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 302,576. 302,576. Benefits paid to or for members 4 5 Compensation of current officers, directors, 2,041,073. 571,939. 938,272. 530,862. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25,871,745. 21,997,776. 1,820,690. 2,053,279. Other salaries and wages 7 8 Pension plan accruals and contributions (include 1,194,871. 128,146. 128,364. 1,451,381. section 401(k) and 403(b) employer contributions) 3,482,266. 373,463. 374,097. 4,229,826. Other employee benefits 9 1,949,778. 1,605,183. 172,151. 172,444. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 59,635. 59,635. b Legal 181,950. 181,950. С Accounting 73,551. 73,551. Lobbying d 253,589. 253,589. Professional fundraising services. See Part IV, line 17 е 1,090,477. 1 090,477. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 302,699. 7,990,166. 369,381. 8,662,246. column (A) amount, list line 11g expenses on Sch 0.) 1,524,666. 1,518,547. 6,119. Advertising and promotion 12 3,180,630. 886,394. 217,600. 4,284,624. Office expenses 13 2,164,638. 1,457,400. 676,449. 30,789. Information technology 14 478,224. 476,220. 2,004. 15 Royalties 249,741. 2,675,664. 2,417,177. 8,746. 16 Occupancy 1,240,377. 1,158,618. 55,587. 26,172. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 50,208. 341,375. 453,069. 61,486. Conferences, conventions, and meetings 19 7,195,961. 7,119,825. 26,395. 49,741. 20 Interest Payments to affiliates 21 12,486,222. 12,304,338. 128,463. 53,421. Depreciation, depletion, and amortization 22 307,480. 307,480. 23 Insurance 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 0.) 331,222. 331,222. UNRELATED BUSINESS INCO а 275,490. OTHER PROGRAM EXPENSES 275,490. h 138,547. 51,906. 85,862. 779. c ASSOCIATION MEMBERSHIPS d All other expenses е

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)

Total functional expenses. Add lines 1 through 24e

932010 01-20-20

25

26

Form 990 (2019)

4,327,595.

14

67,719,216.

79,996,924.

7,950,113.

Form 990 (2019) Part X Balance Sheet FIELD MUSEUM OF NATURAL HISTORY

36-2167011 Page 11

		Check if Schedule O contains a response or note	e to an	/ line in this Part X			
					(A)	Τ	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,665,942.	1	2,530,905.
	2	Savings and temporary cash investments				2	16,523,918.
	3	Pledges and grants receivable, net				3	29,948,652.
	4	Accounts receivable, net				4	4,571,242.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			137,589.	8	118,468.
Ą	9				2 770 11/	9	3,566,403.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	461,814,937	•		
	b	Less: accumulated depreciation	10b	239,273,290	. 227,719,797.	10c	
	11	Investments - publicly traded securities			107,091,550.	11	109,494,851.
	12	Investments - other securities. See Part IV, line 1	1		287,678,687.	12	372,775,596.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,868,719.	15	3,155,164.
	16	Total assets. Add lines 1 through 15 (must equa				16	765,226,846.
	17	Accounts payable and accrued expenses				17	8,718,508.
	18	Grants payable				18	
	19	Deferred revenue				19	7,073,086.
	20	Tax-exempt bond liabilities			163,327,270.	20	162,892,106.
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
ilite		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			22 207 020
		of Schedule D			<u>19,954,555</u> 199,385,608		22,287,829. 200,971,529.
	26	Total liabilities. Add lines 17 through 25			,,, _,, _	26	200,971,529.
S		Organizations that follow FASB ASC 958, chee	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			224,141,740.	27	249,622,346.
ala	27					27	314,632,971.
ЧB	28	Net assets with donor restrictions			275,707,040.	20	514,052,571.
'n		Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.	bo, che				
د ۲	20					29	
Net Assets or Fund Balances	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				30	
Asse	30	Retained earnings, endowment, accumulated inc				31	
et∧	32					32	564,255,317.
Ž	32	Total net assets or fund balances				32	765,226,846.
	33	TOTAL HADINITIES AND HEL ASSELS/TUNU DAIANCES				33	

Form 990 (2019)

Form	990 (2019) FIELD MUSEUM OF NATURAL HISTORY	36-	2167	011	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	89	97	7,5	30.
2	Total expenses (must equal Part IX, column (A), line 25)	2	79	9,99	6,9	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	9	9,98	0,6	06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,92		
5	Net unrealized gains (losses) on investments	5	54	1,60	7,0	96.
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	-	.,73	8,0	35.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	564	1,25	5,3	17.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	it			1
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
					000	

Form **990** (2019)

SCH	IED	ULE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ne of t	the organization						Employer	identification number
		FIEL	D MUSEUM O	F NATURAL HI	STORY			3	6-2167011
Pa	rt I	Reason for Public	Charity Status	(All organizations must co	omplete th	is part.) Se	e instructions	S.	
The	organ	ization is not a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(I)(A)(i).		
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in so	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated f	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	antial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8		A community trust describe			-				
9		An agricultural research or	-			-		-	-
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
40		university:							d and a second state for an
10		An organization that norma activities related to its exer							
		income and unrelated busi		•	. ,				
		See section 509(a)(2). (Co				5505 2040		Janization e	
11		An organization organized	•	ively to test for public sa	fetv. See	section 50)9(a)(4).		
12	\square	An organization organized	-	•	•			rrv out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	describes the type of	of supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting org	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must	complete Part IV, S	ections A and B.					
b		Type II. A supporting org	ganization supervised	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management of			ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	-						
С		☐ Type III functionally interest.						ly integrate	ed with,
		its supported organizatio						41	
d		Type III non-functionally that is not functionally in						-	
		that is not functionally in requirement (see instruct	•		•		-	i all allentiv	7611655
е		Check this box if the org	-	-				II. Type III	
Ŭ	L	functionally integrated, o					19901, 1990	n, rype m	
f	Ente	er the number of supported			0 0				
g		vide the following informatio	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount or		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	ıl								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 17

Schedule A (Form 990 or 990-EZ) 2019 FIELD MUSEUM OF NATURAL HISTORY Part II Support Schedule for Organizations Described in Sections 170(b)(1)(

36-2167011 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	60529880.	<u>34818310.</u>	45408951.	44694330.	35946290.	221397761
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	5717121.	5686336.	5483967.	5409280.	5577460.	27874164.
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	66247001.	40504646.	50892918.	50103610.	41523750.	249271925
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)						59842191.
	Public support. Subtract line 5 from line 4.						189429734
See	ction B. Total Support	1		•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	66247001.	<u>40504646.</u>	50892918.	<u>50103610.</u>	<u>41523750.</u>	249271925
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	3818730.	5805228.	5373105.	7281597.	8042438.	30321098.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	859,697.	848,736.	697,656.	1009600.	1242752.	4658441.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						284251464
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 143	,784,438.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stop	ohere			·····		
	ction C. Computation of Publi	••	•				
14	Public support percentage for 2019 (I		•			14	66.64 %
15						15	70.85 %
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or m	iore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o						
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-	• • • •			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ		-		• • • •		
IŎ	Private foundation. If the organization	л ана пос спеск а		a, 100, 17a, or 17b		edule A (Form 990	
					SCH	54416 A (FUIIII 990	01 330-EZJ 20 19

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Schedule A (Form 990 or 990-EZ) 2019 FIELD MUSEUM OF NATURAL HISTORY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support		•		1		
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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	L					
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						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by I	line 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ition	
b 33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			· · · · · · · · · · · · · · · · · · ·
932023 09-25-19				Sch	edule A (Form 99	0 or 990-EZ) 2019
		19)			

