

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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 ADLER PLANETARIUM Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 SOUTH LAKE SHORE DRIVE City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60605 F Name and address of principal officer: MICHELLE B. LARSON, PH.D SAME AS C ABOVE	D Employer identification number 36-6210902 E Telephone number (312)922-7827 G Gross receipts \$ 17,541,430. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ADLERPLANETARIUM.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: 1930 M State of legal domicile: IL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: ADLER'S MISSION IS TO CONNECT PEOPLE TO THE UNIVERSE AND EACH OTHER UNDER THE SKY WE ALL SHARE.		
	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	53
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	53
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	227
	6	Total number of volunteers (estimate if necessary)	6	73
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	88,000.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 9,533,261.
9		Program service revenue (Part VIII, line 2g)	4,225,003.	762,155.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,588,458.	1,118,778.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	555,809.	67,844.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,902,531.	11,507,821.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,799,324.	7,402,952.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,208,101.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,463,789.	5,704,426.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,263,113.	13,107,378.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,360,582.	-1,599,557.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 55,580,660.	End of Year 59,940,184.
	21	Total liabilities (Part X, line 26)	39,073,815.	36,229,854.
	22	Net assets or fund balances. Subtract line 21 from line 20	16,506,845.	23,710,330.

Part II Signature Block

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

Sign Here	Signature of officer MARCIA HEUSER, VP FOR FINANCE & ADMIN/CFO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name LU ANN TRAPP	Preparer's signature LU ANN TRAPP	Date 02/22/22	Check if self-employed <input type="checkbox"/>	PTIN P01506476
	Firm's name ▶ PLANTE & MORAN, PLLC Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606	Firm's EIN ▶ 38-1357951 Phone no. (312) 207-1040			

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 ADLER PLANETARIUM ('ADLER') IS A NOT-FOR-PROFIT CULTURAL INSTITUTION WHOSE MISSION IS TO CONNECT PEOPLE TO THE UNIVERSE AND EACH OTHER UNDER THE SKY WE ALL SHARE. IT ASPIRES TO BE THE WORLD'S PREMIER CENTER FOR ENGAGING IN ASTRONOMY AND SPACE 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? [X] Yes [] 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 \$ 9,694,329. including grants of \$ 0.) (Revenue \$ 674,155.) WHETHER THE ADLER PLANETARIUM IS INTRODUCING A GUEST TO THE RING NEBULA, A NEIGHBORHOOD SCHOOL TO A COMMUNITY PARTNER, A RESEARCH TEAM TO A NETWORK OF CITIZEN SCIENTISTS, OR ONE STAFF MEMBER TO ANOTHER, THE MUSEUM'S FOCUS ON MEANINGFUL CONNECTIONS DATES BACK NEARLY A CENTURY.

THE MUSEUM TYPICALLY HOSTS MORE THAN HALF A MILLION VISITORS EACH YEAR AND REACHES MILLIONS MORE THROUGH YOUTH STEAM PROGRAMS, NEIGHBORHOOD SKYWATCHING EVENTS, PEOPLE-POWERED RESEARCH, AND OTHER OUTREACH EFFORTS. TODAY, THE ADLER IS BRINGING OUR UNIQUE APPROACH - SCIENTIFIC EXPLORATION ROOTED IN COMMUNITY AND CONNECTION - TO GUESTS FROM AROUND THE WORLD WHO CAN ENJOY THE DIGITAL ADLER FROM THEIR OWN HOMES, LIBRARIES, SCHOOLS OR OFFICES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,694,329.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 53		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 53		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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.
 Own website Another's website 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 **MARCIA HEUSER - (312) 922-7827**
1300 SOUTH LAKE SHORE DRIVE, CHICAGO, IL 60605

