ObjectId: 202320449349300137 - Submission: 2023-02-13 efile Public Visual Render TIN: 73-0682415 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022 C Name of organization D Employer identification number B Check if applicable: SCIENCE MUSEUM OKLAHOMA INC O Address change 73-0682415 O Name change Doing business as O Initial return O Final return/terminate E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) 2020 REMINGTON PLACE O Application pending (405) 602-6664 City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73111 **G** Gross receipts \$ 9,781,925 Name and address of principal officer: H(a) Is this a group return for SHERRY MARSHALL ☐Yes ✓ No subordinates? 2020 REMINGTON PLACE Are all subordinates OKLAHOMA CITY, OK 73111 ☐ Yes ☐No included? Tax-exempt status: **✓** 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ► WWW.SCIENCEMUSEUMOK.ORG L Year of formation: 1958 M State of legal domicile: OK K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: IT IS OUR MISSION TO REVEAL THE WONDER AND RELEVANCE OF SCIENCE. WE DO THIS THROUGH INTERACTIVE EXHIBITS AND HANDS-ON EXPERIMENTS THAT FOLLOW AN INQUIRY-BASED LEARNING MODEL WHICH ENCOURAGES SELF-DISCOVERY AND CREATIVE, ORGANIC THOUGHT. BEING BOTH A SMALL MARKET PHYSICAL SCIENCE INSTITUTION AND A SMITHSONIAN AFFILIATE GIVES US THE RESOURCES Activities & Governance TO MARRY TRADITIONAL SCIENCE EXHIBITS WITH ONE-OF-A-KIND ARTIFACTS THAT GIVE A CULTURAL CONTEXT TO THE SCIENCE EXPLORED IN THE MUSEUM 2 Check this box ▶ □ Number of voting members of the governing body (Part VI, line 1a) . 16 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 16 259 Total number of individuals employed in calendar year 2021 (Part V, line 2a) . 78 **6** Total number of volunteers (estimate if necessary) 38,286 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7h **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 2,307,782 2,972,193 Revenue **9** Program service revenue (Part VIII, line 2g) 3,536,293 5,638,396 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 11,727 8,421 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 423,007 704,340 6,278,809 9,323,350 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,799,924 5,119,009 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 181,458 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 4,864,146 5,105,921 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,664,070 10,224,930 -901,580 **19** Revenue less expenses. Subtract line 18 from line 12 . . . -3,385,261 Assets or d Balances **Beginning of Current Year End of Year** 87,882,272 80,995,715 **20** Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 3,136,582 3,357,339

22 Net assets or fund balances. Subtract line 21 from line 20.

77,638,376

84,745,690

Science Museum Oklahoma Inc - Full Filing- Nonprofit Explorer - ProPublica 11/17/23, 10:19 AM 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 2023-02-10 Signature of officer Date Sign Here SHERRY MARSHALL PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check if 2023-02-10 P01258800 Paid self-employed Firm's name HOGANTAYLOR LLP Firm's EIN > 73-1413977 **Preparer** Use Only Firm's address 1225 N BROADWAY AVENUE SUITE 200 Phone no. (405) 848-2020 OKLAHOMA CITY, OK 73103 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021) Cat. No. 11282Y Page 2 Form 990 (2021) Page 2 **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: WE ENRICH PEOPLE'S LIVES BY REVEALING THE WONDER AND RELEVANCE OF SCIENCE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,656,837 including grants of \$) (Revenue \$ 349,634) SCIENCE EDUCATION: EDUCATIONAL PROGRAMS AND ACTIVITIES ARE PROVIDED FOR THE GENERAL PUBLIC AND SCHOOL GROUPS ON AN ONGOING BASIS THROUGHOUT THE YEAR BOTH IN THE MUSEUM AND THROUGH SPECIAL OUTREACH PROGRAMS. STUDENTS AND VISITORS CAN EXPERIENCE ONE OF OUR LIVE MULTI-MEDIA, AUDIENCE PARTICIPATION THEATER SHOWS, OR LEARN THE SCIENCE OF SPECIFIC EXHIBITS FROM ONE OF OUR MANY VOLUNTEERS AND FLOOR FACILITATORS. THESE ACTIVITIES SERVE TO PROMOTE INTEREST IN, AND ENHANCE THE KNOWLEDGE AND UNDERSTANDING OF THE SCIENCES. (Code:) (Expenses \$ 6,661,717 including grants of \$) (Revenue \$ 5,836,220) MUSEUM & INTERACTIVE LEARNING EXHIBITS: SCIENCE MUSEUM OKLAHOMA PROVIDES APPROXIMATELY 149,000 SQUARE FEET OF INTERACTIVE INQUIRY-BASED EXHIBITS AND CULTURAL ARTIFACTS THAT ENCOURAGE CREATIVITY, LEARNING, AND SELF-DISCOVERY. THE MUSEUM IS AVAILABLE TO THE GENERAL PUBLIC, SCHOOLS, AND OTHER GROUPS, SEVEN DAYS PER WEEK. 4с (Code:) (Expenses \$) (Revenue \$ including grants of \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 8,318,554 Total program service expenses ▶

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Fai	Checkist of Required Schedules		1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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," complete Schedule F, Parts II and IV	15		No
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," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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Par	Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I							
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
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		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
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		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No				
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		No				
38	B Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O							
Pai	Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
С	(gambling) winnings to prize winners?	1c	Yes					
				0 (2021				
				·				

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Form 990 (2021) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 2a 259 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Yes **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Yes **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . 3b Yes 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? . 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 No Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b 5c c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? No 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as **7**g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders . 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a Nο **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . 14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

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	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2021
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Form	990 (2021)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
	Extractly and other manches of the accomplished at the end of the terror of the L		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing	-		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6 7-	Did the organization have members or stockholders?	6		No
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu		e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
1.0	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

