

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CHICAGO ACADEMY OF SCIENCES		D Employer identification number 36-0895575
	Doing business as PEGGY NOTEBAERT NATURE MUSEUM		E Telephone number 773-755-5100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,491,475.
	2430 NORTH CANNON DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60614		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ERIN AMICO SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.NATUREMUSEUM.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1865 M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																																																											
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																											
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 54																																																										
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 54																																																										
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 117																																																										
	6 Total number of volunteers (estimate if necessary) 6 112																																																										
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.																																																										
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																																																										
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Part II Signature Block

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

Sign Here	<i>ERIN AMICO</i> Signature of officer	05/05/26 Date			
	ERIN AMICO, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Preparer's name JAMES G. QUAID	Preparer's signature JAMES G. QUAID	Date 04/20/26	Check if self-employed <input type="checkbox"/>	PTIN P00641738
	Firm's name CITRIN COOPERMAN ADVISORS LLC	Firm's EIN 87-2525370	Firm's address 455 N CITYFRONT PLAZA DR - SUITE 1600 CHICAGO, IL 60611		
Phone no. 312-670-7444					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF CAS/PNNM IS TO CREATE A POSITIVE RELATIONSHIP BETWEEN PEOPLE AND NATURE THROUGH COLLABORATIONS, EDUCATION, RESEARCH AND COLLECTIONS, EXHIBITS AND PUBLIC FORUMS THAT FOSTER URBAN CONNECTIONS TO OUR REGION'S NATURE AND 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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 1,260,898. including grants of \$) (Revenue \$ 47,007.) BIOLOGY/CONSERVATION/COLLECTIONS: BIOLOGY: IN AUGUST OF 2024, THE NATURE MUSEUM HIRED A NEW CURATOR OF TURTLE CONSERVATION, DR. CALLIE KLATT GOLBA. DR. GOLBA'S WORK ELEVATES THE ACADEMY'S ROLE IN BLANDING'S TURTLE CONSERVATION FROM THAT OF A CONSERVATION PARTNER IN HEAD-STARTING, TO A LEADER IN ORIGINAL RESEARCH, GUIDING MANAGEMENT EFFORTS THROUGHOUT THE SPECIES RANGE.

THROUGHOUT FISCAL YEAR 2025, THE NATURE MUSEUM'S COLLECTIONS, LIVING COLLECTIONS, AND BIOLOGY TEAMS GAVE 26 PRESENTATIONS, SUBMITTED FOR PUBLICATION 7 TIMES, AND ACCEPTED FOR PUBLICATION/PUBLISHED 6 TIMES. OUR BIOLOGY AND COLLECTIONS TEAMS WERE FEATURED IN 21 DIFFERENT MEDIA

4b (Code:) (Expenses \$ 1,384,505. including grants of \$) (Revenue \$ 611,309.) EDUCATION: EDUCATIONAL PROGRAMS ARE AT THE HEART OF THE NATURE MUSEUM'S EFFORTS TO FULFILL ITS MISSION. WITH RESEARCH AND STUDY AT THE CORE OF THE INSTITUTION'S FOUNDING, NATURE MUSEUM EDUCATORS PROVIDE MORE HANDS-ON CONTACT HOURS WITH STUDENTS AND TEACHERS THAN ANY OTHER MUSEUM IN THE CITY: MORE THAN 78,000 HOURS EACH YEAR, WITH TEN FULL-TIME SCHOOL PROGRAM STAFF MEMBERS WHO TEACH A COMBINED TOTAL OF MORE THAN 38,000 STUDENTS AND 1,200 TEACHERS FROM SCHOOLS THROUGHOUT CHICAGO, MOST OF WHICH SERVE HIGH PERCENTAGES OF LOW-INCOME STUDENTS PRIMARILY FROM CHICAGO PUBLIC SCHOOLS. STUDENTS LEARN ABOUT THE NATURAL ENVIRONMENT AND HOW IT DIRECTLY IMPACTS THEIR LIVES. THESE HANDS-ON SCHOOL PROGRAMS ARE ALIGNED WITH THE NEXT GENERATION SCIENCE STANDARDS (NGSS), AND

4c (Code:) (Expenses \$ 2,700,586. including grants of \$) (Revenue \$ 418,241.) EXHIBITS AND GUEST EXPERIENCE & ENGAGEMENT: THE NATURE MUSEUM FEATURED SEVERAL EXCITING EXHIBITS DURING FISCAL YEAR 2025.

IN NATURE CAT: BACKYARD AND BEYOND, KIDS STEPPED INTO ADVENTURE WITH FRED, AN ORDINARY HOUSE CAT WHO ONCE IMAGINED HIMSELF AS THE FEARLESS NATURE CAT, READY TO EXPLORE THE GREAT OUTDOORS. ALONGSIDE HIS QUIRKY CREW, HAL THE FUN-LOVING DOG, SQUEEKS THE CLEVER MOUSE, AND DAISY THE CURIOUS BUNNY-YOUNG, EXPLORERS JOURNEYED THROUGH A SERIES OF NATURE-INSPIRED EXPERIENCES. THEY CRAWLED THROUGH TUNNELS, WANDERED THROUGH A SHADOWY CAVE, SPLASHED DOWN A PRETEND WATERSLIDE, AND DISCOVERED THE SECRETS OF MARSHES AND FORESTS. WHETHER PLANTING FLOWERS

4d Other program services (Describe on Schedule O.) (Expenses \$ 653,385. including grants of \$) (Revenue \$ 774,681.)