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE B. LARSON PRESIDENT & CEO	35.00 0.00			X				406,234.	0.	12,159.
(2) CATHLEEN BRUEGGEMANN VP, DEVELOPMENT	35.00 0.00				X			223,107.	0.	13,146.
(3) MARCIA J. HEUSER VP, FINANCE & ADMINISTRATION/CFO	35.00 0.00			X				223,950.	0.	8,822.
(4) RYUTARO MIZUNO VP, MARKETING & COMMUNICATIONS	35.00 0.00				X			181,328.	0.	20,444.
(5) LAURA TROUILLE VP, SCIENCE ENGAGEMENT & VISUALIZATI	35.00 0.00				X			151,041.	0.	6,467.
(6) ANDREW JOHNSTON VP, MUSEUM EXPERIENCE & COLLECTIONS	35.00 0.00				X			151,207.	0.	6,048.
(7) CHRISTOPHER COMERFORD VP, ENTERPRISE STRATEGY & SOLUTIONS/	35.00 0.00					X		121,300.	0.	14,906.
(8) ERIN WILSON SENIOR DIRECTOR OF MARKETING	35.00 0.00					X		103,579.	0.	15,225.
(9) RANDALL LEAVER CONTROLLER	35.00 0.00					X		105,257.	0.	7,460.
(10) LINDA P. JOJO BOARD CHAIR	1.00 0.00	X		X				0.	0.	0.
(11) KECIA STEELMAN BOARD VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(12) JONATHAN H. HERBST BOARD TREASURER	1.00 0.00	X		X				0.	0.	0.
(13) DANIEL T. MUELLER BOARD SECRETARY	1.00 0.00	X		X				0.	0.	0.
(14) CYNTHIA L. BALLEW TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) RUSSELL F. BARTMES TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) RAJ BHATIA BOARD EXECUTIVE COMMITTEE MEMBER	1.00 0.00	X						0.	0.	0.
(17) NEIL W. BOOK TRUSTEE	1.00 0.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROLYN BOWMAN BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) LIAM CAFFREY TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) JOHN E. CARLSTROM, PH.D. BOARD EX-OFFICIO TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) LINDA I. CELESIA BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) FRANK M. CLARK BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) DONALD C. CLARK, JR. BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) EARLE M. COMBS III BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) BRYAN C. CRESSEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) DAVID A. CROWN, PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,667,003.	0.	104,677.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,667,003.	0.	104,677.

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 **9**

	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
A-1 ROOFING COMPANY, 1425 CHASE AVENUE, ELK GROVE VILLAGE, IL 60007	CONSTRUCTION SERVICES	664,330.
TROOP CONTRACTING 648 EXECUTIVE DRIVE, WILLOWBROOK, IL 60527	CONSTRUCTION SERVICES	408,685.
EMCOR SERVICES TEAM MECHANICAL, INC., 431 LEXINGTON DRIVE, BUFFALO GROVE, IL 60089	REPAIRS & MAINTENANCE	328,907.
CONSOLIDATED FLOORING OF CHICAGO, LLC 25 W. OFFICIAL ROAD, ADDISON, IL 60101	REPAIRS & MAINTENANCE	104,330.

