<b>990</b>
Form <b>JJU</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

### EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Α	For th	e 2019 calendar year, or tax year beginning JUL 1, 2019 and e	nding Ju	JN 30, 2020	-
В	Check if app <b>l</b> icab	c Name of organization		D Employer identif	ication number
	Addre				
	Name	e Doing business as	95-2210527		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Final	700 EXPOSITION PARK DRIVE		(213)744-74	87
_	terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	213,509,040.
	Amer	LOS ANGELLES, CA 90037		H(a) Is this a group	
	Appli tion pendi	F Name and address of principal officer: GENEVIEVE DONAWAT		for subordinate	s? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates	
		empt status: $x 501(c)(3) 501(c)() < 4947(a)(1) or$	527	· ·	a list. (see instructions)
		te: WWW.CALIFORNIASCIENCECENTER.ORG		H(c) Group exempti	
		forganization: 🗶 Corporation 🔄 Trust 🦲 Association 📃 Other 🕨	<b>L</b> Year	of formation: 1950	M State of legal domicile: CA
Ρ	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	EDULE O		
Governance					
veri	2	Check this box I if the organization discontinued its operations or dispose			assets.
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			
8 0	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	494
itie:	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			346
Activities &		Total number of volunteers (estimate if necessary)			-
Ă	h	Net unrelated business taxable income from Form 990-T, line 39			· · ·
				Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		14,732,455	. 15,886,051.
Revenue	9	Program service revenue (Part VIII, line 2g)		12,105,454	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,842,778	. 2,907,925.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,530,753	. 246,593.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		32,211,440	. 24,264,355.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		53,000	. 1,100.
		Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,768,914	. 12,080,865.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		172,500	. 154,800.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 1,538,9			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,602,620	7,455,786.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,597,034	. 19,692,551.
	19	Revenue less expenses. Subtract line 18 from line 12		10,614,406	4,571,804.
S OL	2001		Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		132,540,502	. 142,540,920.
it As	21	Total liabilities (Part X, line 26)		68,670,232	. 72,135,951.
Let A		Net assets or fund balances. Subtract line 21 from line 20		63,870,270	. 70,404,969.
Ρ	art 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		Signature of officer			Date			
Here		GENEVIEVE DUNAWAY, CFO						
		Type or print name and title	1 2 /					
	Prin	nt/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	LIO	R TEMKIN	LIOR TEMATIN	04/22/21	1 self-employed	P00748	8170	
Preparer	Firm	n's name 🕞 SINGERLEWAK LLP			Firm's EIN 🕨 95-	-230263	17	
Use Only	Firm	n's address ▶ 10960 WILSHIRE BOULEVARD	, 7TH FLOOR					
		LOS ANGELES, CA 90024-37	83		Phone no.(310)	477-39	924	
May the I	RS d	iscuss this return with the preparer shown abo	ove? (see instructions)			ΧY	′es 🗌	No
						_	000	(0040)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2019) CALIFORNIA SCIENCE CENTER FOUNDATION	95-2210527	Page <b>2</b>
	art III Statement of Program Service Accomplishments		<u>5</u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CSCF ASPIRES TO STIMULATE CURIOSITY AND INSPIRE SCIENCE LEARNING IN		
	EVERYONE BY CREATING FUN, MEMORABLE EXPERIENCES, BECAUSE WE VALUE		
	SCIENCE AS AN INDISPENSABLE TOOL FOR UNDERSTANDING OUR WORLD,		
	ACCESSIBILITY AND INCLUSIVENESS, AND ENRICHING PEOPLE'S LIVES.		
2	Did the organization undertake any significant program services during the year which were not lis	ted 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 progr	am services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	n services, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc		
	revenue, if any, for each program service reported.		
4a		) (Revenue \$	783,181.)
	OPERATIONS - EXHIBIT FACILITATION FOR GUESTS VISITING THE SCIENCE		,
	CENTER. TOTAL ATTENDANCE THROUGH 3/15/20 BEFORE SCIENCE CENTER CLOSED		
	DUE TO COVID-19 - 1,104,521		
	E 120 027		1 411 612 \
4b	(Code:) (Expenses \$ 5,138,937. including grants of \$	) (Revenue \$	1,411,013.)