4e Total program service expenses 5,999,374.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 54; 1b Enter the number of voting members included on line 1a... 54; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 773-755-5100
2430 NORTH CANNON DRIVE, CHICAGO, IL 60614

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIN AMICO PRESIDENT & CEO	40.00			X			262,500.	0.	549.	
(2) SARA PERSKY VP OF MARKETING & RETAIL STRATEGY	40.00				X		171,624.	0.	549.	
(3) MIRANDA KERR HEAD OF LEARNING INNOVATION	40.00				X		133,404.	0.	515.	
(4) CHADWIN COKER VP OF FINANCE & ADMINISTRATION	40.00			X			130,119.	0.	5,703.	
(5) DANIEL MOSS VP OF ADVANCEMENT	40.00				X		125,464.	0.	5,677.	
(6) ALVARO RAMOS VP OF MUSEUM EXPERIENCE	40.00				X		115,118.	0.	5,686.	
(7) RUSMIR ZEC CHIEF OPERATING OFFICER (TERM)	40.00			X			21,245.	0.	413.	
(8) ROBERT FRENTZEL CHAIR	5.00	X		X			0.	0.	0.	
(9) MICHELLE HAWVER VICE CHAIR	5.00	X		X			0.	0.	0.	
(10) STACIE SELINGER VICE CHAIR	5.00	X		X			0.	0.	0.	
(11) ERIN OHLMS TREASURER	5.00	X		X			0.	0.	0.	
(12) LISA BROWN TRIBBETT SECRETARY	5.00	X		X			0.	0.	0.	
(13) DANA ARNETT TRUSTEE	1.00	X					0.	0.	0.	
(14) JENNIE HUANG BENNETT TRUSTEE	0.50	X					0.	0.	0.	
(15) NADALIE BOSSE TRUSTEE	1.00	X					0.	0.	0.	
(16) DR. JOEL S. BROWN TRUSTEE	2.00	X					0.	0.	0.	
(17) LESLIE HENNER BURNS TRUSTEE	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREGORY C. CASE TRUSTEE	1.00	X						0.	0.	0.
(19) FRANK M. CLARK LIFE TRUSTEE	0.50	X						0.	0.	0.
(20) LESLIE A. COOLIDGE TRUSTEE	1.00	X						0.	0.	0.
(21) THOMAS COX LIFE TRUSTEE	0.50	X						0.	0.	0.
(22) TASHA R. G. CRUZAT TRUSTEE	1.00	X						0.	0.	0.
(23) PEGGY MATHY DIAMOND TRUSTEE	1.00	X						0.	0.	0.
(24) JOSEPH V. DOLAN TRUSTEE	1.00	X						0.	0.	0.
(25) CHARLES DOUGLAS, JR. TRUSTEE	1.00	X						0.	0.	0.
(26) JOHN EDELMAN TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								959,474.	0.	19,092.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								959,474.	0.	19,092.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEAL GERBER & EISENBERG LLP 28987 NETWORK PL, CHICAGO, IL 60673-1289	LEGAL SERVICES	107,168.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) TERESA GEORGE TRUSTEE	2.00	X						0.	0.	0.
(28) JOHN GROTHAUS TRUSTEE	1.00	X						0.	0.	0.
(29) DAVID P. HACKETT TRUSTEE	2.00	X						0.	0.	0.
(30) WILLIAM C. JACKSON TRUSTEE	1.00	X						0.	0.	0.
(31) TANYA JAEGER DE FORAS TRUSTEE	1.00	X						0.	0.	0.
(32) TODD JENSEN TRUSTEE	1.00	X						0.	0.	0.
(33) KAIDI JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(34) ROCK KHANNA TRUSTEE	1.00	X						0.	0.	0.
(35) NICOLE LACY TRUSTEE	2.00	X						0.	0.	0.
(36) BENJAMIN F. LENHARDT, JR. LIFE TRUSTEE	0.50	X						0.	0.	0.
(37) SAMANTHA LERNER TRUSTEE	1.00	X						0.	0.	0.
(38) DENISE LINTZ TRUSTEE	1.00	X						0.	0.	0.
(39) AMY LUCAS TRUSTEE	1.00	X						0.	0.	0.
(40) MEREDITH MENDES TRUSTEE	1.00	X						0.	0.	0.
(41) DR. JAMES A. MONTGOMERY TRUSTEE	1.00	X						0.	0.	0.
(42) GAIL MOSS TRUSTEE	1.00	X						0.	0.	0.
(43) SHEILA MULLIGAN TRUSTEE	1.00	X						0.	0.	0.
(44) JAMES C. MURRAY TRUSTEE	1.00	X						0.	0.	0.
(45) PEGGY NOTEBAERT TRUSTEE	5.00	X						0.	0.	0.
(46) CATHY OSBORN LIFE TRUSTEE	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,552,536.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,769,218.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,417,189.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 596,086.				
	h Total. Add lines 1a-1f		4,738,943.				
Program Service Revenue	2 a CONTRACTS AND PROGRAM FEES	Business Code					
		611710	731,193.	731,193.			
	b ADMISSIONS	900099	516,977.	516,977.			
	c MEMBERSHIPS	900099	257,704.	257,704.			
	d PRIVATE EVENTS	900099	197,859.	197,859.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,703,733.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		194,274.			194,274.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	534,421.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	482,902.				
	c Gain or (loss)	7c	51,519.				
	d Net gain or (loss)		51,519.			51,519.	
8 a Gross income from fundraising events (not including \$ 1,552,536. of contributions reported on line 1c). See Part IV, line 18	8a		93,600.				
			478,784.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-385,184.		-385,184.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		217,823.				