Section C. Disclosure

16b

11/17	/23, 10:19 <i>A</i>	AM Science Museum Oklahoma Inc - Full Filing- Nonprofit Explorer - ProPublica
17	List the st	tates with which a copy of this Form 990 is required to be filed OK
18		104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section is only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own	website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)
19		in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest d financial statements available to the public during the tax year.
20		name, address, and telephone number of the person who possesses the organization's books and records: IN ANDERSON 2020 REMINGTON PLACE OKLAHOMA CITY, OK 73111 (405) 602-3719
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Form	990 (2021	Page 7
Pai		ompensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Ch	neck if Schedule O contains a response or note to any line in this Part VII
Se	ection A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
year.	•	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax he organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
		- Fater O in column (D) (F) and (F) if a common time was a side

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	n on on is	e bo both ecto	che x, u n an or/tr	nless office ustee)	er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JEFF STARLING CHAIR	0.10	х						0	0	0
(2) ALEXIS LOPRESTO VICE CHAIR	0.10	Х						0	0	0
(3) PEGGY KATES SECRETARY	0.10	Х						0	0	0
(4) LORI BOYD TREASURER	0.10	Х						0	0	0
(5) KIMBER SHOOP III TRUSTEE	0.10	Х						0	0	0
(6) CHRIS ANOATUBBY TRUSTEE	0.10	Х						0	0	0
(7) CATHERINE ARMITAGE TRUSTEE	0.10	Х						0	0	0
(8) BRIAN BYRNES TRUSTEE	0.10	х						0	0	0
(9) PATRICK K CRAINE	0.10	.,							•	_

Part VII

TRUSTEE		Х			U	U	U
(10) JAMES W FARRIS TRUSTEE	0.10	Х			0	0	0
(11) COLIN FITZSIMONS TRUSTEE	0.10	Х			0	0	0
(12) GARRETT JACKSON TRUSTEE	0.10	Х			0	0	0
(13) MONIQUE NAIFEH MD TRUSTEE	0.10	Х			0	0	0
(14) KYM KOCH THOMPSON TRUSTEE	0.10	Х			0	0	0
(15) FRANK WANG TRUSTEE	0.10	Х			0	0	0
(16) ALBA N WEAVER TRUSTEE	0.10	Х			0	0	0
(17) SHERRY MARSHALL PRESIDENT	40.00		Х		157,568	0	15,812

Form **990** (2021)

Form 990 (2021) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Tat viii Section At Officers, Directors, Trustees, Rey Employees, and Trigitest compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than c	• • •			son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(18) LINDA MAISCH						۵				
VICE PRESIDENT	40.00			х				110,795	0	6,106
(19) CLINT STONE	40.00			х				95,279	0	12,731
VICE PRESIDENT (20) KATHRYN ANDERSON										
VICE PRESIDENT	40.00			Х				65,389	0	11,545
(21) ALLEN VOYLES	40.00			х				70,234	0	11,701
VICE PRESIDENT										
(22) KEVIN WILSON VICE PRESIDENT	32.00			х				80,728	0	8,614

/17/23, 10.19 AW	Science Museur	II Okianoma mc - Fu	ıı Filing- Nonpront Ez	piorei - ProPublica		
Lb Sub-Total		▶				
Total from continuation sheets to Part VII,						
Total (add lines 1b and 1c)		>	579,993	0		66,50
Total number of individuals (including but no of reportable compensation from the organiz		sted above) who rec	eived more than \$1	00,000		
					Yes	No
Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>		key employee, or hi	ighest compensated		3	No
For any individual listed on line 1a, is the sure organization and related organizations great individual	m of reportable con er than \$150,000?	npensation and othe If "Yes," complete S	r compensation fron chedule J for such			
					4 Yes	
Did any person listed on line 1a receive or a services rendered to the organization? If "Yes	·	•	-		5	No
Section B. Independent Contractors						
Complete this table for your five highest con from the organization. Report compensation	npensated independ for the calendar ve	dent contractors that	received more than	\$100,000 of compan's tax year.	ensation	
(A))	a. cag		(B)	(0	
Name and busing transfer of the Name and Busing transfer of th	ness address		Desc SERVICES	ription of services	Comper	nsation 244,57
09 POST OAK BLVD SUITE 2000			SERVICES			2 / 1/3/
09 POST OAK BLVD SUITE 2000 DUSTON, TX 77056						
Total number of independent contractors (inclu compensation from the organization > 1	ıding but not limited	d to those listed abo	ve) who received m	ore than \$100,000 o	of	
		Page 9				
rm 990 (2021)						
Part VIII Statement of Revenue						Page
Check if Schedule O contains a resp	oonse or note to an	/ line in this Part VIII				
check in seriedate of contains a resp	onse or note to un	(A)	(B)	(C)	(D	
		Total revenue	Related or exempt	Unrelated business	Rever excluded	
			function revenue	revenue	tax under 512 -	
Federated campaigns 1a			revenue		312	J17
ontributions, 180						
h Membership dues 1b						
therAmt						
RollyRedraising events 1c						
d Related organizations 1d						
e Government grants (contributions) 1e						
1,686,005						
f All other contributions, gifts, grants, and similar amounts not included above						
942,008						
g Noncash contributions included in lines 1a - 1f:\$						
h Total Add lines to 15	_					
h Total. Add lines 1a-1f	2,972,193				1	
	Business Code	4 020 E72	4 000 570			
2a ADMISSIONS	900099	4,028,573	4,028,573			
MEMBERSHIP DUES	900099	1,262,625	1,262,625			
EDUCATION PROGRAMS	900099	319,922	319,922			