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 **4**

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) JOSEPH DOMINGUEZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) J. DOUGLAS DONENFELD BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) DANIEL R. EDER TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) JOHN W. ESTEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) LILLY FARAHNAKIAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) MICHEL J. FELDMAN BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) TACY F. FLINT TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) DAVID W. FOX BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) WENDY L. FREEDMAN BOARD EX-OFFICIO TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) NANCY EMRICH FREEMAN BOARD EX-OFFICIO TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) RYAN GARINO TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) NANCY S. GERRIE BOARD EXECUTIVE COMMITTEE MEMBER	1.00 0.00	X						0.	0.	0.
(39) MUHAMMAD GIGANI TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) HOWARD S. GOSS BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) WILLIAM J. GRUBER TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) RAJ P. GUPTA, P.E. TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) CAROL HIBBARD TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) AMELIA A. HUNTINGTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) SETH E. JACOBSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) CAROLINE BECKER JOSS BOARD EX-OFFICIO TRUSTEE (THROUGH 11	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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			
(47) MICHAEL P. KELLY BOARD EX-OFFICIO TRUSTEE (THROUGH 09	1.00 0.00	X						0.	0.	0.
(48) CLYDE KOFMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(49) PETER J. LANGAS TRUSTEE	1.00 0.00	X						0.	0.	0.
(50) LISA H. LEWIS TRUSTEE	1.00 0.00	X						0.	0.	0.
(51) STEVEN S. LOUIS, M.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(52) CAPTAIN JAMES A. LOVELL, JR. BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(53) ELIZABETH W. MCKENNA TRUSTEE	1.00 0.00	X						0.	0.	0.
(54) MICHAEL J. MCMURRAY TRUSTEE	1.00 0.00	X						0.	0.	0.
(55) MARYANN N. MCNALLY TRUSTEE	1.00 0.00	X						0.	0.	0.
(56) DAVID MINTZER, PH.D. BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(57) JAMES C. MURRAY TRUSTEE	1.00 0.00	X						0.	0.	0.
(58) ASHLEY HEMPHILL NETZKY BOARD EX-OFFICIO TRUSTEE	1.00 0.00	X						0.	0.	0.
(59) JAMES J. O'CONNOR, JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(60) JAMES J. O'CONNOR, SR. BOARD LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(61) PRADIP K PATIATH TRUSTEE	1.00 0.00	X						0.	0.	0.
(62) DUSHAN PETROVICH TRUSTEE (THROUGH 5/31/2021)	1.00 0.00	X						0.	0.	0.
(63) IRENE SIRAGUSA PHELPS BOARD LIFE TRUSTEE (THROUGH 01/31/20	1.00 0.00	X						0.	0.	0.
(64) IAN C. RADOMSKI TRUSTEE	1.00 0.00	X						0.	0.	0.
(65) SEAN B. REYNOLDS BOARD EX-OFFICIO TRUSTEE	1.00 0.00	X						0.	0.	0.
(66) AARON C. RUDBERG BOARD EXECUTIVE COMMITTEE MEMBER	1.00 0.00	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	193,500.			
	c	Fundraising events	1c	1,302,787.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,811,291.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,251,466.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 51,686.			
	h	Total. Add lines 1a-1f		9,559,044.			
Program Service Revenue	2 a	OTHER PROGRAM REVENUE	Business Code				
			900099	723,347.	635,347.	88,000.	
	b	SKY SHOWS	900099	34,367.	34,367.		
	c	ADMISSIONS	900099	4,441.	4,441.		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		762,155.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		550,435.		550,435.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	132,529.			
			(ii) Personal				
	b	Less: rental expenses	6b	0.			
	c	Rental income or (loss)	6c	132,529.			
	d	Net rental income or (loss)		132,529.		132,529.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	6,520,191.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	5,951,848.			
c	Gain or (loss)	7c	568,343.				
d	Net gain or (loss)		568,343.		568,343.		
8 a	Gross income from fundraising events (not including \$ 1,302,787. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
b	Less: direct expenses	8b	81,761.				
c	Net income or (loss) from fundraising events		-81,761.		-81,761.		
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					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	FOOD SERVICE AND CONCESSIONS	Business Code	900099	17,076.	17,076.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		17,076.			
12	Total revenue. See instructions		11,507,821.	674,155.	88,000.	1,186,622.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,252,814.	361,134.	443,529.	448,151.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,965,175.	3,604,866.	920,054.	440,255.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	132,591.	98,726.	20,457.	13,408.
9 Other employee benefits	428,923.	239,702.	132,652.	56,569.
10 Payroll taxes	623,449.	360,304.	181,451.	81,694.
11 Fees for services (nonemployees):				
a Management				
b Legal	37,616.		37,616.	
c Accounting	64,400.		64,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,380.		69,380.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	794,927.	585,308.	180,168.	29,451.
12 Advertising and promotion	24,758.	23,375.	450.	933.
13 Office expenses	161,802.	118,663.	30,546.	12,593.
14 Information technology	111,011.	72,912.	25,843.	12,256.
15 Royalties				
16 Occupancy	313,841.	302,872.	8,348.	2,621.
17 Travel	8,717.	6,166.	2,121.	430.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	704,848.	704,848.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,780,926.	2,748,816.	27,511.	4,599.
23 Insurance	185,056.	177,772.	5,544.	1,740.
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 <u>EQUIPMENT, LEASES AND R</u>	143,571.	124,963.	17,880.	728.
b <u>CLEANING AND MAINTENANC</u>	128,247.	123,177.	3,859.	1,211.
c <u>FOOD SERVICE AND CONCES</u>	2,195.		2,195.	
d _____				
e All other expenses _____	173,131.	40,725.	30,944.	101,462.
25 Total functional expenses. Add lines 1 through 24e	13,107,378.	9,694,329.	2,204,948.	1,208,101.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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	743,806.	1	702,578.
	2 Savings and temporary cash investments	3,981,458.	2	5,054,824.
	3 Pledges and grants receivable, net	521,987.	3	374,970.
	4 Accounts receivable, net	43,311.	4	13,931.
	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		8	
	9 Prepaid expenses and deferred charges	323,866.	9	274,222.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,538,405.		
	b Less: accumulated depreciation	10b 56,740,308.	21,834,767.	10c 20,798,097.
	11 Investments - publicly traded securities	28,131,465.	11	32,721,562.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	55,580,660.	16	59,940,184.	
Liabilities	17 Accounts payable and accrued expenses	1,554,240.	17	1,761,311.
	18 Grants payable		18	
	19 Deferred revenue	1,102,061.	19	1,562,884.
	20 Tax-exempt bond liabilities	27,000,000.	20	27,000,000.
	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	10,000.	24	95,330.
	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	9,407,514.	25	5,810,329.
	26 Total liabilities. Add lines 17 through 25	39,073,815.	26	36,229,854.
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	7,360,862.	27	14,008,019.
	28 Net assets with donor restrictions	9,145,983.	28	9,702,311.
	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	16,506,845.	32	23,710,330.
	33 Total liabilities and net assets/fund balances	55,580,660.	33	59,940,184.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,507,821.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,107,378.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,599,557.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,506,845.
5	Net unrealized gains (losses) on investments	5	5,614,334.
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	3,188,708.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,710,330.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
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 Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE ADLER PLANETARIUM** Employer identification number **36-6210902**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9652029.	5612570.	8820471.	7776817.	7801112.	39662999.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1781466.	1693028.	1663289.	1753493.	1757932.	8649208.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11433495.	7305598.	10483760.	9530310.	9559044.	48312207.
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)						4563060.
6 Public support. Subtract line 5 from line 4.						43749147.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	11433495.	7305598.	10483760.	9530310.	9559044.	48312207.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1804693.	1986015.	2227347.	1524067.	682,964.	8225086.
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.)	700,944.	667,738.	616,167.	369,645.	17,076.	2371570.
11 Total support. Add lines 7 through 10						58908863.
12 Gross receipts from related activities, etc. (see instructions)					12	24,749,902.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	74.27 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	72.16 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (<i>explain in detail in Part VI</i>):		
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).		