Schedule A (Form 990 or 990-EZ) 2019 FIELD MUSEUM OF NATURAL HISTORY

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

20

932024 09-25-19

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Yes No

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

Schedule A (Form 990 or 990-EZ) 2019 FIELD MUSEUM OF NATURAL HISTORY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	TIC		
000			Vee	Na
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	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 in (2), did the organization's supported organizations have a			
U	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			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions)		••
2	Activities Test. Answer (a) and (b) below.		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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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Sche	edule A (Form 990 or 990-EZ) 2019 FIELD MUSEUM OF NATURAL			36-2167011 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 FIELD MUSEUM OF NATURAL HISTORY

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2	019 FIELD	MUSEUM (F NATURAI	HISTORY	36-2167011	Page 8
Part VI	Supplemental Inf	formation. Pr	ovide the explai	nations required by	/ Part II, line 10; Part II	, line 17a or 17b; Part III, line 12;	
	Part IV, Section A, line	es 1, 2, 3b, 3c, 4t	o, 4c, 5a, 6, 9a, 1	9b, 9c, 11a, 11b, a	and 11c; Part IV, Section	on B, lines 1 and 2; Part IV, Section 0 ine 1; Part V, Section B, line 1e; Part	D,
	Section D, lines 5, 6, a	and 8; and Part V	, Section E, line	s 2, 5, and 6. Also	complete this part for	any additional information.	v,
	(See instructions.)				•		
932028 09-25-1	9			2.4		Schedule A (Form 990 or 990-E	Z) 2019
				24			

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Filers of:

Form 990

Form 990

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

36-2167011

FI	ELD	MUSEUM	OF	NATURAL	HISTORY
Organization type (check o	ne):				

	Section:
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
PF	501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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

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

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Employer identification number

FIELD MUSEUM OF NATURAL HISTORY

36-2167011

Part I	CONTRIBUTORS (see instructions). Use duplicate copies of Part I if addition	inal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>5,577,460.</u>	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		\$ <u>1,071,750.</u>	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
3		\$ <u>10,588,000.</u>	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
4		\$ <u>3,500,697.</u>	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		\$1,000,000. 	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
923452 11-06		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

36-2167011

FIELD MUSEUM OF NATURAL HISTORY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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

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Name of or	rganization		Employer identification number
U.I.T.T.	MUSEUM OF NATURAL HIST	ORY	36-2167011
Part III		ions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	I
ŀ	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
		(e) Transfer of gift	 [
	T		
ŀ	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	:
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	,, _,, _		
(a) No. from	(b) Purpose of gift	(a) Lipp of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) Use of gift	
		(e) Transfer of gift	:
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
ľ			
923454 11-06	3-19	1	Schedule B (Form 990, 990-EZ, or 990-PF) (2019

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SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)	For Org	anizations Exempt From Income	Tax Under section 5	01(c) and section 5	27	2019
	-	if the organization is described k				Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for ir				Inspection
 Section 501(c)(3) org Section 501(c) (other Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Tax) (see separate instr Section 501(c)(4), (5) Name of organization 	vered "Yes," or anizations: Com than section 50 ations: Complete vered "Yes," or anizations that I anizations that I vered "Yes," or fuctions), then , or (6) organizat	Form 990, Part IV, line 3, or Form aplete Parts I-A and B. Do not comp 01(c)(3)) organizations: Complete Part Part I-A only. Form 990, Part IV, line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy cions: Complete Part III.	m 990-EZ, Part V, line olete Part I-C. arts I-A and C below. I m 990-EZ, Part VI, lin er section 501(h)): Cor n under section 501(h)) Tax) (see separate in	e 46 (Political Camp Do not complete Par e 47 (Lobbying Act nplete Part II-A. Do r): Complete Part II-B structions) or Form	t I-B. ivities), t not comp . Do not 990-EZ Employ	hen blete Part II-B. complete Part II-A. , Part V, line 35c (Proxy /er identification number 36 – 2167011
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 52	27 orga	nization.
 2 Political campaign a 3 Volunteer hours for Part I-B Completing Co	activity expendit political campai ete if the org f any excise tax f any excise tax	gn activities anization is exempt under incurred by the organization under incurred by organization managers	section 501(c)(3 section 4955 under section 4955).	►\$_ ►\$_	
		n 4955 tax, did it file Form 4720 for				
4a Was a correction m b If "Yes," describe in						Ves No
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section {	501(c)(3).
 Enter the amount d Enter the amount o exempt function ac Total exempt function Total exempt function Inie 17b Did the filing organi Enter the names, ac made payments. For contributions received 	rectly expended f the filing organ tivities on expenditures zation file Form ddresses and en or each organiza ed that were pro	by the filing organization for section ization's funds contributed to other Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid from the	on 527 exempt function r organizations for second l on Form 1120-POL, of all section 527 polition rom the filing organization eparate political organi	tical organizations to tion's funds. Also er nization, such as a so	►\$_ ►\$_ ►\$_ which the a	Yes No he filing organization mount of political
(a) Name		additional space is needed, provide (b) Address	e information in Part IN	/. (d) Amount paid filing organizatic funds. If none, ent	on's o	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

dule C (Form 990 or 990-EZ) 2019

932041 11-26-19

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Schedule C (Form 990 or 990-EZ) 2019 F Part II-A Complete if the orga section 501(h)).					2167011 Page 2 ection under
expenses, and share	of excess lobbyin	iffiliated group (and list ir g expenditures). and "limited control" pro		group member's nam	e, address, EIN,
	on Lobbying Ex tures" means am	oenditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to influe b Total lobbying expenditures to influe c Total lobbying expenditures (add line d Other exempt purpose expenditures 	nce a legislative b es 1a and 1b)	ody (direct lobbying)			
e Total exempt purpose expenditures f Lobbying nontaxable amount. Enter	(add lines 1c and the amount from	he following table in bot	h columns.		
If the amount on line 1e, column (a) or Not over \$500,000 Over \$500,000 but not over \$1,000, Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17,00 Over \$17,000,000	20% 000 \$100 0,000 \$175 00,000 \$225	obbying nontaxable amof the amount on line 1e.000 plus 15% of the exc000 plus 10% of the exc000 plus 5% of the exce000 plus 5% of the exce0,000.	ess over \$500,000. ess over \$1,000,000.		
 g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero of j If there is an amount other than zero reporting section 4911 tax for this year 	or less, enter -0- or less, enter -0- on either line 1h ear?	or line 1i, did the organiza	ation file Form 4720		Yes No
(Some organizations tha	See the sep	arate instructions for li	nes 2a through 2f.)	f the five columns b	elow.
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

36-2167011 Page 3

Schedule C (Form 990 or 990-EZ) 2019 FIELD MUSEUM OF NATURAL HISTORY 36-21670 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	Х		89	9,667.
j Total. Add lines 1c through 1i			89	9,667.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sect		5). or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect	the prior year	<u>? 3</u>	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				3 ie
answered "Yes."		(5) 1 01 1	п <i>А</i> , ше	0,13
Dues, assessments and similar amounts from members		1		
 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol 				
expenses for which the section 527(f) tax was paid).	lical			
a Current year		2a		
b Carryover from last year				
c Total				
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 				
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e 		····· •		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
average the sector of the sect	pontiour	4		
 5 Taxable amount of lobbying and political expenditures (see instructions) 				
Part IV Supplemental Information	<u></u>		1	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list): Part II	-A. lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:		,		
THE FIELD MUSEUM RETAINED A CONSULTANT FOR \$72,500 IN	1 2019 1	FOR LO	BBYING	;
AT THE FEDERAL LEVEL. IN ADDITION, THE FIELD MUSEUM	IS A M	EMBER	OF THE	1
MUSEUMS IN THE PARK. APPROXIMATELY \$11,000 OF THE MUS				
FEE SUPPORTED LOBBYING AT THE STATE LEVEL AND ADVOCAG	CY WORK	BY TH	E	
EXECTIVE DIRECTOR OF MUSEUMS IN THE PARK. APPROXIMATE	ELY 5% (OF THE		
	Schedu	ule C (Form	990 or 990)-EZ) 2019
932043 11-26-19				

31

DIRECTOR OF GOVERNMENT AND FOUNDATION RELATION'S TIME IS SPENT ON

ADVOCACY, ADDING \$6,167.