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11/17/23, 10:19 AM

Page 1U

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (D) (B) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . **4** Benefits paid to or for members 606,990 488,973 105,795 12,222 Compensation of current officers, directors, trustees, and 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,704,067 2,983,888 645.595 74.584 **7** Other salaries and wages 1,812 Pension plan accruals and contributions (include section 89,968 72,475 15,681 401(k) and 403(b) employer contributions) . . **9** Other employee benefits . . . 352,967 284,340 61,520 7,107 365,017 295,975 61,628 7,414 10 Payroll taxes . . . 11 Fees for services (non-employees): a Management 1,035 868 151 16 **b** Legal . . . 20,170 30,690 53,000 2,140 c Accounting . **d** Lobbying . . . e Professional fundraising services. See Part IV, line 17 **f** Investment management fees . 440,691 g Other (If line 11g amount exceeds 10% of line 25, column 316,447 122,334 1.910 (A) amount, list line 11g expenses on Schedule O) **12** Advertising and promotion . 131,768 131.133 598 37 279,825 237,132 36,616 6,077 **13** Office expenses . 24,000 24,000 **14** Information technology 15 Royalties . 848,547 400,707 419,796 28,044 **16** Occupancy . 44,313 34,57 8,173 1,563 **17** Travel . Payments of travel or entertainment expenses for any federal, state, or local public officials 3,047 28 52 2,708 **19** Conferences, conventions, and meetings **20** Interest 71,714 25,100 39,443 7,171 **21** Payments to affiliates **22** Depreciation, depletion, and amortization . 2,579,358 2,498,453 80,90! 36,711 31,911 4.688 112 23 Insurance . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SUPPLIES 302,015 263,141 38,405 469 **b** DUES AND SUBSCRIPTIONS 144,552 114,151 25,895 4,506 c HOSPITALITY EXPENSE 17,707 19,511 25,843 63,061 d TOOLS AND EQUIPMENT 24,888 18,944 5.731 213 e All other expenses 57,396 55,754 1,476 166 25 Total functional expenses. Add lines 1 through 24e 10,224,930 8,318,554 1,724,918 181,458 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

CHECK HELE

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Form	990	(2021)	۱

Page 11

orn	1 990	(2021)					Page 1 1
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
		·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			13,730,043	1	17,336,701
	2	Savings and temporary cash investments .			87,410	2	155,284
	3	Pledges and grants receivable, net			244,366	3	201,924
	4	Accounts receivable, net			58,339	4	45,031
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			83,095	8	72,374
lss.	9	Prepaid expenses and deferred charges			114,285	9	40,839
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	60,854,856				
	b	Less: accumulated depreciation	10b	44,771,861	18,219,942	10c	16,082,995
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets		🗀		14	
	15	Other assets. See Part IV, line 11			55,344,792	15	47,060,567
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	87,882,272	16	80,995,715
	17	Accounts payable and accrued expenses			513,016	17	745,608
	18	Grants payable				18	
	19	Deferred revenue			708,338	19	889,417
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor, c	or 35% controlled entity		22	
ĭ	23	Secured mortgages and notes payable to unrela	ited thii	rd narties	1,915,228	23	
	24	Unsecured notes and loans payable to unrelated		· —	.,,==0	24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables			25	
	26	Total liabilities. Add lines 17 through 25 .			3,136,582	26	3,357,339
S		<u>_</u>					
100		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	теск по	ere 🕶 🐱 and			
la	27	Net assets without donor restrictions			32,976,051	27	34,127,530
ĕ	28	Net assets with donor restrictions			51,769,639	28	43,510,846
Net Assets or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.	•	heck here ▶ □ and			
0 0	29	Capital stock or trust principal, or current funds		_		29	
set	30	Paid-in or capital surplus, or land, building or ed				30	
ASS	31	Retained earnings, endowment, accumulated in	or other funds		31		
et	32	Total net assets or fund balances	•		84,745,690	32	77,638,376
Z	33	Total liabilities and net assets/fund balances .			87,882,272	33	80,995,715
							Form 990 (2021

Page 12

Form 990 (2021)

Page **12**

	Reconcilliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
	Tabel an array (much a real Dart)/III aslam (C) 15 - 400			_	222.27	
	Total revenue (must equal Part VIII, column (A), line 12)	1			,323,35	
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,224,930			
3	Revenue less expenses. Subtract line 2 from line 1	3	-901,58 84,745,69			
ļ -	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
5	Net unrealized gains (losses) on investments	5		-6	,163,29	
5	Donated services and use of facilities	6			-42,44	
7	Investment expenses	7				
3	Prior period adjustments	8				
)	Other changes in net assets or fund balances (explain in Schedule O)	9 10		77	C20.25	
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		//	,638,37	
-ai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	•	• •	Yes	No	
				165	NO	
Ĺ	Accounting method used to prepare the Form 990:					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,				
	Separate basis					
С	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired				
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Yes orm 99		
	990 (2021) ditional Data		Dotum	n to Ea	\	
	artional Data		ketur	n to Fo)TIN	
	Software ID:					
	Software Version:					
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	Special Condition Description					

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ObjectId: 202320449349300137 - Submission: 2023-02-13

TIN: 73-0682415

CHEDULE A Public Charity Status and Public Support

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

		he organization					Employer identific	ation number					
CIEN	NCE MUS	SEUM OKLAHOMA INC					73-0682415						
	rt I	Reason for Public					See instructions.						
_	organiz	ration is not a private four		•	•		(A)(:)						
1		A church, convention of	•				(A)(I).						
2		A school described in se			•								
3		A hospital or a cooperat	•	-			•						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:											
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit describ	oed in section					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .											
7	✓	An organization that no section 170(b)(1)(A)			s support from a	a governmental u	nit or from the genera	al public described in					
8		A community trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part	II.)							
9		An agricultural research non-land grant college of						ege or university or a					
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11		An organization organiz	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).						
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.											
С		Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its					
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and							
е		Check this box if the orgintegrated, or Type III r				IRS that it is a Ty	pe I, Type II, Type III	functionally					
f		the number of supported					<u> </u>						
g		de the following informat Name of supported	ion about the su	upported organization((iii) Type of		janization listed	(v) Amount of	(vi) Amount of					
		organization	(II) LIN	organization (described on lines 1- 10 above (see instructions))		ning document?		other support (see instructions)					
					Yes	No							
			1										
Tota	ıl												
or I	Paperv	work Reduction Act Notor or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2021					
				Pa	ge 2								
				ra	y								
che	dule A	(Form 990) 2021						Page 2					
Pa	rt II			zations Described ne box on line 5, 7,				L)(A)(vi)					
		If the organization		ify under the tests I									
Se	ection	A. Public Support											