			78,999.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			138,824.	138,824.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue	900099	8,681.	8,681.			
	e Total. Add lines 11a-11d		8,681.				
12 Total revenue. See instructions		6,450,790.	1,851,238.	0.	-139,391.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	394,138.		315,310.	78,828.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,325,996.	2,635,838.	432,285.	257,873.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	227,617.	165,996.	41,750.	19,871.
10 Payroll taxes	267,164.	189,614.	53,419.	24,131.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,789.		12,789.	
c Accounting	65,560.		65,560.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	983,264.	742,852.	212,271.	28,141.
12 Advertising and promotion	46,296.	30,558.	14,580.	1,158.
13 Office expenses	334,757.	227,773.	79,082.	27,902.
14 Information technology	27,545.	18,742.	6,507.	2,296.
15 Royalties				
16 Occupancy	229,020.	214,193.	11,861.	2,966.
17 Travel	4,653.	3,166.	1,099.	388.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	29,839.	20,303.	7,049.	2,487.
20 Interest	183,793.	176,013.	7,366.	414.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,078,247.	1,032,602.	43,215.	2,430.
23 Insurance	95,203.	64,778.	22,490.	7,935.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EXHIBITS	219,299.	219,299.		
b SUPPLIES	197,872.	190,206.	6,824.	842.
c LIVESTOCK	67,441.	67,441.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,790,493.	5,999,374.	1,333,457.	457,662.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	4,930,799.	2	4,731,587.
	3 Pledges and grants receivable, net	420,816.	3	208,412.
	4 Accounts receivable, net	1,409,053.	4	1,403,230.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	61,858.	8	69,647.
	9 Prepaid expenses and deferred charges	90,365.	9	73,500.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,823,794.		
	b Less: accumulated depreciation	10b 23,326,953.	13,561,985.	10c 12,496,841.
	11 Investments - publicly traded securities	1,072,441.	11	1,163,110.
	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	1,522,198.	15	1,518,325.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,069,515.	16	21,664,652.	
Liabilities	17 Accounts payable and accrued expenses	460,408.	17	423,839.
	18 Grants payable		18	
	19 Deferred revenue	417,876.	19	608,021.
	20 Tax-exempt bond liabilities	3,264,476.	20	2,997,322.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	317,520.	25	231,125.
	26 Total liabilities. Add lines 17 through 25	4,460,280.	26	4,260,307.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,102,075.	27	14,035,742.
	28 Net assets with donor restrictions	3,507,160.	28	3,368,603.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,609,235.	32	17,404,345.
	33 Total liabilities and net assets/fund balances	23,069,515.	33	21,664,652.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,450,790.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,790,493.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,339,703.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,609,235.
5	Net unrealized gains (losses) on investments	5	44,330.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	90,483.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,404,345.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4639376.	7571324.	4765096.	4009399.	3031430.	24016625.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	2074620.	2155908.	2153800.	1834496.	1707513.	9926337.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6713996.	9727232.	6918896.	5843895.	4738943.	33942962.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5267796.
6 Public support. Subtract line 5 from line 4.						28675166.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6713996.	9727232.	6918896.	5843895.	4738943.	33942962.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,662.	57,706.	81,452.	126,283.	194,274.	523,377.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,162.	45,842.		947.	8,681.	67,632.
11 Total support. Add lines 7 through 10						34533971.
12 Gross receipts from related activities, etc. (see instructions)					12	7,013,426.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	83.03	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	83.28	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - <i>provide details in Part VI</i>)	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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