Schedule C (Form 990 or 990-EZ) 2019

932044 11-26-19

(Form 9	90)
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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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization FIELD MUSEUM OF NAT	יווסאו. עדפייהס	v		er identification 36-21670	
Par						
Fai				counts.	Complete if tr	16
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advis	sed funds	(b) Funde a	and other accou	inte
	Total number at and of year					
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			al a		
5	Did the organization inform all donors and donor advisors in w	-				
~	are the organization's property, subject to the organization's e				Ves	└── No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or		, , ,	•		
Par	Impermissible private benefit? t II Conservation Easements. Complete if the org	anization answord "V	os" on Form 000 Part IV	lino 7	Yes	No
1	Purpose(s) of conservation easements held by the organizatio	· · · ·		aria allu imaa	artant land area	
	Preservation of land for public use (for example, recreat		Preservation of a histo			1
	Protection of natural habitat	L	Preservation of a cert	med histori	c structure	
0	Preservation of open space	ad concernation contri	bution in the form of a co	noorion	accoment on th	a laat
2	Complete lines 2a through 2d if the organization held a qualifier	ed conservation contri	button in the form of a co			
-	day of the tax year.				d at the End of th	e lax teal
-	Total number of conservation easements			2a		
b				2b 2c		
C A	Number of conservation easements on a certified historic stru			20		
d	Number of conservation easements included in (c) acquired at			04		
2	listed in the National Register			2d	na tha tay	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the organ	ization dun	ng the tax	
	year ►	annant in Incatori 🔊				
4	Number of states where property subject to conservation ease	-	ation bondling of			
5	Does the organization have a written policy regarding the period				Yes	No
6	violations, and enforcement of the conservation easements it		and onforcing concernatio			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	ianuling of violations, a	and enforcing conservation	n easemer	its during the ye	Ear
7	Amount of expenses insurred in menitoring inspecting, handl	ing of violations, and a	onforcing conconvotion on	oomonto di	ring the year	
'	Amount of expenses incurred in monitoring, inspecting, handl \$	ing of violations, and e	enforcing conservation ea		uning the year	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	nts of soction $170(h)(A)(P)$	(i)		
0		, ,	()()()	()	Yes	No
٥	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio					
9	balance sheet, and include, if applicable, the text of the footnot				e the	
	organization's accounting for conservation easements.	ote to the organization	S Interioral Statements in	at describe	Strie	
Par		Art. Historical Tr	easures. or Other S	imilar A	ssets.	
	Complete if the organization answered "Yes" on Form	-				
12	If the organization elected, as permitted under FASB ASC 958		venue statement and hal	ance sheet	works	
14	of art, historical treasures, or other similar assets held for publ	•				
	service, provide in Part XIII the text of the footnote to its finance					
b	If the organization elected, as permitted under FASB ASC 958			sheet wou	ks of	
D.	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items:	exhibition, education,			service,	
				▶ \$		
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X					1.
2	If the organization received or held works of art, historical trea		assets for financial gain	· · ·		<u> </u>
2	the following amounts required to be reported under FASB AS			provide		
~	Revenue included on Form 990, Part VIII, line 1	-		▶ \$		
a b				N A		
	For Paperwork Reduction Act Notice, see the Instructions				edule D (Form	990) 2010
	10-02-19	1011 0111 000		301		5557 2019
932031	10-02-13	33				

55							
2019.050	00 FIELD	MUSEUM	OF	NATURAL	н	101948_	_1

Sche		USEUM OF NA				-2167011 Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar A	ssets _(continued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant use	of its
	collection items (check all that apply):					
а	X Public exhibition	d	X Loan or exc	hange program		
b	X Scholarly research	е	Other			
с	X Preservation for future generations					
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	empt purpose ii	n Part XIII.
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other simila	ar assets	
	to be sold to raise funds rather than to be ma					Yes X No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	n Form 990, Pa	art IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.				
1a	Is the organization an agent, trustee, custodi		•			
	on Form 990, Part X?					Ves No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:		(-	
						Amount
	Beginning balance					
	Additions during the year					
е	Distributions during the year					
f	Ending balance				1f	
	Did the organization include an amount on Fo				• · · · · · · · · · · · · · · · · · · ·	Ves 🛄 No
Par	If "Yes," explain the arrangement in Part XIII.					
Fai	t V Endowment Funds. Complete i					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	
1a	Beginning of year balance	401,529,493.	421,654,061.			
b	Contributions	11,734,955.	23,077,473.			
	Net investment earnings, gains, and losses	81,435,037.	-23,988,603.	49,700,979.	19,381,	,431. 2,678,313.
	Grants or scholarships					
е	Other expenditures for facilities	00 151 004	10 150 001	16 204 000	15 054	14 505 000
	and programs	20,151,004.	18,170,931.			
f	Administrative expenses	1,090,476.	1,042,507.	990,011.	· · ·	
g	End of year balance	473,458,005.	401,529,493.		369,482,	,719. 346,238,286.
2	Provide the estimated percentage of the curr	•) held as:		
а	Board designated or quasi-endowment	47.13	_%			
	Permanent endowment 35.57	%				
С		%				
_	The percentages on lines 2a, 2b, and 2c show					
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	id administered for t	the organizatio	
	by:					Yes No 3a(i) X
	(i) Unrelated organizations					
	(ii) Related organizations					<u>3a(ii) X</u>
-	If "Yes" on line 3a(ii), are the related organiza					3b
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		/ment funds.			
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part)	(line 10	
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
	Description of property	basis (investm	• • •		epreciation	(U) DOOK VAIUE
10	Land			() u	- 12. 001011	
b	Land		324 43	4.361.172	046 489	.152,387,872.
	Buildings Leasehold improvements					· 51,268,087.
					576,316	
	Equipment			0,670.	5,5,510	1,880,670.
	Other			· · · ·		222,541,647.
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	<u>, column (B), line 1(</u>	JC.)		nedule D (Form 990) 2019
					301	

932052 10-02-19

Schedule D (Form 990) 2019	FIELD	MUSEUM	OF	NATURAL	HISTORY
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Part VII Investments - Other Securities.

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

(b) Book value	(c) Method of valuation: Cost or end-of-year market value
264,159,087.	END-OF-YEAR MARKET VALUE
39,387,082.	END-OF-YEAR MARKET VALUE
57,060,238.	END-OF-YEAR MARKET VALUE
1,760,000.	COST
10,409,189.	COST
372,775,596.	
	39,387,082. 57,060,238. 1,760,000. 10,409,189.

Part VIII Investments - Program Related.