Calendar vear

	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	2,154,926	1,525,929	2,285,579	2,307,782	2,972,193	11,246,409
_	include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	42,441	42,441	42,441	42,441	42,442	212,206
4	the organization without charge Total. Add lines 1 through 3	2,197,367	1,568,370	2,328,020	2,350,223	3,014,635	11,458,615
5	The portion of total contributions by	2,137,307	1,300,370	2,320,020	2,330,223	3,011,033	11,130,013
	each person (other than a						
	governmental unit or publicly						c 10 0=1
	supported organization) included on line 1 that exceeds 2% of the						640,971
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						10,817,644
_	from line 4.						
	Section B. Total Support	1	1	<u> </u>	1	<u> </u>	
	lendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,197,367	1,568,370	2,328,020	2,350,223	3,014,635	11,458,615
8	Gross income from interest,						
	dividends, payments received on	130,138	265,140	425,677	78,149	127,017	1,026,121
	securities loans, rents, royalties and income from similar sources			120,011			-//
9	Net income from unrelated business						
	activities, whether or not the	3,442					3,442
	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital	13,615	5,044	350		1,044	20,053
	assets (Explain in Part VI.).	13,013	3,044	330		1,044	20,033
11	Total support. Add lines 7 through						12,508,231
	10						
12	Gross receipts from related activities,	•	•			12	28,631,955
13	First 5 years. If the Form 990 is for t	he organization's	first, second, third	l, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					▶□	
9	Section C. Computation of Public	c Support Perc	centage				
14	Public support percentage for 2021 (lin	ne 6, column (f) d	livided by line 11,	column (f))		14	86.480 %
15	Public support percentage for 2020 Sc	hedule A, Part II,	line 14			15	81.670 %
	33 1/3% support test—2021. If the						
10.	and stop here. The organization quali						
	33 1/3% support test—2020. If the	organization did	not check a box o	n line 13 or 16a. a	and line 15 is 33 1/		
•	box and stop here. The organization						
17:	10%-facts-and-circumstances test	t— 2021. If the or	ganization did not	check a box on lir	ne 13. 16a. or 16b	. and line 14 is 10	
	and if the organization meets the "fact	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the orga	anization
	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a	publicly supported	organization		▶□
Ŀ							
	more, and if the organization meets t	he "facts-and-circ	cumstances" test, o	check this box and	l stop here. Expla	in in Part VI how	the organization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		🕨 🗆
18	Private foundation. If the organizati	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions						🕨 🗆
						Schedule A (Form 990) 2021
			Page 3				
			<u> </u>				
Sch	edule A (Form 990) 2021						Page 3
	Part III Support Schedule for						
	(Complete only if you						er Part II. If
	the organization fails	to qualify under	r the tests listed	below, please of	complete Part II.	.)	
	Section A. Public Support	1	T	1	_	1	
	lendar year r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1							
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an unrelated trade or business	е					
	under section 513						
4	Tax revenues levied for the						
	organization's hanafit and aither naid	1 1	•			•	1

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	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support		•		1				
	ndar year fiscal year beginning in) Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total	
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.								
с 11	Add lines 10a and 10b. Net income from unrelated business						+		
	activities not included on line 10b, whether or not the business is regularly carried on.								
12									
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						+		
	11, and 12.) First 5 years. If the Form 990 is for the	no organization's	first second this	d fourth or fifth	tax year as a secti	on E01(c)(2) ord	Inniza	tion ch	a o clk
14	this box and stop here	_			•				
Se	ection C. Computation of Public						• • •		
15	Public support percentage for 2021 (lin	ne 8, column (f) d	livided by line 13	, column (f))		15			
16	Public support percentage from 2020 S	-	-			16			
	ction D. Computation of Invest Investment income percentage for 202			ulino 12 column	(f))	1 1			
17 18	Investment income percentage for 202	-				17			
	33 1/3% support tests-2021. If the						ne 17	is not	
b	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the	stop here. The organization did	organization qua not check a box	lifies as a publicly on line 14 or line	supported organiz 19a, and line 16 is	ation more than 33 1/	l 3% ar	nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	licly supported org	anization)	▶ 🗌	
20	Private foundation. If the organization	on did not check a	a box on line 14,	19a, or 19b, chec	k this box and see				
						Schedule A (Form	990)	2021
			Page 4						
			rage 4						
Sche	dule A (Form 990) 2021								1
	t IV Supporting Organization	S						Р	age 4
1 611	(Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section	a box on line 12 c ctions A and C. If	you checked box						
Se	ction A. All Supporting Organiz								
						-		Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic and	upported organiza	ations are designa				1		
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).								
3а	Did the organization have a supported <i>3c below.</i>	organization desc	cribed in section	501(c)(4), (5), or	(6)? If "Yes," ansv	ver lines 3b and	2 3a		
b	Did the organization confirm that each the public support tests under section determination.						3b		
_	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "You " overlain in Part VI" what controls the organization put in place to convers such use					30			

	ti res, explain in Part vi what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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	4a 4b		
_	supervised by or in connection with its supported organizations.	טד		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	Эа		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
-	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2021
	David E			
	Page 5			
Sche	dule A (Form 990) 2021		F	Page 5
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	<u>VI.</u> ection B. Type I Supporting Organizations			l
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the officers, 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		
Se	ection 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			