THE CHICAGO ACADEMY OF SCIENCES

Employer identification number

36-0895575

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization THE CHICAGO ACADEMY OF SCIENCES	Employer identification number 36-0895575
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,707,513.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>560,331.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CHICAGO ACADEMY OF SCIENCES	Employer identification number 36-0895575
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES - PUBLICLY TRADED _____ _____ _____	\$ 504,506.	02/18/25
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE CHICAGO ACADEMY OF SCIENCES	Employer identification number 36-0895575
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **THE CHICAGO ACADEMY OF SCIENCES** Employer identification number **36-0895575**

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under 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.

b 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.

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,072,441.	1,000,152.	566,349.	684,478.	582,898.
b Contributions			412,800.		
c Net investment earnings, gains, and losses	126,847.	102,779.	46,097.	-92,692.	125,871.
d Grants or scholarships					
e Other expenditures for facilities and programs	36,178.	30,490.	25,094.	25,437.	24,291.
f Administrative expenses					
g End of year balance	1,163,110.	1,072,441.	1,000,152.	566,349.	684,478.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 100 %
 - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		900,000.		900,000.
b Buildings		17,136,970.	11,184,918.	5,952,052.
c Leasehold improvements		3,860,566.	2,341,580.	1,518,986.
d Equipment		1,438,077.	1,118,723.	319,354.
e Other		12,488,181.	8,681,732.	3,806,449.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,496,841.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,306,904.
(2) OPERATING LEASE RIGHT-OF-USE ASSET	162,287.
(3) FINANCE LEASE RIGHT-OF-USE ASSET	49,134.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,518,325.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE LIABILITY	61,675.
(3) OPERATING LEASE LIABILITY	169,450.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	231,125.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,773,272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	44,330.	
	b Donated services and use of facilities	2b	63,833.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	90,483.	
	e Add lines 2a through 2d	2e		198,646.
3	Subtract line 2e from line 1		3	6,574,626.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	-123,836.	
	c Add lines 4a and 4b	4c		-123,836.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,450,790.

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

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

1	Total expenses and losses per audited financial statements		1	7,978,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	63,833.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	123,836.	
	e Add lines 2a through 2d	2e		187,669.
3	Subtract line 2e from line 1		3	7,790,493.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,790,493.

Part XIII Supplemental Information

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

PART III, LINE 1A:

CAS/PNNM HOLDS A COLLECTION OF NATURAL HISTORY ITEMS FOR EDUCATION, RESEARCH AND PUBLIC EXHIBITION. CAS/PNNM'S COLLECTIONS ARE NOT RECOGNIZED OR CAPITALIZED.

PART III, LINE 4:

CAS/PNNM'S COLLECTIONS AND ARCHIVES PROVIDE BASELINE DATA FOR SCIENTIFIC UNDERSTANDING OF NATURE IN THE MIDWEST. THE COLLECTIONS CONSIST OF NATURAL HISTORY SPECIMENS, HISTORIC ARTIFACTS, ARTWORK, PHOTOGRAPHS, AND PAPER ARCHIVES. THESE MATERIALS ARE USED FOR SCHOLARLY RESEARCH, EXHIBITION, AND EDUCATIONAL PROGRAMS, AND ARE LOANED TO SIMILAR INSTITUTIONS FOR THESE ACTIVITIES. CAS/PNNM HOLDS THE COLLECTIONS IN THE PUBLIC TRUST AND PRESERVES THESE MATERIALS FOR FUTURE GENERATIONS.

PART V, LINE 4:

THE GOAL OF THE ENDOWMENT IS TO EXIST IN PERPETUITY, AND SUPPORT CAS/PNNM'S MISSION BY SUPPORTING ANNUAL PROGRAM FUNDING AND OPERATIONS. TO ATTAIN THIS GOAL, THE OVERRIDING OBJECTIVE OF THE ENDOWMENT IS TO PRESERVE AND ENHANCE THE PURCHASING POWER OF ITS ASSETS WITH A FOCUS ON TOTAL RETURN.

PART X, LINE 2:

CAS/PNNM, AN ILLINOIS NONPROFIT CORPORATION, IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND APPLICABLE STATE LAW, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS

Part XIII Supplemental Information (continued)

INCOME, IF ANY. IN ADDITION, CAS/PNNM QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE CODE. MANAGEMENT HAS DETERMINED THAT CAS/PNNM WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2025.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 90,483.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES -123,836.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES 123,836.

Multiple horizontal lines for additional entries.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BUTTERFLY BALL		NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,646,136.		0	1,646,136.
	2	Less: Contributions	1,552,536.			1,552,536.
	3	Gross income (line 1 minus line 2)	93,600.			93,600.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	354,948.			354,948.
	8	Entertainment				
	9	Other direct expenses	123,836.			123,836.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				478,784.
11	Net income summary. Subtract line 10 from line 3, column (d)				-385,184.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

THE CHICAGO ACADEMY OF SCIENCES

Employer identification number

36-0895575

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIN AMICO PRESIDENT & CEO	(i)	250,000.	12,500.	0.	0.	549.	263,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARA PERSKY VP OF MARKETING & RETAIL STRATEGY	(i)	165,624.	6,000.	0.	0.	549.	172,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

BONUSES ARE AWARDED AT THE DISCRETION OF THE BOARD AND LEADERSHIP, BASED ON THE ORGANIZATION'S OVERALL FINANCIAL HEALTH, ACHIEVEMENT OF STRATEGIC GOALS, AND INDIVIDUAL PERFORMANCE METRICS.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE CHICAGO ACADEMY OF SCIENCES** Employer identification number **36-0895575**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
ILLINOIS FINANCE A AUTHORITY	86-1091967	NONEAVAIL	09/06/18	5,519,750.	SEE PART VI OF SCHEDULE K		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	2,413,000.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	5,519,750.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds										
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds	5,519,750.									
12 Other unspent proceeds										
13 Year of substantial completion	1999									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, COLUMN F:
TO REFUND AND RE-ISSUE ILLINOIS DEVELOPMENT FINANCE AUTHORITY REVENUE BONDS (THE CHICAGO ACADEMY OF SCIENCES PROJECT), SERIES 2013 ISSUED ON JANUARY 28, 2013. PROCEEDS FROM THE ILLINOIS DEVELOPMENT FINANCE AUTHORITY REVENUE BONDS (THE CHICAGO ACADEMY OF SCIENCES PROJECT), SERIES 2013 ISSUED ON JANUARY 28, 2013 WERE USED TO REFUND THE THEN OUTSTANDING ILLINOIS DEVELOPMENT FINANCE AUTHORITY ADJUSTABLE DEMAND REVNEUE BONDS, SERIES 1998 (THE CHICAGO ACADEMY OF SCIENCES PROJECT) AND TO PAY THE COSTS OF ISSUING THE ILLINOIS DEVELOPMENT FINANCE AUTHORITY REVENUE BONDS (THE CHICAGO ACADEMY OF SCIENCES PROJECT), SERIES 2013.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHICAGO ACADEMY OF SCIENCES