	GALLERY AND EXHIBITS		
4c	(Code:) (Expenses \$2, 288, 556. including grants of \$1, 1	00.) (Revenue \$	1,050,720.)
	EDUCATIONAL PROGRAMS.		
4d		4 050 050	
	(Expenses \$ 2,806,812. including grants of \$ ) (Revenue \$	1,978,272.)	
<u>4e</u>	Total program service expenses 15,880,928.		
		F	orm <b>990</b> (2019)
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Form	990 (2019) CALIFORNIA SCIENCE CENTER FOUNDATION 95-2210527		Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>~</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			

1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 932003 01-20-20

Form 990 (2019)

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	330	12013	,

	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	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</i>			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	x	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		x
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		X
	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? If "Yes," complete Schedule L, Part III	27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	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>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Par	Note: All Form 990 filers are required to complete Schedule O         t 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 1a 62	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
				1
	(gambling) winnings to prize winners?	1c	990	

Part V     Statements Regarding Other IRS Filings and Tax Compliance (continue)     Yes     No       2a     Exter the number of employees reported on Form W.3. Transmitted of Wags and Tax Statements.     2a     493     493       2b     If a test one is reported on line 2a, dd the organization like all required tedret employment tax returns?     2b     3a       3a     Did the organization have unretisted business gross income of \$1,000 or more during the year?     3a     3b     3a       3b     If "Yes," name of the foreign country be"     4a     4a     4a       4a     At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transmit ad count in a foreign country (built as a the account, securities account?)     4a     4a       5a     Was the arganization a party to a prohibited tax sheller transaction account?)     5a     5a     5a       5a     Was the organization in the argum country be".     5a     5a     5a       5a     Was the organization in the argum country be".     5a     5a     5a       5a     Was the organization in the argum country be".     5a     5a     5a       5a     Was the organization in the argum country be".     5a     5a     5a       5a     Was the organization in the argum country be".     5a     5a     5a       5a     Was the organization inth	Form	990 (2019) CALIFORNIA SCIENCE CENTER FOUNDATION 95-2210527		Р	Page 5							
2a         Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,         2a         434           bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?         2b         X           3a         Did the organization have unneable business gross income of \$1,000 or more during the year?         3a         X           3b         Did the organization have unneable business gross income of \$1,000 or more during the year?         3b         X           3b         These, 'has if field a form SB-5 for this year? If 'No' to line 3b, provide an explanation or Schedule 0         3b         X           3b         If 'Yes, 'has if field a foreign country         4a         X         X           3b         If 'Yes, 'and the organization if Are to may the foreign country 'sector that any time during the tax year?         Se is structures of the organization if Are to mark the organization if Are to comparize that are normally greater than \$100,000, and did the organization noice any contributotions for MB88617         Se is 's 's 'did the organization in clude with every solicitation an express statement that such contributions or gifts were not tax douctable as christable contributions?         Fa         X           10         If 'Yes, '' did the organization in clude with were yosicitation an express statement that such contributions or gifts were not tax douctable as christable contributions?         Fa         X           10         If 'Yes, '' did the organizat	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
Test of the calendar year onding with or within the year covered by this rotum     Za     Pail       b     if a lead one is reported on ince 2a, did the organization file all required federal employment tax returns?     Za     Xa       a)     Did the organization have unrelated basiness gross income of \$1,000 or more during the year?     Za     Xa       b     If "Ves," has it fled a Form 8000 for this year?     Ya     Xa       b     If "Ves," has it fled a Form 8000 for this year?     Sa     Za     Xa       b     If "Ves," has it fled a Form 8000 for this year?     Sa     Za     Xa       b     If "Ves," has it fled a Form 8000 for this year?     Sa     Za     Xa       Sa is instructions for fling requirements for FinGCNF Form 114, Report of Foreign Bank and Financial Accounts (FEAR).     Sa     Za     Xa       c     If "Ves," is the organization has ore a party to a prohibited tax sheller transaction?     Sb     Xa       c     If "Ves," on the way or Ya     Sa     Xa     Xa       d     Does the organization neutigeness explosite that are normally greater than \$100,000, and did the organization and any time during the tax year?     Sa     Sa       d     Does the organization neutigeness explosite that are normally greater than \$100,000, and did the organization and any time during the tax year?     Sa     Sa       7     Tys, ' did the organization neutigeness explosite that are norm				Yes	No							