11/17/	23, 10:19 AM Science Museum Oklahoma Inc - I	Full Filing-	Nonprofit Explorer - ProPubl	ica		
	each of the organization's supported organization(s)? If "No," describe in Part VI supporting organization was vested in the same persons that controlled or management of the same persons the same persons that controlled or management of the sa			1	+	
	· · · · · · · · · · · · · · · · · · ·	jeu trie sup	oporteu organization(s).			
Se	ction D. All Type III Supporting Organizations				T v	T
	Did the appropriation provide to each of the appropriate descriptions by the last de	6 11 6:	*!	/-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last datax year, (i) a written notice describing the type and amount of support provided					
	Form 990 that was most recently filed as of the date of notification, and (iii) copie documents in effect on the date of notification, to the extent not previously provided to the control of the date of notification.		rganization's governing			
				1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed organization(s) or (ii) serving on the governing body of a supported organization?					
	organization maintained a close and continuous working relationship with the sup			2	+-	
3	By reason of the relationship described in line 2 above, did the organization's sup	ported ora	anizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization	nization's	income or assets at all time	s		
	during the tax year? If "Yes," describe in Part VI the role the organization's supp	ortea orga	nizations piayed in this rega	ira. 3		
	ction E. Type III Functionally-Integrated Supporting Organizatio					
1	Check the box next to the method that the organization used to satisfy the Integr	ral Part Tes	t during the year (see inst	ructions):		
a						
b	The organization is the parent of each of its supported organizations. Com	plete line	3 below.			
С	The organization supported a governmental entity. Describe in Part VI ho	w you sup	ported a government entity	(see instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	_					
а	Did substantially all of the organization's activities during the tax year directly fur supported organization(s) to which the organization was responsive? <i>If "Yes," the</i>			ed		
	organizations and explain how these activities directly furthered their exempt	purposes,	how the organization was			
	responsive to those supported organizations, and how the organization determine substantially all of its activities.	ea tnat tne	se activities constituted	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the					
	of the organization's supported organization(s) would have been engaged in? If " the organization's position that its supported organization(s) would have engaged			ir		
	organization's involvement.	i iii tiitese t	ictivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of th	e officers,	directors, or trustees of eacl	h of 3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI.					
b	Did the organization exercise a substantial degree of direction over the policies, p supported organizations? If "Yes," describe in Part VI. the role played by the org					
	,			3b le A (Forr	n 000)	2021
			Schedu	10 A (1011	330)	2021
	Page 6 ——					
Sched	dule A (Form 990) 2021				F	Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			art VI). Se	<u> </u>	
	instructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea ional)	ır
1	Net short-term capital gain	1		(opt	onar)	
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 gros					
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea ional)	ır
1	Aggregate fair market value of all non-exempt-use assets (see instructions for sh					
_	tax year or assets held for part of year):	1				
	Average monthly value of securities	1a				
D	Average monthly cash balances	1b				
_	Fair market value of other non exempt use assets	1.0				
	Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c)	1c				

e Discount claimed for blockage or other factors

1				
Current Year				
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)				
chedule A (Form 990) 2021				
Page 7				

Schedule A (Form 990) 2021 Page **7**

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
 Carryover from 2016 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount]		

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c Remainder. Subtract lines 4a and 4b	from line 4.			
5 Remaining underdistributions for yea 2021, if any. Subtract lines 3g and 4 If the amount is greater than zero, 6 See instructions.	a from line 2.			
6 Remaining underdistributions for 202 lines 3h and 4b from line 1. If the a than zero, explain in Part VI . See in	mount is greater			
7 Excess distributions carryover to 3j and 4c.	2022. Add lines			
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				e A (Form 990) (2021)
Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 a	on. Provide the explanations red , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, nd 3; Part IV, Section E, lines 1 ; and Part V, Section E, lines 2,	. 11b, and 11c; Part IV, Section c, 2a, 2b, 3a and 3b; Part V, li	n B, lines 1 and 2; Part I ne 1; Part V, Section B,	IV, Section C, line 1; line 1e; Part V
	Facts And Ci	rcumstances Test		
Return Reference		Explanation		
			Schedu	le A (Form 990) 2021
Additional Data				2.1.2.5

Return to Form

Software ID: Software Version:

efile Public Visual Rende	or ObjectId: 20232044934930	0137 - Submission: 2023-02-13		TIN: 73-0682415			
Schedule B	Sche	edule of Contributors		OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service		ch to Form 990, 990-EZ, or 990-PF. rs.gov/Form990 for the latest information.		2021			
Name of the organization SCIENCE MUSEUM OKLAHO	OMA INC			dentification number			
Organization type (chec	k one):		73-0682415	·			
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number	er) organization					
	4947(a)(1) nonexempt	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 political organization	on					
Form 990-PF	☐ 501(c)(3) exempt privat	te foundation					
	4947(a)(1) nonexempt	charitable trust treated as a private foundation	on				
	☐ 501(c)(3) taxable privat	e foundation					
under sections 50 received from any	9(a)(1) and 170(b)(1)(A)(vi), that	filing Form 990 or 990-EZ that met the 33 ¹ /3 ⁹ checked Schedule A (Form 990 or 990-EZ), total contributions of the greater of (1) \$5,00 complete Parts I and II.	Part II, line 13,	16a, or 16b, and that			
during the year, to	tal contributions of more than \$1	(8), or (10) filing Form 990 or 990-EZ that re ,000 <i>exclusively</i> for religious, charitable, scie n or animals. Complete Parts I, II, and III.					
during the year, co If this box is check purpose. Don't co	ontributions exclusively for religion (ed, enter here the total contribut (mplete any of the parts unless th	(8), or (10) filing Form 990 or 990-EZ that resus, charitable, etc., purposes, but no such of clions that were received during the year for a e General Rule applies to this organization I 000 or more during the year	ontributions tota n <i>exclusively</i> re oecause it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>			
990-EZ, or 990-PF), but it	must answer "No" on Part IV, Iir	I Rule and/or the Special Rules doesn't file S ne 2, of its Form 990; or check the box on lin t meet the filing requirements of Schedule B	e H of its Form	rm 990, 990-EZ			
For Paperwork Reduction Actor Form 990, 990-EZ, or 990-		Cat. No. 30613X	Sc	hedule B (Form 990) (2021)			
		——— Page 2					
Schedule B (Form 990) (2	2021)		Page 2				
Name of organization	·		oloyer identific	ation number			