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

 (a) Description of investment
 (b) Book value
 (c) Method of valuation: Cost or end-of-year market value

 (1)
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Part IX Other Assets.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability (b) Book value

. (a) Decomption of hability	
(1) Federal income taxes	
(2) ACCRUED PENSION COSTS	3,204,707.
(3) INTEREST RATE SWAP	19,083,122.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	22,287,829.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 FIELD MUSEUM OF NATURAL HISTOR			2167011	Page 4			
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements		1	145,808,	<u>,351.</u>			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1						
а	Net unrealized gains (losses) on investments 2a							
b	Donated services and use of facilities2b	85,000.	_					
С	Recoveries of prior year grants2c	_						
d	Other (Describe in Part XIII.) 20	2,229,202.						
е	Add lines 2a through 2d		2e	56,921				
3	Subtract line 2e from line 1		3	88,887	<u>,053.</u>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		_					
b	Other (Describe in Part XIII.) 4b							
С	Add lines 4a and 4b	4c	1,090	,477.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	89,977	,530.				
Pa	t XII Reconciliation of Expenses per Audited Financial Statements V	vith Expenses per	Retur	n.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			70 400	<u> </u>			
1	Total expenses and losses per audited financial statements		1	79,482	,614.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities 2a		-					
b	Prior year adjustments2b		-					
С	Other losses 2c		-					
	Other (Describe in Part XIII.) 20				1 (7			
е	Add lines 2a through 2d		2e	5/6	,167.			
3	Subtract line 2e from line 1		3	78,906	,44/.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		-					
b	Other (Describe in Part XIII.) 4b		_	1 000				
С	Add lines 4a and 4b		4c	1,090				
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	79,996	,924.				
Pa	t XIII Supplemental Information.							

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

PART III, LINE 1A:

THE MUSEUM'S COLLECTIONS ARE COMPRISED OF OBJECTS OF HISTORICAL, CULTURAL					
OR SCIENTIFIC SIGNIFICANCE THAT ARE HELD FOR EDUCATIONAL, RESEARCH,					
SCIENTIFIC AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED,					
PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING ITS EXISTENCE AND					
ASSESSING ITS CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE					
SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM SALES OF COLLECTION ITEMS					
TO BE DEPOSITED IN THE ENDOWMENT, WITH EARNINGS TO BE USED TO ACQUIRE					
OTHER ITEMS FOR COLLECTIONS OR PROVIDE FOR THE DIRECT CARE OF EXISTING					
COLLECTIONS.					

IN	ACCORDANCE	WITH	THE	PRACTICE	GENERALLY	FOLLOWE) BY	MUSEUMS	S, THE	VALUE	
932054	4 10-02-19								Schedule	D (Form 990) 201	19
					36						
194511	.09 147228 3	101948	;		2019.05	000 FIEL	D MU	SEUM OF	NATUR	AL H 1019	48_1

36-2167011 Page 5 FIELD MUSEUM OF NATURAL HISTORY Schedule D (Form 990) 2019 Part XIII Supplemental Information (continued) OF OBJECTS IN THE COLLECTIONS IS EXCLUDED FROM THE FINANCIAL STATEMENTS; COLLECTIONS ARE REFLECTED IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION AT A NOMINAL VALUE OF \$1. SUCH COLLECTIONS HAVE BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MUSEUM'S INCEPTION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS DECREASES IN TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN UNRESTRICTED NET ASSETS. THERE WERE NO SALES OF COLLECTION ITEMS IN 2019 OR 2018.

PART III, LINE 4:

THE MUSEUM'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL, CULTURAL, OR SCIENTIFIC SIGNIFICANCE. MUCH OF THE COLLECTION IS FEATURED IN THE MUSEUM'S GENERAL COLLECTION WHICH IS OPEN FOR PUBLIC EXHIBITION. THE COLLECTION IS ALSO USED FOR ADVANCED SCIENTIFIC STUDY AND SCHOLARLY RESEARCH. THROUGH EXHIBITION AND STUDY, THE MUSEUM ACTS AS AN INDEPENDENT CENTER OF LEARNING FOCUSED ON DIVERSITY IN THE WORLD'S PHYSICAL ENVIRONMENTS AND CULTURES IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PURPOSE.

PART V, LINE 4:

THE ASSETS OF THE ENDOWMENT FUNDS SHALL BE INVESTED TO OBTAIN THE GREATEST "TOTAL RETURN" COMMENSURATE WITH THE RISKS DEEMED APPROPRIATE PURSUANT TO THE PROVISIONS OF THE INVESTMENT POLICY. THE PRIMARY OBJECTIVES OF THE MANAGEMENT OF THE ENDOWMENT FUNDS ARE TO 1) ACHIEVE LONG-TERM GROWTH THROUGH CAPITAL APPRECIATION AS WELL AS INCOME AND 2) PRESERVE THE Schedule D (Form 990) 2019

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RETURN" EQUAL TO OR IN EXCESS OF NORMAL ANNUAL SPENDING-ENDOWMENT

WITHDRAWALS TO SUPPORT THE MUSEUM.

PART X, LINE 2:

THE MUSEUM IS EXEMPT FROM INCOME TAXATION UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A COMPARABLE STATE OF ILLINOIS STATUTE. MANAGEMENT BELIEVES THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE MUSEUM HAS A POLICY TO RECORD INTEREST AND PENALTIES (IF ANY) RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE MUSEUM HAS DETERMINED THAT ITS TAX POSITIONS SATISFY THE MORE LIKELY THAN NOT CRITERION. FOR THE YEAR ENDED DECEMBER 31, 2019 AND 2018, NO INTEREST AND PENALTIES WERE RECORDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION

 COST
 1,738,035.

 SPECIAL EVENTS EXPENSES
 491,167.

 TOTAL TO SCHEDULE D, PART XI, LINE 2D
 2,229,202.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

Schedule D (Form 990) 2019

491,167.

932055 10-02-19

Name of the organization		Employer identification number				
FIELD MUSEUM OF	NATURAL	HISTORY			36-21670	11
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the orgar	ization answered "	Yes" on
Form 990, Part IV	/, line 14b.					
-	•		ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	stance?	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
3 Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA & THE						
PACIFIC			PROGRAM SERVICES	SCIENCE ANI	EDUCATION	50,361.
CENTRAL AMERICA &						
THE CARIBBEAN			PROGRAM SERVICES	SCIENCE AND	D EDUCATION	6,585.
			FROGRAM SERVICES	DETENCE ANI	DUCKIION	0,505.
EUROPE (ICELAND &						
GREENLAND)			PROGRAM SERVICES	SCIENCE AND	EDUCATION	145,861.
NORTH AMERICA			PROGRAM SERVICES	SCIENCE ANI	D EDUCATION	108,300
SOUTH AMERICA			PROGRAM SERVICES	SCIENCE ANI	EDUCATION	353,934
SUB-SAHARAN AFRICA			PROGRAM SERVICES	SCIENCE ANI	EDUCATION	95,045
EAST ASIA & THE						
PACIFIC			PROGRAM SERVICES	PUBLIC PROG	RAM	360,002.
EUROPE (ICELAND &						
GREENLAND)			PROGRAM SERVICES	PUBLIC PROG	RAM	187,912.
3 a Subtotal	0	0				1,308,000.
b Total from continuation sheets to Part I	0	0				78,189,777.
c Totals (add lines 3a	0	0				
and 3b)	U 0	L U				79,497,777.