Employer identification number

36-0895575

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	592,915.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>SUPPLIES</u>)	X	2	3,171.	FAIR MARKET VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE CHICAGO ACADEMY OF SCIENCES

Employer identification number

36-0895575

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

THE MISSION OF CAS/PNNM IS TO CREATE A POSITIVE RELATIONSHIP BETWEEN PEOPLE AND NATURE THROUGH COLLABORATIONS, EDUCATION, RESEARCH AND COLLECTIONS, EXHIBITS AND PUBLIC FORUMS THAT FOSTER URBAN CONNECTIONS TO OUR REGION'S NATURE AND SCIENCE.

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

SEGMENTS THROUGHOUT FISCAL YEAR 2025.

THE NATURE MUSEUM IS CURRENTLY IN THE MIDDLE OF A GRANT FUNDED PROJECT FROM THE MORRIS ANIMAL FOUNDATION TO RESEARCH SMOOTH GREENSNAKE HEALTH, TRACKING SNAKE FUNGAL DISEASE AND HEAVY METAL BIOACCUMULATION.

IN LATE 2021, SHELL FUNGAL DISEASE, AN EMERGING DISEASE THAT CAUSES LESIONS IN THE SHELLS OF TURTLES, WAS DETECTED IN HEADSTART TURTLES ACROSS MULTIPLE COUNTIES IN ILLINOIS. THE NATURE MUSEUM TOOK PART IN A CLINICAL TRIAL TO TEST EFFECTIVENESS OF A TREATMENT WITH 14 BLANDING'S TURTLE HEADSTARTS THAT HAVE TESTED POSITIVE FOR THE FUNGUS. THIS 18-MONTH TRIAL WAS JUST COMPLETED. THE NATURE MUSEUM IS NOW IN THE PROCESS OF WORKING TOWARDS MAKING OUR BLANDING'S LAB A NEGATIVE (FUNGUS FREE) SPACE SO THAT WE CAN EVENTUALLY RESUME OUR HEADSTART PROGRAM.

CHICAGO CONSERVATION CORPS (C3):

THE CHICAGO CONSERVATION CORPS (C3) COLLABORATES WITH PARTNERS ACROSS THE CITY TO INSPIRE AND FUND LASTING CHANGE THROUGH GRASSROOTS COMMUNITY ORGANIZATION AND CLIMATE ORGANIZATION. C3 ACTS AS A FORCE MULTIPLIER FOR COMMUNITIES AND INDIVIDUALS WHO WANT TO MAKE A DIFFERENCE. BY TRAINING COMMUNITY MEMBERS TO LAUNCH THEIR OWN SUSTAINABILITY PROJECTS, WE ENSURE THAT OUR PROJECTS HAVE THE GRASSROOTS SUPPORT THEY NEED TO BE SUCCESSFUL.

WE EDUCATE OUR MEMBERS WITH THE SUPPORT OF ESTABLISHED ORGANIZATIONS ALREADY DOING SUSTAINABILITY WORK THROUGH OUR C3 EXPERT PARTNERSHIPS. THESE PARTNERSHIPS ALLOW OUR LEADERS TO GAIN HANDS-ON EXPERIENCE DURING THEIR TRAINING. WE EMPOWER OUR MEMBERS TO TAKE ACTION TO CREATE DATA-DRIVEN SOLUTIONS WITH THEIR COMMUNITIES AND BUILD HOPE FOR A SUSTAINABLE FUTURE. WE FUND UNLIMITED SUSTAINABILITY PROJECTS FROM OUR LEADERS. C3 LEADERS BECOME SUSTAINABILITY CHAMPIONS IN THEIR COMMUNITIES, AND C3 REMOVES BARRIERS TO ACTION BY PROVIDING FUNDS AND INDIVIDUALIZED MUSEUM STAFF SUPPORT FOR EVERY PROJECT.

THIS YEAR, THANKS TO A GENEROUS DONOR, THE NATURE MUSEUM C3 TEAM LAUNCHED A BRAND-NEW SECTION OF THE PROGRAM DEDICATED TO FOOD SUSTAINABILITY. HISTORICALLY, C3 PROJECTS COMPLETED BY LEADERS HAVE BEEN FOCUSED ON WASTE, WATER, ENERGY, CONNECTING PEOPLE TO NATURE, GREEN SPACE, AND WILDLIFE CONSERVATION, WITH THE OCCASIONAL PROJECT DEDICATED TO FOOD IN THE FORM OF COMPOST PROJECTS. THIS NEW FOOD SUSTAINABILITY FOCUSED CURRICULUM EXAMINED CRITICAL ISSUES LIKE FOOD ACCESS, SUSTAINABLE AGRICULTURE, AND HOW TO LOWER THE GREENHOUSE GAS EMISSIONS ASSOCIATED WITH OUR FOOD. THROUGHOUT THIS 8-WEEK COURSE, LEADERS ALSO EXPLORED HOW THEY CAN SUPPORT CHICAGO'S GROWING URBAN AGRICULTURE AND FOOD RESCUE INITIATIVES.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization THE CHICAGO ACADEMY OF SCIENCES	Employer identification number 36-0895575
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COLLECTIONS:

THE COLLECTIONS TEAM COMPLETED AN INSTITUTE OF MUSEUMS AND LIBRARY SCIENCES GRANT TO CATALOGUE AND DIGITIZE THE INSTITUTION'S BOTANY COLLECTION. OUR TEAM PROCESSED 6,282 SPECIMENS FROM THE HERBARIUM BACKLOG, LARGELY COLLECTED IN THE MID-1800S. THIS PROJECT CULMINATED IN 14,678 CATALOGUE RECORDS REPRESENTING 30,596 SCIENTIFIC HERBARIUM SPECIMENS AVAILABLE ONLINE IN ARCTOS. USING THIS REVITALIZED BOTANY COLLECTION, THE COLLECTIONS TEAM CREATED TWO NEW ONLINE EXHIBITS IN GOOGLE ARTS & CULTURE: "THE BOTANICAL TIME CAPSULE" AND "THE PEOPLE AND PLACES IN COLLECTIONS."

OVER THE LAST YEAR, THE COLLECTIONS TEAM WAS ALSO HARD AT WORK DIGITIZING 279 ORIGINAL MOTION PICTURE FILMS THANKS TO A GRANT RECEIVED FROM THE COUNCIL ON LIBRARY AND INFORMATION RESOURCES THAT ARE AVAILABLE ONLINE THROUGH THE INTERNET ARCHIVE AND ARCTOS PORTALS, AS WELL AS THE NATURE MUSEUM'S YOUTUBE CHANNEL.

ADDITIONALLY, THE COLLECTIONS TEAM RECEIVED MATERIALS FROM THE DIVISION OF BIRDS AT THE NATIONAL MUSEUM OF NATURAL HISTORY, SMITHSONIAN TO ADD TO THE NATURE MUSEUM'S ESTABLISHED REUBEN M. STRONG MANUSCRIPT COLLECTION. STRONG WAS A LOCAL ORNITHOLOGIST WHO HELPED ESTABLISH THE CHICAGO ORNITHOLOGICAL SOCIETY. ONCE THESE NEWLY RECEIVED PAPERS ARE PROCESSED, THEY WILL BE OPEN FOR RESEARCH.

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

FEATURE THE NATURE MUSEUM'S UNIQUE RESOURCES: FROM LIVE ANIMALS TO OUR VAST PRESERVED SCIENTIFIC COLLECTION.

IN PARTNERSHIP WITH DEPAUL UNIVERSITY'S USER EXPERIENCE DESIGN CAPSTONE CLASS OF 2025, THE NATURE MUSEUM'S SUSTAINABILITY CENTER UNDERWENT AN INCREDIBLE DIGITAL TRANSFORMATION. OVER THE COURSE OF 13 WEEKS, THE STUDENTS WORKED TOGETHER TO DEVELOP THESE GAMES, RECEIVING FEEDBACK FROM MUSEUM STAFF THROUGHOUT THE ENTIRE PROCESS. THE RESULT OF THEIR EFFORTS WERE COMPLETELY REDESIGNED SCREENS FOR EACH OF THE 5 DIGITAL COMPONENTS IN THE EXHIBIT: WATER, ECONOMY & CULTURE, ENERGY, FOOD, AND THE LIBRARY. THE FINISHED SCREENS MAKE THE CONTENT MORE ACCESSIBLE AND ENGAGING FOR ALL AUDIENCES, WHILE STILL EDUCATING OUR VISITORS ON THE IMPORTANCE OF CONSERVATION IN EACH PILLAR.

EDUCATION PROGRAMS AND CURRICULUM GREW AND EXPANDED OVER THE PAST YEAR. WE PILOTED NEW DAY-OFF CAMPS AND A PROGRAM SPECIALLY FOR TWEENS (AGES 10-14 YEARS OLD). SUMMER CAMP ADDED ANOTHER GROUP OF STUDENTS TO EACH SESSION, BRINGING THE JOY OF A SUMMER CONNECTING WITH NATURE TO MORE KIDS, AS WELL AS INCREASING REVENUE OPPORTUNITIES. EDUCATION STAFF CREATED 3 NEW SCIENCE ON THE GO CURRICULUM, GROUNDED IN NEXT GENERATION SCIENCE STANDARDS, TO BRING TO TEACHERS AND CLASSROOMS NEXT SCHOOL YEAR, BUILDING ON OUR 30-YEAR SCIENCE ON THE GO TRADITION. WE PARTNERED WITH THE LAWNDALE POP-UP MUSEUM TO BRING NATURE CONNECTIONS TO THEIR FRIDAY EVENING COMMUNITY EVENTS, AND THE RESULTING NATURE-INSPIRED, COMMUNITY-CREATED ART WORK WILL BE SHOWCASED AT THE MUSEUM IN THE FALL.