/3-0002413

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SCILINCE MUSEUM OREALIONA TINC	

Part I Contributo			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE	2		Person
		\$ RESTRICTED	Payroll
	,		Noncash (Complete Part II for noncash
(a)	(b)	(c)	contributions.)
No.		Total contributions	Type of contribution
-			Person
		\$	☐ Payroll ☐ Noncash
			(Complete Part II for noncash
(0)	(6)	(a)	contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
=		Φ.	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		Φ.	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3		
Schedule F	3 (Form 990) (2021)		Page 3
Name of org		Employer identification	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	73-0682415	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

-			<u> </u>	\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			=	\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			=	\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			=	\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			=	\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			=	\$_	
	B (Form 990) (2021)	Page 4		Employer idea	Page 4
	1931112811011 1USEUM OKLAHOMA INC			73-0682415	nuncation number
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See insubset Use duplicate copies of Part III if additional specific processes in the process of Part III if additional specific processes in the process of Part III if additional specific processes and processes in the processes are processed in the processes and processes are processes are processes and processes are processes and processes are processes are processes are processes and processes are processes are processes are processes are processes are processes and processes are proce	tributor. Complete columi e total of exclusively relig tructions.) ► \$	ns (a) through (e)	and the following	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descri	ption of how gift is held
- -		(e) Transfer	of aift		
-	Transferee's name, address, and			ip of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		gift	(d) Descri	ption of how gift is held
-					
-	Transferee's name, address, and	(e) Transfer		iip of transferor to	o transferee
(a) No from	(b) Purpose of gift	(c) Use of	aift	(d) Descri	intion of how gift is held

Part I	(w) i diposs oi giit		(a) add al gill	(4) 50001.6	ublica
			\ Transfer of wife		
_	Transferee's name, address, and	ZIP 4) Transfer of gift Relatio	nship of transferor to	transferee
(a) o. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Descrip	tion of how gift is held
=	Transferee's name, address, and	(e ZIP 4) Transfer of gift Relatio	nship of transferor to	transferee
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ObjectId: 202320449349300137 - Submission: 2023-02-13

TIN: 73-0682415

(Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection **Employer identification number** Name of the organization SCIENCE MUSEUM OKLAHOMA INC 73-0682415 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2h b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2d structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ No Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Cat. No. 52283D Schedule D (Form 990) 2021

1/17	7/23, 10	:19 AM		Science Muse	eum Oklahom	na Inc - F	ull Filing	- Nonprof	it Explorer -	ProPublic	а
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Sche	edule D	(Form 990) 2021									Page 2
Par	t III	Organizations Ma	aintaining Col	lections of Art	, Historica	l Treas	ures, o	r Other	Similar A	ssets (co	ontinued)
3		the organization's acq (check all that apply):		n, and other recor		of the f	ollowing	that are a	significant	use of its o	collection
а	\checkmark	Public exhibition			d (☐ Loa	n or exch	ange prog	grams		
b		Scholarly research			e	Oth	er EDUC	CATION			
С		Preservation for future	e generations								
4	Provid Part X	de a description of the KIII.	organization's col	lections and expla	in how they	further th	ne organi	zation's e	xempt purpo	ose in	
5		g the year, did the orga s to be sold to raise fur								☐ Yes	✓ No
Pa 1a	rt IV	Escrow and Cust Complete if the org line 21.	ganization answ	vered "Yes" on F				•			
		led on Form 990, Part								☐ Yes	□ No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the	following tal	ole:			•	mount	
С	Begin	ning balance						1c			
d	Additi	ions during the year .						1d			
е	Distri	butions during the year	r					1e			
f	Endin	g balance						1f			
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X, liı	ne 21, for eso	crow or c	custodial	account li	ability?	☐ Yes	□ No
b		s," explain the arrange			•				•	_	
Pa	rt V	Endowment Fun									
		Complete if the or	ganization answ						I		
12	Reginn	ing of year balance .		(a) Current year 51,437,85	(b) Prio	r year 2,192,571		years back 43,205,484	(d) Three ye	ars back (,192,308	e) Four years back 41,149,752
	_	outions		31,137,03	12	-,152,571		13,203,10	12	,132,300	11,113,732
		vestment earnings, gair	ns and losses	-6,163,29	92 11	,302,795		1,005,489	2	,989,758	3,009,604
		or scholarships	•								
	Other 6	expenditures for facilition		2,120,93	33 2	2,057,512		2,018,402	2 1	,976,582	1,967,048
f	Admini	strative expenses .									
		year balance		43,153,62	29 51	,437,854		42,192,571	43	,205,484	42,192,308
2 a		de the estimated perce I designated or quasi-e	-	ent year end balar	nce (line 1g,	column (a)) held a	as:			
b	Perma	anent endowment 🕨	43.360 %								
С	Term	endowment ► 56.6	640 %								
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%.							
3а		nere endowment funds nization by:	not in the posses	sion of the organi	zation that a	re held a	nd admir	nistered fo	or the		Yes No
	(i) Ur	nrelated organizations								3a(· · ·
	` '	elated organizations								3a(
b ⊿		s" on 3a(ii), are the relate in Part XIII the inte	-	•						31	•
4 Da					downnent run	us.					
rd	rt VI	Land, Buildings, Complete if the or			orm 990, P	art IV, I	ine 11a.	. See For	m 990, Pa	rt X, line	10.
	Descri	ption of property	(a) Cost or oth (investme	ner basis (b) C	ost or other ba				depreciation) Book value
1a	Land										
b	Buildin	gs			3	34,043,06	5		25,046,011		8,997,054
С	Leaseh	old improvements									
d	Equipm	nent				3,541,26	8		2,605,366		935,902