b If at least one is reported on line 2a, did the organization file all required to <i>e</i> -figee instructions]       20       X         3a Did the organization have unrelated buishess gross income of \$1,000 or more during the year?       3a       3a       X         3b If Yes, That the all com SOUT brin his year? W for 10 in:: 20, purroup to end on SCheduld O       3b       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account n in threign county?       4a       X         b If Yes, "intert the name of the fragin Contract, securities account, or other financial accounts (FBAR).       5a       X         b Was the organization have an any time during the xyser?       5a       X         b If Yes, "indit the organization for BMBB f7       6c       6c         c Does the organization in hour advectuation as chirable contributions?       6a       X         b If Yes," indit the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductible a chirable intortholiton and prives or other proved to the prive or gint advectuation in advectuation and the signate of the signate	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
b If at least one is reported on line 2a, did the organization file all required to <i>e</i> -figee instructions]       20       X         3a Did the organization have unrelated buishess gross income of \$1,000 or more during the year?       3a       3a       X         3b If Yes, That the all com SOUT brin his year? W for 10 in:: 20, purroup to end on SCheduld O       3b       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account n in threign county?       4a       X         b If Yes, "intert the name of the fragin Contract, securities account, or other financial accounts (FBAR).       5a       X         b Was the organization have an any time during the xyser?       5a       X         b If Yes, "indit the organization for BMBB f7       6c       6c         c Does the organization in hour advectuation as chirable contributions?       6a       X         b If Yes," indit the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductible a chirable intortholiton and prives or other proved to the prive or gint advectuation in advectuation and the signate of the signate		filed for the calendar year ending with or within the year covered by this return 2a 494										
Note:         Internation have unified business gos income of S1 000 or more during the year?         Image: S1 000 or more during the year? <th< th=""><th>b</th><td colspan="9">If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td></th<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
ab       Did the organization have unrelated biasness gross income of \$1,000 or more during the year?       3a       X         b       If "Yes," has tilled 5 cm 0900 for this year? If Wo' to in as 3 provide an explanation on Schedule 0       3b       4         4       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         b       If "Yes," enter the name of the foreign country (buch as a bain account, securities account, or other financial account?       4a       X         b       If "Yes," enter the name of the foreign country (buch as a bain account, and the tax year)       5a       X         b       If "Yes," the issa a c 5b, did the organization the form 8886."       X       5b       5c       X         c       If "Yes," the issa a c 5b, did the organization the form 8886."       X       5c       X       5c       X         did the organization next acdeutchible contributions       If "Yes," did the organization next acdeutchible contributions?       6a       X       X         b       If "Yes," did the organization next schedutchible contributions?       6a       X       X         b       If "Yes," did the organization nexts acdeutchible contributions?       7a       X       X         c       Organization active asparent in excess of SS made parity as contribution of aca												
b       If Yes," has it filed a Form 980-T for this yes/1 // No" to ine 3b, provide an explanation on Schedule 0       3b         4a       At any time during the calendary yes/, dith eroganization have an interest in, or signature or other authority over, a       4a         5b       If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?       4a         5a       Was the organization ap enty to a prohibited tax shelte transaction at any time during the taxy year?       5a         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have namal gross receipts that are normally greater than \$100,000, and did the organization have namal gross receipts that are normally greater than \$100,000, and did the organization have nucled with very solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         b       If Yes," du the organization have dispose of tangible personal property for which it was required to the payor?       7a       X         c       Did the organization necessed str55 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         c       Did the organization necessed str55 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         c       Did the organization necessed str55 made partly as a contribution and partly for goods and services provided to the payor?       7a       X	3a											
4a       At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a time financial accounts in a foreign country b <ul> <li>See instructions for timing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>See instructions for timing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>See instructions for timing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>See instructions for time and the organization that it was or is a party to a prohibit data whether transaction and with the during the tax year?</li> <li>See instructions for time and the organization the form 88647 are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that an ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?</li> <li>Organizations that may receive deductible contributions under section 170(c).</li> <li>Bit "Yes," (did the organization incity the donor of the value of the goods or services provided to the payor?</li> <li>Te X</li> <li>If "Yes," indicate the number of Forms 8820 field during the year</li> <li>If did the organization network any funds, divedury on indirectly, to pay prentums on a personal benefit contract?</li> <li>Te X</li> <li>If the organization network any funds, divedury on indirectly, to pay prentums on a personal benefit contract?</li> <li>Te X</li> <li>If the organization network and soluting the year?</li> <li>If the organization network and soluting at may contribution of a second benefit contract?</li> <li>Te X</li> <li>If the organization network another the consoluting at may the during the year?<th></th><th colspan="11"></th></li></ul>												