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

Schedule F (Form 990) 2019

932071 10-12-19

SCHEDULE F (Form 990) Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 g **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule F (Form 990) Part I Continuation	FIELD MU	SEUM OF	NATURAL HISTORY • (Schedule F (Form 990), Part I, line 3	36-21670	11 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PROGRAM SERVICES	PUBLIC PROGRAM	130,556
SUB-SAHARAN AFRICA			GRANT MAKING	STIPEND FOR RESEARCH	32,220
EAST ASIA & THE PACIFIC			GRANT MAKING	STIPEND FOR RESEARCH	8,480
SOUTH AMERICA			GRANT MAKING	STIPEND FOR RESEARCH	224,066
CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		77,746,705
SOUTH ASIA			PROGRAM SERVICES	SCIENCE & EDUCATION	6,382
NORTH AMERICA			GRANT MAKING	STIPEND FOR RESEARCH	29,600
CENTRAL AMERICA			GRANT MAKING	STIPEND FOR RESEARCH	5,480
RUSSIA & NEWLY INDEPENDENT STATES			PROGRAM SERVICES	SCIENCE & EDUCATION	3,558
EUROPE			GRANT MAKING	STIPEND FOR RESEARCH	2,730
					78,189,777

932181 04-01-19

19451109 147228 101948

36-2167011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	CUIDEND FOD DECENDOU	10 400	MIDE	0		
		BURKINA, FASO,	STIPEND FOR RESEARCH	19,400.	WIKE	0.		
		SOUTH AMERICA	STIPEND FOR RESEARCH	171,274.	WIRE	0.		
2 Enter total number of	recipient organizatio	ns listed above that are r	recognized as charities by the f	oreign country,	recognized as tax-ex	empt		1
by the IRS, or for whic	ch the grantee or cou	insel has provided a sect	tion 501(c)(3) equivalency letter					2
3 Enter total number of	other organizations of	or entities						

Schedule F (Form 990) 2019

36-2167011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if	additional space is need		1	1			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STIPEND FOR RESEARCH	SOUTH AMERICA	1	16,000.	CHECK	0.		
	SUB SAHARAN						
STIPEND FOR RESEARCH	AFRICA	1	12,820.	СНЕСК	0.		
STIPEND FOR RESEARCH	NORTH AMERICA	1	29,600.	СНЕСК	0.		
				1			

Schedule F (Form 990) 2019

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

Schedule F	(Form 990) 2019	FIELD	MUSEUM	OF	NATURAL	HISTORY	36-2167011	Page 5
Part V	Supplemental	Informat	ion					
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of							
	investments vs. ex	penditures	per region); Pa	ırt II, li	ine 1 (accounting	ı method); Part I	II (accounting method); and Part III, column (c)	
	(estimated number	r of recipient	ts), as applical	ole. Al	so complete this	part to provide	any additional information. See instructions.	

PART I, LINE 2:

STAFF MAKE VISITS TO MONITOR WORK BEING DONE OUTSIDE THE UNITED STATES

AND REPORT ON THE STATUS OF THE GRANTS.

Schedule F (Form 990) 2019

932075 10-12-19

19451109 147228 101948

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities										
(Form 990 or 990-EZ)		e organization answer organization entered n					or 19, c	or if the	2019		
Department of the Treasury		Attach	to Form 990	or Fo	rm 99	0-EZ.			Open to Public Inspection		
Internal Revenue Service	► Go	to www.irs.gov/Form	990 for instru	uction	s and	the latest informati					
Name of the organization	ו							Employer ide	ntification number		
	FIELD M	USEUM OF NAT	URAL H	ISTO	DRY			36-2167	011		
	ing Activities. complete this par	Complete if the organit.	ization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not		
· · ·	· · ·	ed funds through any c	of the followin	a activ	vities. (Check all that apply.					
a X Mail solicitat	-			-							
aXMail solicitationseXSolicitation of non-government grantsbXInternet and email solicitationsfXSolicitation of government grants											
c X Phone solicit			X Special		-	-					
d X In-person sol		9		lanare	loing						
2 a Did the organizatio		or oral agreement with a	ny individual	(incluc	lina of	ficers directors trus	toos r	or.			
•		art VII) or entity in conn	2	•	Ũ		1003, 0	X Yes	No		
• • •		viduals or entities (fundr	-			-	ha fun				
compensated at le	•		aisers) pursu	antio	agreer				;		
compensated at le	ast \$5,000 by the	organization.									
				(iii) fundr	Did		(v) A	Mount paid	(vi) Amount paid		
(i) Name and address		(ii) Activity			aiser ustody	(iv) Gross receipts	to (or	(or retained by)	to (or retained by)		
or entity (fund	Iraiser)			or con contrib	ntrol of	from activity		undraiser ed in col. (i)	organization		
PATRICIA HURLEY - 2				Vaa	No						
		EVENT CONSULTANT		Yes	No X	2 202 240		72 492	2 210 750		
WACKER DRIVE, STE 1 DCM TELEMARKETING -		EVENT CONSULTANT				2,393,240.		73,482.	2,319,758.		
35TH ST SUITE 600					x	48 400		22 960	15 522		
		TELEMARKETING				48,402.		32,869.	15,533.		
SD&A - 5757 W. CENT						10 905		14 200	2 205		
SUITE 300, LOS ANGE MARTS & LUNDY - 120	-	TELEMARKETING			X	10,895.		14,290.	-3,395.		
								100 010	100 010		
STREET WEST, LYNDHU ALEXANDER ROSS GROU		CAMPAIGN CONSULTA	N'I'		X	0.		108,010.	-108,010.		
		CANDATON CONCULURA				0		24 029	24.029		
PRAIRIE AVE, EVANST	IN, IL	CAMPAIGN CONSULTA	N.T.		X	0.		24,938.	-24,938.		
Total		<u></u>	<u></u>	<u></u> .		2,452,537.		253,589.	2,198,948.		
3 List all states in whi or licensing.	ch the organizatio	on is registered or licens	ed to solicit o	contrib	utions	or has been notified	it is e	xempt from re	gistration		

AK, AL, AR, CA, CO, CT, FL, GA, IL, IN, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NJ, NM, NY, NV, OH OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, AZ, MO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 FIELD MUSEUM OF NATURAL HISTORY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				WOMEN'S		(add col. (a) through
			BOARD GALA	BOARD LUNCHE	1	col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,096,764.	296,476.	97,435.	2,490,675
	2	Less: Contributions	1,981,564.	271,426.	57,100.	2,310,090
	3	Gross income (line 1 minus line 2)	115,200.	25,050.	40,335.	180,585
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
٥	8	Entertainment				
	9	Other direct expenses	371,374.		33,500.	491,167
		Direct expense summary. Add lines 4 through	()		►	491,167
		Net income summary. Subtract line 10 from I				-310,582
a	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or re	eported more than	
ų			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a)
Peverine						
ř	1	Gross revenue				
GC	2	Cash prizes				
s noe	3	Noncash prizes				
5						
	4	Rent/facility costs				
nirec		Rent/facility costs Other direct expenses				
nirec			Yes%	Yes%	Yes%	
Direct Expenses	5		Yes% □No	│ Yes% │ No	Yes % No	
Direc	5	Other direct expenses	No		No	
	5 6 7	Other direct expenses	No	No	□ No ►	
	5	Other direct expenses	No	No	□ No ►	
	5 6 7 8	Other direct expenses	5 in column (d)	No No	□ No ►	
•	5 6 7 8 Ent	Other direct expenses	No No from line 1, column (d)	No	No ►	Yes N
) a	5 6 7 8 Ent	Other direct expenses	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these	No No	No ►	Yes N
a b	5 6 7 8 Is t Is t We	Other direct expenses	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No ►	
a b	5 6 7 8 Is t Is t We	Other direct expenses	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No ►	
ab	5 6 7 8 Is t Is t We	Other direct expenses	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No ►	