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.												
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value								
1a Land												
b Buildings		34,043,065	25,046,011	8,997,054								
c Leasehold improvements												
d Equipment		3,541,268	2,605,366	935,902								
e Other		23,270,523	17,120,484	6,150,039								
Total. Add lines 1a through 1e. (C	Column (d) must equal Form S	990, Part X, column (B), line	10(c).) ▶	16,082,995								

Schedule D (Form 990) 2021

11/17/23, 10:19 AM Science Museum Oklahoma Inc - Full Filing- Nonprofit Explorer - ProPublica Schedule D (Form 990) 2021 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) (including name of security) Book Cost or end-of-year market value value (1) Financial derivatives (2) Closely-held equity interests (3)Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) **Part IX** Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value (a) Description (1)BENEFICIAL INTEREST - OCCF 43,153,629 (2)COLLECTIONS 3,906,938 (2) (3) (4) (5) (6) (7) (8) (9) **Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.) 47,060,567

Other Liabilities. Part X

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

11/17/23, 10:19 AM	icience Museum Oklahoma Inc - Full Filing- Nonprofit Explorer - ProPublica								
(7									
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.			itil-	<u> </u>	that was the the				
Liability for uncertain tax positions. In Part XIII, provorganization's liability for uncertain tax positions under			-						
organization's hability for uncertain tax positions under	rin 46 (ASC 740). Check here	e II UIE	e text of the foothole has		le D (Form 990) 2021				
				Jeneuu	10 D (1 01 111 350) 2021				
	Page 4 ——								
Cahadula D. (Faura 000) 2021									
Schedule D (Form 990) 2021	P. 15. 110. 1		W		Page 4				
Part XI Reconciliation of Revenue per Au Complete if the organization answer				eturn.					
Total revenue, gains, and other support per audit	•			1	3,160,058				
Amounts included on line 1 but not on Form 990,	Part VIII, line 12:								
a Net unrealized gains (losses) on investments .		2a	-6,163,292						
${f b}$ Donated services and use of facilities		2b							
c Recoveries of prior year grants		2c							
d Other (Describe in Part XIII.)		2d							
e Add lines 2a through 2d				2e	-6,163,292				
Subtract line 2e from line 1				3	9,323,350				
Amounts included on Form 990, Part VIII, line 12		1	1						
a Investment expenses not included on Form 990,	•	4a							
b Other (Describe in Part XIII.)		4b							
c Add lines 4a and 4b	in Form 000 Port I line 12.)	•		4c 5	0 222 250				
Total revenue. Add lines 3 and 4c. (This must equal Part XII Reconciliation of Expenses per A					9,323,350				
Complete if the organization answer				Ketuiii	1				
Total expenses and losses per audited financial st	atements			1	10,267,372				
Amounts included on line 1 but not on Form 990,	Part IX, line 25:								
a Donated services and use of facilities		2a	42,442						
b Prior year adjustments		2b							
c Other losses		2c							
d Other (Describe in Part XIII.)		2d		_					
e Add lines 2a through 2d		•		2e	42,442				
Subtract line 2e from line 1		•		3	10,224,930				
 Amounts included on Form 990, Part IX, line 25, Investment expenses not included on Form 990, 	•	4a	1						
b Other (Describe in Part XIII.)	, and the second	4b							
c Add lines 4a and 4b		70		4c	0				
5 Total expenses. Add lines 3 and 4c. (This must en		.) .		5	10,224,930				
Part XIII Supplemental Information	722 3 330, raic 1, mic 10.	, •		_	10,227,550				
Provide the descriptions required for Part II, lines 3, 5 lines 2d and 4b; and Part XII, lines 2d and 4b. Also co				V, line 4	; Part X, line 2; Part XI,				
Return Reference	, , , , , , , , , , , , , , , , , , , ,	,	Explanation						
PART III, LINE 4:	SCIENCE MUSEUM OKLAHO) AMC	<u> </u>	ALITY CO	DLLECTION THAT RELATES				
- ,	DIRECTLY TO OUR ASSOCIA	ated i	MISŚION. THE COLLECTIO	N RANG	ES FROM BICYCLES, AVIAT				
	TRAINS, SPACE EXPLORATI CONSERVES, INTERPRETS,								
	HISTORY. THESE OBJECTS OBJECTS TO HIGHLIGHT SO	SUSTA	AIN EDUCATIONAL PROGR	AMS AND	D EXHIBITS. SMO USES TH				
	ADVANCES IN CONJUNCTION	IW NC	TH HANDS-ON EXHIBITS						
	ENVIRONMENTS FOR ALL V	/ISITO	RS.						