Image: the second in a toreign country (such as a bark account, securities account, or other financial account)?     4a     X       b     If 'Yes, 'enter the name of the foreign country.     5a     X       5a     Was the organization a party to a prohibite tax where transaction at any time during the tax year?     5a     X       5a     Was the organization ap any to a prohibite tax where transaction at any time during the tax year?     5a     X       5a     Dod any taxable party notify the organization the any taxable party to a prohibite tax shelfer transaction at any time during the tax year?     5a     X       5a     Dod any taxable party notify the organization the any taxable party to a prohibitot tax where the any contributions not any provide tax shelfer than \$100,000, and did the organization solicit any contributions that were not tax deductible output the section 170(c).     5b     X       5a     To organization sells apprent in excess of \$75 mode party as contribution and party for prodes and services provided to the payor?     7a     X       7b     Tyes,' did the organization notify the denor of the value of the goods or services provided?     7b     X       7c     X     If 'Yes,' noticate the number of Forms 8282 field during the year     7d     7a     X       7c     X     If 'Yes,' indicate the number of Forms 8282 field during the year?     7d     X       7d     Do the organization neeve any taxies indicated propery, id the organization file Form 8989 as require?												
b       1/*/es,* drate the name of the foreign country ▶         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a       Was the organization aparty to a prohibited tax shafter transaction?         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?         6a       Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid are normalized to the activatible contributions or grits were not tax deductible?       See         7       Organizations that may receive deductible contributions under section 170(c).       Bod       See         10       If *Yes, "did the organization notify the door of the value of the goods or services provided?       To       X         7       To anization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?       To       X         9       If *Yes, "did the organization notify the door of the value of the goods or services provided?       To       X         0       If the organization notify the door of the value of the organization tractar?       To       X         11       If the organization notify the door of the value of the payer services provide?       To       X         0       If the organization notify the door of cars. Datas, anignames, orother vehiclos, dit the organization for B00			4a		x							
See Instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     Xa       5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     Xa       5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     Xa       6b Does the organization and any construction that it was or is a party to a prohibited tax shelter transaction?     6a     Xa       6b Dress the organization naive annual gross recorrects that are normally greater than \$100,000, and did the organization sheld we develoate that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on thributions under section 170(c).     6a     X       7 Organization secke apyment in excess of \$75 made party as a contribution?     7a     X     7a     X       7 If "Yes," did the organization notify the donor of the value of the goods or services provided?     7a     X     7a     X       7 Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?     7a     X     7a     X       7 Did the organization neceive and contribution of cars, basis, airplanes, or other vehicles, did the organization file a Form 1098?     7a     X       7 Did the organization neceived a contribution of cars, basis, airplanes, or other vehicles, did the organization file a Form 1098?     7a     X       7 D	h		14									
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization file form 888617     5c     X       6a     Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solid any contributions that were not tax deductible as charable contributions?     6a     X       7b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the part?     7a     X       7     Organization neceive a payment in excess of \$25 made partly as a contribution and partly for goods and services provided to the part X     7a     X       7     Organization receive a payment in excess of \$25 made partly as a contribution and partly for which it was required to file form 8282 filed during the year     7d     X       8     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X     X       9     Did the organization receive a contribution of qualified intellectual property, for which it was required?     7a     X       7     T     X     T     X     T     X       9     Sponsoring organization maintaining door advised funds. Did a conor advised fund maintained by the sponsoring organization maintaining door advised funds.     10a     10a       9     Sponsoring organiza	~											