Sch	edule G (Form 990 or 990-EZ) 2019 FIELD MUSEUM OF NATURAL HISTORY 36-	2167011	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
		Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9, 9	9b, 10b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:	
<u></u>			
(I) NAME OF FUNDRAISER: PATRICIA HURLEY		
<u> </u>			
(1) ADDRESS OF FUNDRAISER: 205 W WACKER DRIVE, STE 1400, CHICAGO	, Ц 6	0606
(I) NAME OF FUNDRAISER: DCM TELEMARKETING		
<u> </u>			0.1
(1) ADDRESS OF FUNDRAISER: 261 W 35TH ST SUITE 600, NEW YORK,	<u>NY 100</u>	UT
<u>(т</u>) NAME OF FUNDRAISER: SD&A		
9320	Schedule G (Fo	rm 990 or 990	-EZ) 2019
	47		,,

(I) ADDRESS OF FUNDRAISER:

5757 W. CENTURY BLVD., SUITE 300, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: MARTS & LUNDY

(I) ADDRESS OF FUNDRAISER: 1200 WALL STREET WEST, LYNDHURST, NJ 07071

(I) NAME OF FUNDRAISER: ALEXANDER ROSS GROUP

(I) ADDRESS OF FUNDRAISER: 2406 PRAIRIE AVE, EVANSTON, IL 60201

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

48 2019.05000 FIELD MUSEUM OF NATURAL H 101948_1

19451109 147228 101948

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organizatio	nd Individual	s in the Ŭni [.]	ted States		2019
Department of the Treasury	Comp		Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization FIELD MUS	EUM OF NA	TURAL HISTO	RY				Employer identification number $36-2167011$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$					(f) Method of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY - 300 TURNER STREET - BLACKSBURG, VA 24061	54-6001805	۲	11,867.	0.			STIPEND FOR SCIENCE AND EDUCATION
SIREEI BERCRSBORG, VR 24001	54 0001005	307 1	11,007.	••			
NORTHERN ARIZONA UNIVERSITY PO BOX 4080							STIPEND FOR SCIENCE AND
FLAGSTAFF, AZ 86011	74-2579628	GOV ' T	10,661.	0.			EDUCATION
THE UNIVERSITY OF CHICAGO 5835 KIMBARK AVE CHICAGO, IL 60637	36-2177139	gov't	15,004.	0.			STIPEND FOR SCIENCE AND EDUCATION
·							
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 NORTH PARK ST - MADISON, WI 53715	39-6006492	GOV'T	74,812.	0.			STIPEND FOR SCIENCE AND EDUCATION
BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY - 426 AUDITORIUM	38-6005987		7.250	0.			STIPEND FOR SCIENCE AND EDUCATION
ROAD - EAST LANSING, MI 48824	50 0005907		7,352.	0.			
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 						l	•

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

FIELD MUSEUM OF NATURAL HISTORY Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS FOR SCIENCE AND EDUCATION	31	149,016.	0.		

50

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

A DEPARTMENT ADMINISTRATOR REVIEWS ALL OF THE REQUESTS FOR PAYMENTS AND

SIGNS OFF ON THE REQUEST BEFORE PAYMENT IS ISSUED.

36-2167011

Page 2

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	40	
•		Compensated Employees		20	IJ	J
Dene	terrant of the Treesure	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	o Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio	1		identificati		mber
		FIELD MUSEUM OF NATURAL HISTORY	36-2	216701	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate 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 o					
	X Travel for com					
	Tax indemnific					
	Discretionary	ır, chef)				
b		on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain			x	
~			1b	Λ		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				x	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	~	
3	Indianta which if a	by of the following the experimentian used to establish the componentian of the experimetion?				
5		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant IX Compensation survey or study				
	X Form 990 of o		ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
b		ation?		<u>5b</u>		X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	-				v
						X X
b		ation?		<u>6b</u>		
7		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-	х	
0		nes 5 and 6? If "Yes," describe in Part III		7	л	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the provide the section 53 (958-4(a)(3)2 If "Yes," describe in Part III		8		x
٥		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		····· •		- 21
9	-			9		
ΙЦΛ	Regulations section	1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 000	1 2010
∟ПА	I UI Faper WURK R		Sche	une o (ron	11 990	, 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(()())	reported as deferred on prior Form 990
(1) RICHARD LARIVIERE	(i)	634,081.	74,340.	0.	14,000.	13,121.	735,542.	0.
PRESIDENT + CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LE MONTE BOOKER	(i)	261,346.	0.	0.	8,169.	17,550.	287,065.	0.
CHIEF FINANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHARLES KATZENMEYER	(i)	279,132.	0.	0.	10,840.	6,084.	296,056.	0.
VP, INSITUTIONAL ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RAYMOND DETHORNE	(i)	255,002.	0.	0.	7,800.	13,130.	275,932.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THORSTEN LUMBSCH	(i)	221,728.	0.	0.	11,285.	16,529.	249,542.	0.
VP, SCIENCE AND EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHAWN VANDERZIEL	(i)	181,625.	0.	0.	9,227.	6,084.	196,936.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) R L GRANDE	(i)	199,398.	0.	0.	10,441.	18,917.	228,756.	0.
DISTINGUISHED SERVICE CURATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) OLIVIER RIEPPEL	(i)	193,363.	0.	0.	9,871.	13,121.	216,355.	0.
CURATOR AND SECTION HEAD	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GARY FEINMAN	(i)	168,219.	0.	0.	8,551.	12,255.	189,025.	0.
CURATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LORI BRESLAUER	(i)	167,893.	0.	0.	8,085.	11,207.	187,185.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GINEVRA RANNEY	(i)	158,511.	0.	0.	4,907.	18,865.	182,283.	0.
DIRECTOR, PRINCIPAL GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 1A:

THE PRESIDENT RECEIVED SOCIAL CLUB DUES. THE PURPOSE OF THE SOCIAL CLUB

DUES ARE FOR BUSINESS USES RELATED TO ENTERAINING GUESTS, FUNDRAISING, AND

NETWORKING.

THE PRESIDENT'S SPOUSE ALSO RECEIVED TRAVEL BENEFITS RELATED TO HER DUTIES

AS A VOLUNTEER OF THE MUSEUM.

PART I, LINE 7:

THE MUSEUM HAS AN AGREEMENT WITH THE PRESIDENT TO PAY BONUS COMPENSATION

BASED ON THE MUSEUM'S ANNUAL PERFORMANCE. THE BONUS COMPENSATION IN 2019

WAS \$74,340. THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS

THE MUSEUM'S PERFORMANCE FOR THE PRIOR YEAR AND MAKES A RECOMMENDATION FOR

A BONUS PAYMENT FOR THE PRESIDENT.

Interest of the organization Employer identification number 36-2167-011 Part Bond issues Call Call <thcall< th=""> Call Call<!--</th--><th>(Form Departme</th><th>ent of the Treasury</th><th>Complete if the orga</th><th>explanations, and</th><th>d "Yes" on Form 9 any additional info</th><th>90, Part IV, ormation in</th><th>line 24a. Part VI.</th><th>Provide descri</th><th>ptions,</th><th></th><th></th><th>c</th><th>20</th><th>1545-00 019 o Publ tion</th><th></th></thcall<>	(Form Departme	ent of the Treasury	Complete if the orga	explanations, and	d "Yes" on Form 9 any additional info	90, Part IV, ormation in	line 24a. Part VI.	Provide descri	ptions,			c	20	1545-00 019 o Publ tion	
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf (h) and the price of issuer ILLINOIS FTNANCE A AUTHORITY 86-1091967 45204E2LT 06/12/19 87160000. CURRENT REFUNDING X	Name		JM OF NATUR	AL HISTORY	7									n num	ber
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if issued prior to 2018, a current refunding issue)? X Image: Constraint of a const					Yes	No	Yes	No	Yes	No		Yes	+	No	
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		Does the organization maintain adequate bool final allocation of proceeds?	ks and records to sup	pport the	x										