Schedule A (Form 990 or 990-EZ) 2020

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 (<i>describe in Part VI</i>). 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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 22,728.

2017 AMOUNT: \$ 23,289.

2018 AMOUNT: \$ 23,176.

2019 AMOUNT: \$ 16,129.

2020 AMOUNT: \$ 0.

FUNDRAISING

2016 AMOUNT: \$ 121,510.

2017 AMOUNT: \$ 107,210.

2018 AMOUNT: \$ 128,130.

2019 AMOUNT: \$ 95,550.

2020 AMOUNT: \$ 0.

FOOD SERVICE AND CONCESSIONS

2016 AMOUNT: \$ 556,706.

2017 AMOUNT: \$ 537,239.

2018 AMOUNT: \$ 464,861.

2019 AMOUNT: \$ 257,966.

2020 AMOUNT: \$ 17,076.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

THE ADLER PLANETARIUM

Employer identification number

36-6210902

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE ADLER PLANETARIUM	Employer identification number 36-6210902
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,757,932.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,753,990.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>522,233.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>378,617.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>339,261.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE ADLER PLANETARIUM	Employer identification number 36-6210902
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE ADLER PLANETARIUM	Employer identification number 36-6210902
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE ADLER PLANETARIUM	Employer identification number 36-6210902
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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)

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

2020

Open to Public Inspection

Name of the organization THE ADLER PLANETARIUM Employer identification number 36-6210902

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,385,864.	5,595,246.	4,508,543.	4,222,250.	3,970,436.
b Contributions			1,050,800.	100,000.	
c Net investment earnings, gains, and losses	638,463.	-9,606.	246,559.	357,379.	414,781.
d Grants or scholarships					
e Other expenditures for facilities and programs	96,537.	199,776.	210,656.	171,086.	162,967.
f Administrative expenses					
g End of year balance	5,927,790.	5,385,864.	5,595,246.	4,508,543.	4,222,250.