b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       c     If "Yes' to line 5a or 5b, did the organization Rile Form 8886 T?     5c     5c       6     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions?     6a     X       7     Organization include with every solicitation an express statement that such contributions or gifts     6b     7a     X       7     Organization receive a payment in secse of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       7     Organization receive a payment in secse of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       7     Types,' idid the organization neticy the donor of the value of the goods or services provided?     7c     X       7     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       7     Types,' indicate the number of Forms 8282 filed during the year     7d     X     X       9     Dot the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract?     7r     X       11     the organization meany transmitter as a contribution of qaustife diretheduration provery for which the organizatio	5a		5a		x							
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-17       5c         6a       Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any conthibutions that may northyle as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         7       Organization statut may receive deductible contributions and parity for goods and services provided to the payor?       7a       X         11       If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?       7a       X         c       Did the organization neceive any tunki, directly or indirectly, no payotices provided to the payor?       7a       X         c       Did the organization, unity the doorn of the value of the goods or services provided to the payor?       7a       X         d       Did the organization, unity the year, pay premiums, directly or payots payots premiums, directly or payots premiums, directly any premiums, directly any configure, on payots pa												
Ga       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions multiples as charitable contributions?       Ga       X         b       ff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         c       Organizations that may receive deductible contributions under section 170(c).       Bid the organization necke a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       ff "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for which it was required       7c       X         f       Did the organization neceive apyment in excess of \$75 made partly as a contribution or a personal benefit contract?       7c       X         f       Did the organization receive a contribution of qualified intelleculal property, did the organization file a Form 1098-C?       7n       X         g       If the organization materiating donor advised funds.       Did the organization materiating donor advised funds.       Did the organization materiation and partly table distributions under section 4966?       9a       Did the posnosing organization make a distribution to a donor, donor advised funds.       Did the organizations. Enciret </th <th></th> <th></th> <th></th> <th></th> <th></th>												
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6b       7     Organization seth ary receive deductible contributions under section 170(c).     10     10     10     17     X       b     If 'Yes,'' did the organization neales of \$57 mid a partily as a contribution and partly for goods and services provided to the payor?     7a     X       c     Did the organization setle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 38282     7d     X       d     If 'Yes,'' indicate the number of Forms 8282 filed during the year     7d     X       f     Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?     7f     X       g     If the organization receive a contribution of cars, boats, arginanes, or other whickes, did the organization file Form 108-C?     7n     X       8     Sponsoring organization make any taxable distributions under section 4966?     8a     9a       9     Sponsoring organization make any taxable distributions or dives of tub facilities     10a     10a       10     the organization make any taxable distributions under section 4966?     9a     10       9     bid the sponsoring organization make any taxable distributions under			50									
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       Image: Control of C	Ua		60		v							
were not tax deductible?     6b       7     Organizations cells explorent in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       b     If "Yes," did the organization needle payment in excess of \$75 made parity as a contribution and parity for goods and services provided?     7b     X       c     Did the organization needle payment in excess of \$75 made parity as a contribution and parity for goods and services provided?     7c     X       c     Did the organization needle apyment in excess of \$75 made parity as a contribution and parity for goods and services provided?     7c     X       d     If "Yes," indicate the number of Forms 8282 field during the year     7d     7c     X       f     Did the organization needle apyment in excess the pay premiums on a personal benefit contract?     7r     7r     X       g     If the organization needle a contribution of caubiled is inplanes, or other vehicles, did the organization file a Form 1098-C?     7n     X       8     Sponsoring organization make any taxable distributions under section 4966?     9a     9b     9b       10     the sponsoring organization make any taxable distributions outper socies against any taxable of Form 500-400 person?     9b     9b       10     Section 501(c)(7) organizations. Enter:     10a     10a     10a       11     Socies income from members or shareholders     11a     10a     <	<b>L</b>		oa									
7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7b       X         c Did the organization netify the donor of the value of the goods or services provided?       7b       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to flie Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       [7d]       7t       X         e Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         f If the organization received a contribution of qualified intellectual property. did the organization file a Form 1098-C?       7t       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distributions under section 4966?       9a       9a         9 Sponsoring organization make a distribution s donor, donor advised funds.       10a       10b       9a       9b       9a       9b       9a       9a       9b       10b       1	D		<b>C</b> 1-									