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Schedule K (Form 990) 2019

Schedule K (Form 990) 2019 FIELD MUSEUM OF NATURAL HISTORY Part III Private Business Lise

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Page 2

1 01	The Public State								
			A	E	3		ç		2
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?								
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of								
	bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by						•		
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%	%	
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?								
Par	t IV Arbitrage								
			A	E	3	(С		<u>,</u>
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?	X							
2	If "No" to line 1, did the following apply?		-						
a	Rebate not due yet?								
	Exception to rebate?								
	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х							

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Schedule K (Form 990) 2019 FIELD MUSEUM OF NATURAL HISTORY

36-2167011

Page 3

Part IV Arbitrage (continued)	1				1		1	
		A	I	B	<u> </u>		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	x							
Part V Procedures To Undertake Corrective Action	•		•		•	•		
		A		В		C	D)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	x							
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedule	K. See instru	uctions		•		•	
PART I (A)(F)								
CURRENT REFUNDING OF PRIOR ISSUE ISSUED ON 7/30/2	2015. W	HICH WA	SA					
REFUNDING OF PRIOR ISSUES ISSUED ON 12/03/1985; 1				3;				
3/22/2000				- 1				
PART II, LINE 11								
PROCEEDS USED BY 7/1/2020 TO CURRENTLY REFUND PR	TOR TSS	IE BOND	SFROM					
7/30/2015, WHICH WERE A REFUNDING OF PRIOR ISSUE				25				
11/08/1990, 4/15/1998, AND 3/22/2000.	BOINDS	FROM 12	/05/190	55,				
11/00/1990, 4/15/1990, AND 5/22/2000.								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ZU

Employer identification number

19

Department of the Treasury	
Internal Revenue Service	

P

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

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

Name of the organization FIELD MUSEUM OF NATURAL HISTORY

Part I Types of Property I Art - Works of art Image: Contribution of applicable contribution of applicable contribution of error 990, Part VIII, line 1g incore should be contribution amount sequence of the second o		FIELD MUSEUM	OF NA	TURAL HIS	FORY		36-2	167	011	
Check if applicable items contributions or items contribution Noncash contribution amounts reported on items contribution Method of determining noncash contribution amounts reported on items contribution 1 Art - Works of art Image: State in the state in the state interms contributed in the state in the state interms contributed in the state interms contributed interms interms interms contribution Method of determining noncash contribution amount interms contributed interms int	Pa	rt I Types of Property								
2 Art - Historical treasures			Check if	Number of contributions or	Noncash contribution amounts reported on		lethod of def		•	S
3 At - Fractional interests X 29. FAIR MARKET VALUT 4 Books and publications X 29. FAIR MARKET VALUT 6 Cars and other vehicles	1									
4 Books and publications X 29. FAIR MARKET VALUE 5 Clothing and household goods	2	Art - Historical treasures								
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Pathership, LLC, or 12 Securities - Pathership, LLC, or 13 Securities - Pathership, LLC, or 14 Oualified conservation contribution - 15 Real estate - Contrectal 16 Real estate - Contrectal 17 Real estate - Contrectal 18 Collectibles 19 Food Inventory 20 Drugs and medical supplies 21 Taxidermy 23 Scientific specimens 24 A theological artifacts 25 Other ▶ (26 Other ▶ (27 Other ▶ (28 Other ▶ (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the enting period? 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the enting period?	3	Art - Fractional interests								
6 Cars and other vehicles	4	Books and publications	X		29.	FAIR	MARKET	VA.	LUE	
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidemy 22 Scientific specimens 24 Archeological artifacts 25 Other ▶ () 26 Other ▶ () 27 Other ▶ () 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period? 28 During the year, did the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a During the year gift acceptance policy that requires the review of any nonstandard contributions?	5									
8 Intellectual property X 52 767,147. FAIR MARKET VALUI 9 Securities - Niscellaneous Image: Closely held stock Image: Closely held stock Image: Closely held stock 10 Securities - Partnership, LLC, or trust interests Image: Closely held stock Image: Closely held stock Image: Closely held stock 12 Securities - Miscellaneous Image: Closely held stock Image: Closely held stock Image: Closely held stock 13 Qualified conservation contribution - Historic structures Image: Closely held stock Image: Closely held stock Image: Closely held stock 14 Qualified conservation contribution - Other Image: Closely held stock Image: Closely held stoc	6									
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10 Securities - Closely held stock	8	Intellectual property								
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trust interests	10	Securities - Closely held stock								
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19 Food inventory	18									
20 Drugs and medical supplies	19									
22 Historical artifacts X 437 0. 23 Scientific specimens X 437 0. 24 Archeological artifacts X 13 0. 25 Other ▶ ()	20									
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for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29	28	Other ()								
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 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a I 30a I 30a I 		for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	gement 29				Yes	No
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for 30a exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31	30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throug	ih 28, that	it (103	
exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	500		•	, , , , ,						
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			policy that re	auires the review o	of any nonstandard contribut	tions?		31	х	
			-	-	•	••				

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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32a

Х

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b If "Yes," describe in Part II.

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

SCHEDULE M, LINE 32B:

THE STOCK GIFTS GO INTO THE MUSEUM'S ACCOUNT AT NORTHERN TRUST, AND

THEN NORTHERN TRUST SELLS THE STOCK ON BEHALF OF THE MUSEUM THE DAY

AFTER THE RECEIPT. NORTHERN TRUST DEPOSITS PROCEEDS FROM THE SALE OF

SECURITIES INTO THE MUSEUM'S ACCOUNT.

SCHEDULE M, LINE 33:

THE MUSEUM DOES NOT REPORT CONTRIBUTIONS OF COLLECTION ITEMS AS REVENUE

AS PERMITTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE MUSEUM

DOES NOT CAPITALIZE ITS COLLECTION AS ALLOWED UNDER SFAS 116.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

2019 Open to Public Inspection Employer identification number

OMB No. 1545-0047

FIELD MUSEUM OF NATURAL HISTORY

36-2167011

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

IN WHICH WE LIVE. ITS COLLECTIONS, PUBLIC LEARNING PROGRAMS, AND

RESEARCH ARE INSEPARABLY LINKED TO SERVE A DIVERSE PUBLIC OF VARIED

AGES, BACKGROUNDS AND KNOWLEDGE.

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

MUSEUM OUTREACH, BUSINESS ENTERPRISES AND STRATEGIC SCIENCE INITIATIVES

EXPENSES \$ 8,861,272. INCLUDING GRANTS OF \$ 1,377. REVENUE \$ 10,070,219

FORM 990, PART VI, SECTION A, LINE 2:

BOARD OF TRUSTEES MEMBERS JAMEE C. FIELD KANE, MARSHALL FIELD V, AND CARYN HARRIS HAVE A FAMILY RELATIONSHIP.

BOARD OF TRUSTEES MEMBERS BOBBY MEHTA, AND KERMIT R. CRAWFORD HAVE A

BUSINESS RELATIONSHIP.

BOARD OF TRUSTEES MEMBERS BOBBY MEHTA, MICHAEL O'GRADY AND WILLIAM C.

KUNKLER III HAVE A BUSINESS RELATIONSHIP.

BOARD OF TRUSTEES MEMBERS JOHN A. CANNING, JR., THOMAS S. SOULELES, AND JAI SHEKHAWAT HAVE A BUSINESS RELATIONSHIP.

BOARD OF TRUSTEES MEMBER JOHN A. CANNING JR. HAS A FAMILY RELATIONSHIP WITH

BOARD OF TRUSTEES MEMBER JOHN F. PODJASEK III.