- 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 78.4200 %
 - c Term endowment 21.5800 %
- 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 | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <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				
b Buildings		41,849,999.	27,533,231.	14,316,768.
c Leasehold improvements		3,672,540.	2,731,586.	940,954.
d Equipment		8,033,145.	5,838,391.	2,194,754.
e Other		23,982,721.	20,637,100.	3,345,621.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,798,097.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED PENSION BENEFIT PLAN	
(3) LIABILITY	4,448,889.
(4) RETIREMENT ANNUITY DUE TO FORMER	
(5) OFFICER BENEFICIARY	40,667.
(6) CAPITAL LEASE OBLIGATIONS	78,789.
(7) INTEREST RATE SWAPS LIABILITY	1,241,984.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,810,329.

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	20,331,994.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,614,334.	
b	Donated services and use of facilities	2b	8,750.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,270,469.	
e	Add lines 2a through 2d	2e		8,893,553.
3	Subtract line 2e from line 1		3	11,438,441.
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	69,380.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		69,380.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,507,821.

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

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

1	Total expenses and losses per audited financial statements		1	13,128,509.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	8,750.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	81,761.	
e	Add lines 2a through 2d	2e		90,511.
3	Subtract line 2e from line 1		3	13,037,998.
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	69,380.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		69,380.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,107,378.

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:

IN CONFORMITY WITH THE ACCOUNTING PRACTICES GENERALLY FOLLOWED BY MUSEUMS, THE ADLER'S COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE ADLER'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITH DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. THE ADLER'S COLLECTIONS ARE MADE UP OF MORE THAN 6,000 ARTIFACTS AND ARCHIVAL WORKS OF HISTORICAL SIGNIFICANCE THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CULTURAL PURPOSES. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS OR TO SUPPORT THE DIRECT CARE OF COLLECTIONS. DIRECT CARE OF COLLECTIONS IS DEFINED BY THE

Part XIII Supplemental Information (continued)

ADLER AS COSTS THAT PROLONG THE LIFE AND USEFULNESS OF THE COLLECTION,
COSTS PROVIDING BENEFITS THAT ENHANCE THE QUALITY AND PROTECTION OF THE
COLLECTION, AND COSTS THAT MAKE A PHYSICAL IMPACT ON COLLECTIONS OBJECTS,
INCREASING OR RESTORING THEIR CULTURAL OR SCIENTIFIC VALUE. ROUTINE AND
ONGOING EXPENDITURES ARE NOT CONSIDERED DIRECT CARE OF COLLECTIONS.

PART III, LINE 4:

FROM ITS INCEPTION, THE ADLER PLANETARIUM HAS HELD ONE OF THE WORLD'S
FOREMOST COLLECTIONS OF INSTRUMENTS RELATED TO ASTRONOMY. TODAY, THE
ADLER POSSESSES A MAJOR COLLECTION OF HISTORIC SCIENTIFIC INSTRUMENTS;
RARE BOOKS AND OF WORKS ON PAPER DEALING WITH ASTRONOMY, SCIENTIFIC
INSTRUMENTS AND RELATED SUBJECTS; A COLLECTION OF REPLICAS AND SIMILAR
"HANDS-ON" OBJECTS USED FOR EDUCATIONAL PURPOSES; AND ARCHIVES PERTAINING
TO THE HISTORY OF THE ADLER ITSELF. THE ADLER'S HISTORIC SCIENTIFIC
INSTRUMENT COLLECTION CONTAINS MORE THAN 2,800 THREE-DIMENSIONAL ARTIFACTS
DATING FROM THE 12TH THROUGH THE 20TH CENTURIES, RANGING FROM MEDIEVAL
ASTROLABES AND ARMILLARY SPHERES TO SUNDIALS, PLANETARIA, AND TELESCOPES
FROM THE SCIENTIFIC REVOLUTION TO CONTEMPORARY INSTRUMENTS FOR CELESTIAL
NAVIGATION. THE RARE BOOK COLLECTION (NUMBERING ABOUT 2,700) AND WORKS ON
PAPER COLLECTION (MORE THAN 750 WORKS) COVER SUBJECTS RELATED TO ASTRONOMY
AND SPACE SCIENCE. THE EDUCATIONAL COLLECTION FURNISHES REALISTIC MODELS
AND REPLICAS FOR USE BY THE EDUCATORS ON THE MUSEUM FLOOR AND OFF-SITE, IN
SITUATIONS WHERE THE USE OF DELICATE ARTIFACTS WOULD BE INAPPROPRIATE.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE TO BE USED PRIMARILY FOR THE MAINTENANCE AND
OPERATION OF THE FACILITIES OF THE ADLER PLANETARIUM. THE ADLER
PLANETARIUM HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT

Part XIII Supplemental Information (continued)

ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT DIRECT EXPENSES	81,761.
CHANGE IN VALUE OF DEFINED BENEFIT PENSION PLAN	2,178,903.
UNREALIZED LOSS ON INTEREST RATE SWAP	1,009,805.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,270,469.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT DIRECT EXPENSES	81,761.
-----------------------------------	---------

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))
		CELESTIAL BALL (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,302,787.		1,302,787.
	2	Less: Contributions	1,302,787.		1,302,787.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	81,761.		81,761.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			81,761.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-81,761.

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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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)**

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

2020

Open to Public Inspection

Name of the organization

THE ADLER PLANETARIUM

Employer identification number

36-6210902

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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) |

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

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?

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.

- | | |
|---|---|
| <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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHELLE B. LARSON PRESIDENT & CEO	(i)	406,234.	0.	0.	11,400.	759.	418,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHLEEN BRUEGGEMANN VP, DEVELOPMENT	(i)	223,107.	0.	0.	7,905.	5,241.	236,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARCIA J. HEUSER VP, FINANCE & ADMINISTRATION/CFO	(i)	223,663.	0.	287.	7,631.	1,191.	232,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RYUTARO MIZUNO VP, MARKETING & COMMUNICATIONS	(i)	181,328.	0.	0.	7,812.	12,632.	201,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAURA TROUILLE VP, SCIENCE ENGAGEMENT & VISUALIZATI	(i)	151,041.	0.	0.	6,049.	418.	157,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREW JOHNSTON VP, MUSEUM EXPERIENCE & COLLECTIONS	(i)	151,207.	0.	0.	6,048.	0.	157,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE ADLER PLANETARIUM** Employer identification number **36-6210902**

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	6	46,686.	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 ▶ (FOOD - EVENTS)	X	1	5,000.	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**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE ADLER PLANETARIUM

Employer identification number

36-6210902

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DUE TO THE COVID-19 PANDEMIC, ADLER WAS REQUIRED TO CLOSE THE BUILDING
TO GUEST-FACING ACTIVITIES IN MARCH OF 2020. HOWEVER, THE STAFF
CONTINUED TO EXPAND ADLER'S DIGITAL OFFERINGS TO CONTINUE FULFILLING
ADLER'S MISSION. THE ADLER IS SCHEDULED TO REOPEN THE BUILDING TO THE
PUBLIC ON MARCH 4, 2022.

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

WITH THE ADLER'S SUPPORT, PEOPLE OF ALL AGES, BACKGROUNDS, AND
ABILITIES GAIN THE CONFIDENCE TO EXPLORE THEIR UNIVERSE TOGETHER AND
RETURN TO THEIR COMMUNITIES READY TO THINK CRITICALLY AND CREATIVELY
ABOUT ANY CHALLENGE THAT COMES THEIR WAY.

IN 2021, WHILE OUR EXHIBITS REMAINED CLOSED TO THE PUBLIC DUE TO COVID,
ADLER FOCUSED ITS ENGAGEMENT IN ONLINE SPACES, WELCOMING MILLIONS OF
PEOPLE AROUND THE WORLD IN ADLER EXPERIENCES, STORYTELLING, AND
ENGAGING DIRECTLY IN SCIENCE AND DISCOVERY.

THROUGH ZONIVERSE.ORG, AN ONLINE CITIZEN-SCIENCE PORTAL CO-FOUNDED BY
THE ADLER, OVER 2.4 MILLION VOLUNTEERS AROUND THE WORLD - MANY OF WHOM
HAVE NO FORMAL SCIENTIFIC TRAINING - CONTRIBUTE TO REAL SCIENTIFIC
RESEARCH PROJECTS. TO DATE, ZONIVERSE VOLUNTEERS HAVE CLASSIFIED
MILLIONS OF GALAXIES, INSPECTED HUNDREDS OF THOUSANDS OF TUBERCULOSIS
BACTERIA TO FIGHT ANTIBIOTIC RESISTANCE, DISCOVERED NEW EXOPLANETS, AND
HELPED RESEARCH TEAMS ACROSS DISCIPLINES TACKLE HUGE DATA SETS.