THROUGH OUR SCHOOL PARTNERSHIP PROGRAMS, NATURE MUSEUM EDUCATORS ARE ABLE TO REACH STUDENTS FROM ACROSS THE CITY AND PROVIDE THEM WITH HIGH QUALITY, EDUCATIONAL LESSONS THAT ARE CENTERED AROUND OUR MISSION TO

Name of the organization	Employer identification number
THE CHICAGO ACADEMY OF SCIENCES	36-0895575

HELP CREATE CONNECTIONS TO NATURE. SCIENCE ON THE GO, A TEACHER PROFESSIONAL DEVELOPMENT PROGRAM, SERVED 153 CLASSROOMS IN THE 2024-2025 SCHOOL YEAR. THIS MEANT THAT APPROXIMATELY 5,000 STUDENTS AND 153 TEACHERS RECEIVED A SCIENCE AND NATURE BASED EDUCATIONAL PROGRAM THAT WAS DESIGNED TO HELP DEEPEN THEIR CONNECTION WITH THE ENVIRONMENT, AND, FOR TEACHERS, STRENGTHEN THEIR CONFIDENCE AND COMFORTABILITY WITH TEACHING SCIENCE SUBJECTS.

THROUGH IN- AND OUT-OF-SCHOOL TIME OPPORTUNITIES THROUGHOUT CHICAGO, MUSEUM EDUCATORS MAKE A LASTING IMPACT THROUGH WHOLE-CHILD LEARNING APPROACHES THAT BUILD KNOWLEDGE, SKILLS, INTEREST, AND ENTHUSIASM FOR STEM TOPICS. EDUCATION PROGRAMS ARE FOUNDED IN A STUDENT-DRIVEN AND INQUIRY-BASED APPROACH TO CONNECT OUR AUDIENCES TO INTERDISCIPLINARY NATURE AND SCIENCE PHENOMENA. FISCAL YEAR 2025 STUDENT PROGRAMS INCLUDED: 634 FIELD TRIP WORKSHOPS (AT PNNM), 427 SUMMER CAMPERS, 89 WINTER CAMPERS, 89 NATURE ON THE GO (IN COMMUNITIES) WORKSHOPS, 8 AFTER SCHOOL SCIENCE CLUB SCHOOLS, 4 OVERNIGHT EVENTS. FISCAL YEAR 2025 MULTI-TOUCHPOINT SCHOOL PARTNERSHIPS WITH TEACHER PROFESSIONAL DEVELOPMENT PROGRAMS INCLUDED: 153 SCIENCE ON THE GO CLASSROOMS, 3 WHOLE SCHOOL SCIENCE PARTNERSHIP SCHOOLS, 34 URBAN NATURE PARTNERSHIP CLASSROOMS, AND 32 SCIENCE TEACHING NETWORK TEACHERS. FISCAL YEAR 2025 TEENS & YOUNG ADULTS PROGRAMS INCLUDED: 1 QUARTER-LONG COURSE ENVIRONMENTAL EDUCATION THEORY AND PRACTICE FOR DEPAUL UNIVERSITY UNDERGRADUATES, AND 25 SEASONAL TEEN/YOUNG ADULT STAFF AND INTERNS. FISCAL YEAR 2025 COMMUNITY PARTNERSHIP PROGRAMS INCLUDED: 6 CHICAGO PARK DISTRICT PARK VOYAGERS (105 STUDENTS), OST COMMUNITY PARTNERSHIP WITH 12 COMMUNITY GROUPS, AND 2 IL DEPARTMENT OF NATURAL RESOURCES ENTICE EDUCATOR PARTNERSHIP WORKSHOPS WITH 25 EDUCATORS.

MEANINGFUL AND ACCESSIBLE STEM LEADERSHIP OPPORTUNITIES FOR HIGH SCHOOL AND COLLEGE-LEVEL GIRLS ARE CHALLENGING TO FIND. STUDENTS WHO ARE LIMITED BY THEIR SOCIAL, ECONOMIC, OR PHYSICAL ENVIRONMENTS DURING OUT OF SCHOOL TIME (SUMMER AND WINTER) ARE AT HIGHER RISK FOR WORSE ACADEMIC, HEALTH, SOCIAL AND EMOTIONAL, AND SAFETY OUTCOMES. ESTABLISHED PROGRAMS LIKE THE NATURE MUSEUM'S CAMP COUNSELOR PROGRAM ENCOURAGES GIRLS TO EXPLORE STEM OPPORTUNITIES AND PROVIDES STRUCTURED ACTIVITIES TO SUPPORT DEVELOPMENTAL NEEDS AND POSITIVE OUTCOMES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: IN AN URBAN GARDEN OR SEARCHING FOR HAL'S LOST FLYING DISC, EVERY ACTIVITY SPARKED CURIOSITY AND CELEBRATED THE WILD WORLD BEYOND THE BACKYARD.

THE ART AND SCIENCE OF ARACHNIDS WAS AN EXHIBIT DESIGNED TO EXPLORE THE INTRIGUING WORLD OF ARACHNIDS SUCH AS SPIDERS AND SCORPIONS WHILE AIMING TO SHIFT PUBLIC PERCEPTIONS. THROUGH A COMBINATION OF ART, CULTURAL REFERENCES, LIVE SPECIMENS, AND HANDS-ON DISPLAYS, THE EXHIBIT HIGHLIGHTED THE ECOLOGICAL IMPORTANCE AND ADVANTAGES OF THESE OFTEN-MISUNDERSTOOD CREATURES. IT INVITED VISITORS TO GAIN A DEEPER APPRECIATION FOR ARACHNIDS AND HELPED DISPEL COMMON FEARS AND MYTHS SURROUNDING THEM.