PART V, LINE 4:	THE ORGANIZATION'S ENDOWMENT FUND IS DESIGNATED TO BENEFIT THE MUSEUM'S EXHIBITS AND PROGRAMS, IMPROVE AND MAINTAIN MUSEUM FACILITIES, AND GENERAL OPERATIONS.
	Schedule D (Form 990) 2021
Additional Data	Return to Form
	Software ID:

Software Version:

TIN: 73-0682415

efile Public Visual Render ObjectId: 202320449349300137 - Submission: 2023-02-13

Schedule J (Form 990)		le J	Compensation	MB No.	1545-004/							
(1 011	. , , ,		For certain Officers, Directors, Trust Compensated		20	121						
Departr	nent of th	ne Treasury	► Complete if the organization answered		Open	to Public						
Internal	Revenue	e Service he organiza		ructic	ons and the lates	Employer i		Insp	ection			
		USEUM OKLA				73-0682415			ambei			
Pa	rt I	Questi	ons Regarding Compensation			•			I I			
1a			opiate box(es) if the organization provided any of the ection A, line 1a. Complete Part III to provide any rele						Yes No			
		Travel for Tax idemr	companions Pay infication and gross-up payments Hea	ments of the or								
b 2	reimb	oursement he organiza	xes on Line 1a are checked, did the organization follor or provision of all of the expenses described above? I ation require substantiation prior to reimbursing or all tes, officers, including the CEO/Executive Director, reg	f "No,' owing	" complete Part III expenses incurred	to explain by all		1b 2				
3	organ	nization's C	if any, of the following the filing organization used to EO/Executive Director. Check all that apply. Do not ch do organization to establish compensation of the CEO/	neck a	ny boxes for metho	ods						
		Independ	ent compensation consultant Con	npens	mployment contract ation survey or stu by the board or co		tee					
4	relate	ed organiza					ition or a	42	No			
a b								4a 4b	No No			
С	c Participate in, or receive payment from, an equity-based compensation ar If "Yes" to any of lines 4a-c, list the persons and provide the applicable ar				_		• •	4c	No			
5	For p	ersons liste), 501(c)(4), and 501(c)(29) organizations mused on Form 990, Part VII, Section A, line 1a, did the ontingent on the revenues of:		-	e any						
b	Any r If "Ye	elated orga es," on line	n?			 						
6	For po	ersons liste ensation c	ed on Form 990, Part VII, Section A, line 1a, did the o ontingent on the net earnings of:	rganiz	ation pay or accru	e any						
	Any r	elated orga	n?			6a 1						
7	For p	ersons liste	6a or 6b, describe in Part III. ed on Form 990, Part VII, Section A, line 1a, did the o escribed in lines 5 and 6? If "Yes," describe in Part III					7	No			
8	subje	ct to the ir	nts reported on Form 990, Part VII, paid or accured p nitial contract exception described in Regulations secti 	on 53.	.4958-4(a)(3)? If "	Yes," describe			N-			
9	If "Ye	s" on line 8	8, did the organization also follow the rebuttable pres	umptio	on procedure descr	ibed in Regulations	section	9	No			
For P	aperv	work Redu	action Act Notice, see the Instructions for Form	990.	Ca	t. No. 50053T S	chedule I	(Forn	n 990) 2021			
			Pag	e 2 -								
Sched	lule J ((Form 990)) 2021									Page 2
Par For e			s, Directors, Trustees, Key Employees, and ose compensation must be reported on Schedule J, re									
instru	ctions	, on row (ii	i). Do not list any individuals that are not listed on Fo imns (B)(i)-(iii) for each listed individual must equal t	rm 99	0, Part VII.	-			_			vidual.
			(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compen				(C) Retirement and other	(D) Nontaxable benefits		(F) Compensation in
					(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Oth reportal compensa	ble	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 SHE PRESI		ARSHALL		(i)	157,568	0	0		7,769	8,043	173,380	0
				(ii)	0	0	0	-	0	0	0	0
										_		

11/17/23, 10:19 A	λM			Scie	ence	Museum Okl	ahoma Inc - I	Full Filing- Nor	profit E	xplorer	- ProPublic	ca		
												Schodulo 1 /E	orm 990) 2021	
												Schedule 3 (F	oriii 990) 2021	
						I	Page 3 ———							
Schedule J (Form 990 Part III Supple	•	information											Page 3	
Provide the information	on, explana		ons required	for Part I, lines	1a, :	lb, 3, 4a, 4b, 4c, !		and 8, and for Part Explanation	t II. Also c	complete t	his part for an	y additional info	ormation.	
11000111110												Schedule J (F	orm 990) 2021	
Additional Da	ata											Ret	urn to Form	
			Soft	Software II ware Versio										
efile Public	Visual	Render				044934930	00137 - Su	ıbmission: 2	2023-	02-13		TIN: 73	3-0682415	
SCHEDUL													. 1545-0047	
(Form 990)	•							orm 990				20	021	
Department of the Tre			For	n 990 or 9	990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.							Open to Public		
Internal Revenue Serv			•	Go to ww	w.ir	s.gov/Form	990 for the	latest inform	nation.			Inspection		
Name of the org											82415	identification number		
Return							Explana	tion						
Reference														
FORM 990, PART VI, SECTION B, LINE 11B	FINAL	DRAFT SEI	NT VIA EI	MAIL TO FI	1AN	NCIAL BOAR	D MEMBER	S PRIOR TO S	SUBMIS	SSION I	FOR REVI	EW AND C	OMMENTS.	
FORM 990, PART VI, SECTION B, LINE 12C						DETAILS OF ACTIONS IN I		PARTY TRANS \$50,000.	SACTIC	NO N	AN ANNU	AL BASIS, A	AND	
FORM 990, PART VI, SECTION B, LINE 15A	BOAR	D FINANCE	COMMIT	TEE APPR	ROV	ES PRESIDE	ENT'S COMF	PENSATION.						
FORM 990, PART VI, SECTION C, LINE 19	PROV	IDED UPON	I WRITTE	N REQUE	ST	TO CHIEF FII	NANCIAL OF	FFICER.						
For Paperwork Redu	ction Act N	lotice, see the l	nstructions	or Form 990 o	r 990	-EZ.	Cat. N	No. 51056K				Schedule	O (Form 990) 2021	
Additiona	al Dat	:a										Return t	to Form	
						_								
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