BOARD OF TRUSTEES MEMBER MICHAEL E. FLANNERY HAS A BUSINESS RELATIONSHIP

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

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Name of the organization

FIELD MUSEUM OF NATURAL HISTORY

WITH BOARD OF TRUSTEES MEMBER HOWARD B. BERNICK

BOARD OF TRUSTEES MEMBERS WILLIAM C. KUNKLER III AND ROGER K. DEROMEDI HAVE

A BUSINESS RELATIONSHIP.

BOARD OF TRUSTEES MEMBER CONSTANCE T. KELLER HAS A FAMILY RELATIONSHIP WITH BOARD OF TRUSTEES MEMBER JEFFREY B. KELLER.

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. A DRAFT OF THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE. A FULL COPY OF THE 990 IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING.

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

THE MUSEUM'S OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A CONDITION OF THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE GENERAL COUNSEL AND SECRETARY OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR THE APPROVAL OF COMPENSATION OF THE CEO. THE EXECUTIVE COMMITTEE IS COMPRISED OF INDEPENDENT TRUSTEES. THE CHAIR OF THE BOARD AND EXECUTIVE COMMITTEE ESTABLISHED A COMPENSATION SUB-COMMITTEE. THE COMPENSATION COMMITTEE IS COMPRISED OF SIX TRUSTEES, EACH OF WHICH IS A MEMBER OF THE EXECUTIVE ⁹³²²¹² 09-06-19 60

19451109 147228 101948

2019.05000 FIELD MUSEUM OF NATURAL H 101948_1

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FIELD MUSEUM OF NATURAL HISTORY	Employer identification number 36-2167011
COMMITTEE. THE COMPENSATION COMMITTEE REVIEWS THE CEO'S CC	MPENSATION AND
BONUS PROGRAM AND MAKES RECOMMENDATIONS TO THE EXECUTIVE C	OMMITTEE FOR
FINAL APPROVAL. EXECUTIVE COMMITTEE DECISIONS REGARDING T	HE CEO'S
COMPENSATION ARE HELD IN EXECUTIVE SESSION. THE COMPENSAT	ION ARRANGEMENTS
FOR THE CEO ARE DOCUMENTED VIA AN EMPLOYMENT CONTRACT AND	WRITTEN BONUS
PLAN (APPROVED BY THE EXECUTIVE COMMITTEE). THE CHIEF HUMA	N RESOURCES
OFFICER CONDUCTS A SALARY BENCHMARK ANALYSIS FOR OFFICERS	AND KEY EMPLOYEES
WITH OUTSIDE CONSULTANTS AND EXTERNAL SURVEYS ON A BIENNIA	L BASIS; THIS
INFORMATION IS SHARED WITH THE COMPENSATION COMMITTEE AND	CEO FOR THEIR
REVIEW.	

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,CT,GA,IL,KS,KY,ME,MD,MA,MI,MN,NJ,FL,NY,NC,OH,OK,OR,PA,RI,SC TN,UT,VA,WA,WV,WI,MS,ND

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

THE MUSEUM'S FORM 990 IS AVAILABLE AT THE ORGANIZATION'S PRINCIPAL PLACE OF BUSINESS UPON REQUEST. THE MUSEUM'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES OR THROUGH REQUEST AT THE MUSEUM'S PRINCIPAL PLACE OF BUSINESS. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION (AND AT MANAGEMENT'S DISCRETION).

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FORM 990, PART IX, LINE 11G, OTHER FEES:

SCIENTIFIC RESEARCH, CONSERVATION, AND EXHIBITION DESIGN FEES:

PROGRAM SERVICE EXPENSES

7,990,166.

302,699.

MANAGEMENT AND GENERAL EXPENSES
932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

2019.05000 FIELD MUSEUM OF NATURAL H 101948_1

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FIELD MUSEUM OF NATURAL HISTORY	Employer identification number 36-2167011
FUNDRAISING EXPENSES	369,381.
TOTAL EXPENSES	8,662,246.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,662,246.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION	
COST	1,738,035.
932212 09-06-19 Sch	nedule O (Form 990 or 990-EZ) (2019)

19451109 147228 101948

2019.05000 FIELD MUSEUM OF NATURAL H 101948_1

SCHEDULE F	R
(Form 990)	

(1 0111 000)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number 36-2167011

Department of the Treasury Internal Revenue Service

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

Name of the organization

FIELD MUSEUM OF NATURAL HISTORY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))	Direct controlling	Yes	No
MUSEUM CAMPUS CORPORATION - 36-4272361	ATTRACT VISITORS TO THE						
1400 SOUTH LAKE SHORE DRIVE	MUSEUM CAMPUS' CENTRALLY						
CHICAGO, IL 60605	LOCATED FACILITIES	ILLINOIS	501(C)(3)	LINE 12A, I			х
	-						
	-						
	-						

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 FIELD MUSEUM OF NATURAL HISTORY

36-2167011 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

										-	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	partn	^{il or} Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	-										
	-										
]										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)						Yes	No

Schedule R (Form 990) 2019 FIELD MUSEUM OF NATURAL HISTORY

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

uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
	4 -		
	1a		Х
ift, grant, or capital contribution to related organization(s)	1b		Х
ift, grant, or capital contribution from related organization(s)	1c		Х
pans or loan guarantees to or for related organization(s)	1d		X
pans or loan guarantees by related organization(s)	1e		Х
ividends from related organization(s)	1f		Х
ale of assets to related organization(s)	1g		Х
urchase of assets from related organization(s)	1h		Х
	1i		Х
ease of facilities, equipment, or other assets to related organization(s)	1j		Х
ease of facilities, equipment, or other assets from related organization(s)	1k		Х
erformance of services or membership or fundraising solicitations for related organization(s)	11		Х
	1m		Х
naring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
naring of paid employees with related organization(s)	10		Х
eimbursement paid to related organization(s) for expenses	1p		Х
eimbursement paid by related organization(s) for expenses	1q		Х
ther transfer of cash or property to related organization(s)	1r		Х
ther transfer of cash or property from related organization(s)	1s		Х
	vidends from related organization(s)	vidends from related organization(s) 1f le of assets to related organization(s) 1g irchase of assets from related organization(s) 1h change of assets with related organization(s) 1i ase of facilities, equipment, or other assets from related organization(s) 1j asset of facilities, equipment, or other assets from related organization(s) 1k rformance of services or membership or fundraising solicitations for related organization(s) 1m arring of facilities, equipment, mailing lists, or other assets with related organization(s) 1m arring of facilities, equipment, mailing lists, or other assets with related organization(s) 1m imbursement paid to related organization(s) for expenses 1p imbursement paid to related organization(s) for expenses 1p her transfer of cash or property to related organization(s) 1r her transfer of cash or property from related organization(s) 1r	vidends from related organization(s) ff le of assets to related organization(s) fg urchase of assets from related organization(s) fh change of assets with related organization(s) fh ase of facilities, equipment, or other assets from related organization(s) fk arformance of services or membership or fundraising solicitations for related organization(s) fk urformance of services or membership or fundraising solicitations by related organization(s) fn aring of facilities, equipment, mailing lists, or other assets with related organization(s) fn aring of paid employees with related organization(s) fn aring of paid employees with related organization(s) fn aring of cash or property to related organization(s) fn her transfer of cash or property to related organization(s) fn fr fn fill fill fill fr fill fill filll

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
(3)				
<u>(4)</u>				
(5)				
_(6)				

Schedule R (Form 990) 2019 FIELD MUSEUM OF NATURAL HISTORY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?	(f) total	(g) Share of end-of-year	(h Dispro tion allocati) por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	(k) Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	<u> </u>

Schedule R (Form 990) 2019

Part VII Supplemental Information

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

Schedule R (Form 990) 2019

932165 09-10-19