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b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       X         d       If the organization, during the year, pay premiums, on a personal benefit contract?       7fe       X         f       If the organization receive any funds, directly or indirectly, on personal benefit contract?       7fe       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098C?       7fn       X         Sponsoring organization maintaining door advised funds.       9       9       9a       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       1a         10       the sons norme from members or shareholders       10a       10b       1a       1			_	v								
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to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         If the organization receive any on times, directly or indirectly, on a personal benefit contract?       7t       X         If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         Sponsoring organization maintaining donor advised funds.       0       9       9         Sponsoring organization make any taxable distributions under section 4966?       9a       9         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         Did the sponsoring organizations. Enter:       10a       10b       10c <t< th=""><th></th><th></th><th>7b</th><th>X</th><th><u> </u></th></t<>			7b	X	<u> </u>							
d If "Yes," indicate the number of Forms 8282 filed during the year       Image: Contract?       7e       X         e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-0?       7h       X         8 Sponsoring organizations maintaining door advised funds.       8       9       9         9 Sponsoring organization make any taxble distributions under section 4966?       9a       9         b Did the sponsoring organization make a distribution to a door, door advisor, or related person?       9b       9         10 Gass income from members or shareholders       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       12a         12 Section 501(c)(12) organizations. Enter:       11a       10b       12a       12a         13 Section 501(c)(12) organizations. Enter:       11a       10b       12a       12	С											
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g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8       8         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       2       8         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       2       9         10       section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b       10b       10b       10b       10b       10c       10c <th>е</th> <th></th> <th>7e</th> <th></th> <th></th>	е		7e									
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sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       11a       10b         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       Did the arganization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         14a       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parantute payment(s) during the year?	h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
9       Sponsoring organizations maintaining donor advised funds.       9a       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a       10b       11a       10b       11a       11a       11a       11b       11b <t< th=""><th>8</th><th>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</th><th></th><th></th><th></th></t<>	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans       13b         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched		sponsoring organization have excess business holdings at any time during the year?	8									
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       Image: Control 10 Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b         12       Gross income from members or shareholders       11a       11b       11b       12a         b       Gross income from them.       11b       11b       12a       12a         2       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         5       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         3       Section 501(c)(29) qualified health plans in more than one state?       13a       13a       13a         6       Enter the amount of reserves on hand       13b       13c       13a       13a         4       Did the organization subject to the section 4960 tax on payment(s) of more than 31,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X	9	Sponsoring organizations maintaining donor advised funds.										
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
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12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X												
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a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans         c Enter the amount of reserves on hand       13c       Image: Comparization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       Image: Comparization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       Image: Comparization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Comparization an educational institution subject to the section 4968 excise tax on net investment income?       16       X												
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Ima			13a									
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b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X			140		x							
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X					<u> </u>							
excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X			140									
If "Yes," see instructions and file Form 4720, Schedule N.       If "Yes," complete Form 4720, Schedule O.         If "Yes," complete Form 4720, Schedule O.       If "Yes," complete Form 4720, Schedule O.	15		4-									
16       X         If "Yes," complete Form 4720, Schedule O.       If			15									
If "Yes," complete Form 4720, Schedule O.												