Name of the organization THE ADLER PLANETARIUM	Employer identification number 36-6210902
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THROUGH A RICH ARRAY OF DIGITAL PROGRAMMING, FROM OUR SKYWATCH WEDNESDAY ONLINE PLANETARIUM SHOWS TO OUR SKY OBSERVER'S HANGOUTS YOUTUBE LIVESTREAM EVENTS WITH OUR PUBLIC OBSERVING TEAM TO OUR WOW! SIGNAL SCIENCE SKETCH COMEDY AND MUSICALS TO OUR ONLINE GOOGLE ARTS & CULTURE EXHIBITIONS, THE ADLER HAS CONTINUED TO PROVIDE A RICH ARRAY OF OPPORTUNITIES TO FOSTER CONNECTIONS AND CREATE SPACE FOR THE WONDERS OF OUR UNIVERSE AND CASTING SCIENCE AS THE STORIES OF HUMANITY.

ADLER TEENS WORKED WITH OUR SCIENTISTS AND ENGINEERS TO BEGIN CARRYING OUT THE FIRST-EVER LIGHT-POLLUTION SURVEY OF CHICAGO. THEY ALSO HELPED CHICAGO'S PALOS FOREST PRESERVE SUCCESSFULLY EARN THE DESIGNATION AS THE WORLD'S LARGEST URBAN NIGHT SKY PLACE FROM THE INTERNATIONAL DARK SKY ASSOCIATION AND ORGANIZED TO EDUCATE OTHERS AND ADDRESS LIGHT POLLUTION IN THEIR OWN COMMUNITIES.

MAKING CONNECTIONS BETWEEN PEOPLE, IDEAS, AND OUR UNIVERSE DOESN'T JUST FEEL GOOD - IT DRIVES SCIENTIFIC PROGRESS. WHEN PEOPLE FEEL WELCOME IN THE SCIENTIFIC COMMUNITY, THEY DELIVER REAL RESULTS. THROUGH THE WONDER OF SPACE SCIENCE, THE ADLER CONNECTS PEOPLE, COMMUNITIES, AND INSTITUTIONS SO WE CAN EXPLORE OUR UNIVERSE TOGETHER AND USE OUR COLLECTIVE KNOWLEDGE AND SKILLS TO CREATE A BETTER WORLD FOR EVERYONE.

FORM 990, PART VI, SECTION A, LINE 1:

AN "EXECUTIVE COMMITTEE" CONSISTING OF THE CHAIR, VICE CHAIRS, TREASURER, SECRETARY, PRESIDENT AND CEO, AND SIX (6) ADDITIONAL TRUSTEES (ONE OF WHICH MAY BE THE IMMEDIATE PAST CHAIR) ELECTED BY THE BOARD OF TRUSTEES AT THE REGULAR ANNUAL MEETING OF THE BOARD OF TRUSTEES SHALL, WHEN THE BOARD OF TRUSTEES IS NOT IN SESSION, HAVE AND EXERCISE ALL OF THE AUTHORITY OF THE

Name of the organization THE ADLER PLANETARIUM	Employer identification number 36-6210902
---	--

BOARD OF TRUSTEES IN THE MANAGEMENT OF THE CORPORATION EXCEPT AS PROVIDED IN THE ILLINOIS NOT FOR PROFIT CORPORATION ACT. THE EXECUTIVE COMMITTEE SHALL REPORT ON ITS ACTIVITIES TO THE BOARD OF TRUSTEES AT THE BOARD'S LEGALLY CONVENED MEETINGS. THE PRESIDENT AND CEO SHALL SERVE AS EXECUTIVE SECRETARY TO THE EXECUTIVE COMMITTEE.

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

BOARD MEMBERS JAMES J. O'CONNOR, SR. AND JAMES J. O'CONNOR, JR. HAVE A FAMILY RELATIONSHIP.

BOARD MEMBERS JOHN ESTEY AND AMELIA HUNTINGTON HAVE A BUSINESS RELATIONSHIP.

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

THE FORM 990 IS REVIEWED BY MANAGEMENT OF THE ORGANIZATION AND IF ANY QUESTIONS ARISE DURING THEIR REVIEW, THEY ARE ADDRESSED WITH THEIR PAID TAX PREPARER. A PRESENTATION OF THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE WHO HAS BEEN DELEGATED THE REVIEW RESPONSIBILITY. ALL BOARD MEMBERS RECEIVE A COPY OF THE FINAL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES, PRIOR TO FILING THE FORM WITH THE IRS.