THROUGHOUT FISCAL YEAR 2025, THE NATURE MUSEUM DISPLAYED INCREDIBLE INTERNAL COLLABORATION AND DESIGN TO DEVELOP THE MUSEUM'S CURRENT EXHIBIT THAT IS ON DISPLAY FROM JUNE 2025 JUNE 2026. THIS EXHIBIT

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TELLS THE STORY OF THE ACADEMY AND THE IMPORTANT WORK DONE EVERY DAY BY OUR INCREDIBLE TEAM. BY A THREAD: NATURE'S RESILIENCE DIVES INTO THE SCIENCE OF BIODIVERSITY AND WHAT IT TAKES TO PROTECT IT SHOWCASING THE RESEARCH, CONSERVATION, AND EDUCATION WORK HAPPENING EVERY DAY ACROSS THE MUSEUM AND ACADEMY. FROM EXPLORING REGIONAL COLLECTIONS TO GETTING HANDS-ON WITH REAL FIELDWORK-INSPIRED ACTIVITIES, GUESTS OF ALL AGES WILL UNCOVER THE CHALLENGES OF BIODIVERSITY LOSS AND DISCOVER HOW THEY CAN BE PART OF THE SOLUTION.

THE NATURE MUSEUM USES ART TO CONNECT VISITORS TO NATURE ACROSS ALL AREAS OF THE MUSEUM. IN FISCAL YEAR 2025, THE MUSEUM'S FIRST FLOOR FLAT SHOW EXHIBIT SPACE SHOWCASED ART CENTERED AROUND NATURE FROM MOLLY CRANCH, WILLIAM BURT, AND LINDSAY OLSON.

TO CELEBRATE THE START OF THE SUMMER SEASON AND ENGAGE OUR COMMUNITY IN A MEANINGFUL WAY, WE HOSTED THE ANNUAL SUMMER NATURE FEST 2025 THE NATURE MUSEUM'S WAY TO KICK OFF THE SUMMER. THIS EVENT LAUNCHED SIMULTANEOUSLY WITH THE OPENING OF THE BY A THREAD: NATURE'S RESILIENCE EXHIBIT. WE WELCOMED OVER 700 GUESTS AND EXCEEDED THE PREVIOUS YEAR'S REVENUE.

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

ATTENDANCE AND PRIVATE EVENTS:

THE NATURE MUSEUM WELCOMED 119,638 VISITORS IN FISCAL YEAR 2025. WE HAD A 9.41% INCREASE IN MEMBERSHIP REVENUE AND 5.47% INCREASE IN PAID VISITORS COMPARED TO FISCAL YEAR 2024. THERE WAS ALSO AN OVERALL 6.88% INCREASE IN REVENUE IN FISCAL YEAR 2025 COMPARED TO FISCAL YEAR 2024. WE CONTINUE TO SEE A STEADY INCREASE IN VISITORS EACH YEAR, AND ANTICIPATE SEEING THIS TREND CONTINUE IN THE NEXT FISCAL YEAR. THE NATURE MUSEUM IS PROUD TO HAVE DOUBLED PRIVATE EVENT REVENUE, ACHIEVING A GOAL OF \$200,000 IN FISCAL YEAR 2025 (VS. \$100,000 FISCAL YEAR 2024). THIS INCREASE IN PRIVATE EVENT REVENUE IS PART OF THE NATURE MUSEUM'S LONG-TERM GOAL OF DIVERSIFYING FUNDING STREAMS. EXPENSES \$ 653,385. INCLUDING GRANTS OF \$ 0. REVENUE \$ 774,681.

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

TRUSTEES NICOLE LACY, MICHELLE HAWVER & PEGGY NOTEBAERT HAVE A FAMILY RELATIONSHIP.

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

THE FORM 990 IS CAREFULLY REVIEWED BY KEY MEMBERS OF THE EXECUTIVE LEADERSHIP TEAM AT THE ACADEMY PRIOR TO BEING FILED. THE FORM 990 IS ALSO REVIEWED WITH THE ACADEMY'S FINANCE COMMITTEE PRIOR TO BEING FILED.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, ANY TRUSTEE, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH AUTHORITY TO TAKE ACTION ON BEHALF OF THE BOARD OF TRUSTEES ("DESIGNATED COMMITTEE") MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF DESIGNATED COMMITTEES CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE BOARD OF TRUSTEES OR DESIGNATED COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR DESIGNATED COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT

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OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:
 COMPARABLE DATA IS GATHERED FOR SIMILAR POSITIONS BOTH LOCALLY AND
 NATIONALLY. THE COMPENSATION LEVEL FOR THE CEO IS DISCUSSED AND APPROVED BY
 THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:
 ALL DOCUMENTS ARE AVAILABLE UPON REQUEST. IN ADDITION, FINANCIAL
 INFORMATION IS INCLUDED IN THE ANNUAL REPORT AND FORM 990, WHICH ARE
 AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	742,852.
MANAGEMENT AND GENERAL EXPENSES	212,271.
FUNDRAISING EXPENSES	28,141.
TOTAL EXPENSES	983,264.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	983,264.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	90,483.
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