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

IT IS THE POLICY OF THE ADLER PLANETARIUM, ITS BOARD OF TRUSTEES AND COMMITTEES TO ENSURE THAT BOARD MEMBERS AND EMPLOYEES IN ALL OF THEIR ACTIVITIES AVOID CONFLICTS OF INTEREST-ACTUAL, POTENTIAL OR PERCEIVED-WHILE PERFORMING THEIR MUSEUM-RELATED DUTIES. IN PARTICULAR, NO PERSONS SHOULD OBTAIN OR APPEAR TO OBTAIN SPECIAL ADVANTAGES FOR THEMSELVES, THEIR RELATIVES, OR THEIR CLOSE ASSOCIATES AS A RESULT OF THEIR AFFILIATION AS A

Name of the organization THE ADLER PLANETARIUM	Employer identification number 36-6210902
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BOARD MEMBER OR EMPLOYEE. ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUESTED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE ANNUALLY. THE DISCLOSURES ARE REVIEWED BY EXECUTIVE STAFF AND IF A CONFLICT IS DETERMINED TO EXIST, THE MATTER IS BROUGHT TO THE EXECUTIVE COMMITTEE FOR FURTHER REVIEW. THE IMPLICATIONS IN PRACTICE FOR THIS POLICY VARY FROM ACTIVITY TO ACTIVITY AND THIS GENERAL POLICY SHOULD NOT LIMIT THE COOPERATION AND MUTUAL ASSISTANCE THAT IS NECESSARY FOR THE EFFECTIVE FUNCTIONING OF THE ORGANIZATION. IN ADDITION, THE ADLER IS A MEMBER OF THE AMERICAN ASSOCIATION OF MUSEUMS AND SUBSCRIBES TO THE CODE OF ETHICS FOR MUSEUMS. IN SUBSCRIBING TO THIS CODE, THE ADLER ASSUMES RESPONSIBILITY FOR THE ACTIONS OF EMPLOYEES OF THEIR GOVERNING AUTHORITY AND VOLUNTEERS IN THE PERFORMANCE OF MUSEUM-RELATED DUTIES. A COPY OF THE CODE OF ETHICS FOR MUSEUMS IS GIVEN TO ALL NEW EMPLOYEES. IF A CONFLICT IS DETERMINED BETWEEN A BOARD MEMBER AND THE ORGANIZATION, THE CONFLICT IS NOTED AND THE BOARD MEMBER IS ASKED TO ABSTAIN FROM ANY DISCUSSION OF OR VOTING ON ISSUES RELATED TO THAT CONFLICT.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OF THE ADLER PLANETARIUM IS RESPONSIBLE FOR THE ANNUAL REVIEW AND APPROVAL OF COMPENSATION FOR THE PRESIDENT & CEO. IN JULY 2021, THE COMMITTEE ALSO REVIEWED THE SALARIES FOR OTHER OFFICERS AND KEY EMPLOYEES. A COMPREHENSIVE SALARY BENCHMARKING STUDY WAS COMPLETED IN 2021 FOR ALL STAFF POSITIONS, INCLUDING OFFICERS AND KEY EMPLOYEES, THAT CONSIDERED DATA FROM LOCAL AND NATIONAL MUSEUM AND CULTURAL INSTITUTIONS, AND PROFESSIONAL-BASED SERVICE FIRMS. COMPARATIVE INFORMATION FROM SIMILAR SIZED AND LOCATED NOT-FOR-PROFIT PEER INSTITUTIONS WAS ALSO REVIEWED FOR THE PRESIDENT & CEO AND OTHER OFFICERS AND KEY EMPLOYEES. THE PRESIDENT & CEO DO NOT TAKE PART IN ANY DECISIONS REGARDING THEIR OWN

Name of the organization

THE ADLER PLANETARIUM

Employer identification number

36-6210902

COMPENSATION. CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATIONS AND DECISIONS ARE KEPT.

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME. THE ADLER MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE.

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

CHANGE IN VALUE OF DEFINED BENEFIT PENSION PLAN	2,178,903.
UNREALIZED LOSS ON INTEREST RATE SWAP	1,009,805.
TOTAL TO FORM 990, PART XI, LINE 9	3,188,708.