	16		16		X							
		It "Yes," complete Form 4720, Schedule O.		0000								

Form **990** (2019)

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orm	990 (2019)CALIFORNIA SCIENCE CENTER FOUNDATION95-2210			Page
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f	or a "No"	respoi	ise
	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	<u></u>		2
ec	tion A. Governing Body and Management			-
		<b>T</b> 0	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	79		
	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.	70		
	Enter the number of voting members included on line 1a, above, who are independent 1b	79		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		v	
~	officer, director, trustee, or key employee?	2	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 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?			-
6	Did the organization have members or stockholders?	6		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?	<u>7a</u>		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?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	⊢
-	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
_			Yes	N
	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		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?			-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12</b> b	X	┢
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X X	┢
3	Did the organization have a written whistleblower policy?		-	┢
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official		X	-
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		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?	<b>16</b> b		
ec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50	1(c)(3)s or	nly) av	ailat
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	/, and fina	Incial	
	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 🕨			
	GENEVIEVE DUNAWAY - 213-744-7487			
	700 EXPOSITION PARK DRIVE, LOS ANGELES, CA 90037			
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
	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		
	te this table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the organizatic	n's tax voar

mpensation for the calendar year ending with or within the all persons required to be listed. Report of • 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 currenthighest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	Ľ		(0	C)			(D)	(F)	
Name and title	Average	Position						Reportable	Estimated	
	hours per	hours per (do not check more than one box, unless person is both an officer and a director/trustee)						compensation	Reportable compensation	amount of
	week		cer an	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t con /ee				and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RAUL ANAYA	1.00				×	노	ш.			
TRUSTEE		x						٥.	٥.	0.
(2) BETTY B. ANDERSON	1.00									
TRUSTEE		x						0.	0.	0.
(3) WALLIS H. ANNENBERG	1.00									
TRUSTEE		Х						٥.	٥.	٥.
(4) ANDREW F. BARTH	1.00									
TRUSTEE		X						0.	0.	0.
(5) JANIS BERMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(6) LISA BISCAICHIPY	1.00									
TRUSTEE		х						0.	0.	0.
(7) KENT S. CALDWELL-MEEKS	1.00									
TRUSTEE (UNTIL 2/2020)		x						0.	0.	0.
(8) JAMIE CALLAHAN	1.00									
TRUSTEE		x						0.	0.	0.
(9) NORA CHAVES	1.00									_
TRUSTEE		x						0.	0.	0.
(10) CATHERINE COLLINSON	1.00									
TRUSTEE	1.00	х						0.	0.	0.
(11) CABOT CONNERY	1.00	l								
TRUSTEE (12) JOHN DESIMONE	1 00	x						0.	0.	0.
(12) JOHN DESIMONE TRUSTEE (UNTIL 12/2019)	1.00							0.	0	0
	1.00	X						U.	0.	0.
(13) MATTHEW B. DUBECK, ESQ. TRUSTEE	1.00	x						0.	0.	0
(14) KATHLEEN M. DUNCAN	1.00	^						U.	U.	0.
TRUSTEE	1.00	x						0.	0.	0.
(15) MARVIN ELKIN	1.00							· · ·	•••	<u>.</u>
TRUSTEE	1.00	x						0.	0.	0.
(16) ALAN J. FOHRER	1.00							· · ·		
TRUSTEE		x						0.	0.	0.
(17) JUAN J. FONTENLA	1.00	<u> </u>						``.	```	<u> </u>
TRUSTEE (FROM 2/2020)		x						0.	0.	0.
932007 01-20-20	1		·		·	·		· · ·	· · ·	Form <b>990</b> (2019)
						-				

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2019.05091 CALIFORNIA SCIENCE CENTER F 1222\_\_\_1

Form 990 (2019) CALIFORNIA SC	CIENCE CENT	ER	FOU	NDA	TIO	N			95-221	0527	'	F	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per	box	, unle	Pos check	erson	than is bot	h an	(D) Reportable compensation	<b>(E)</b> Reportable compensatior	ı		<b>(F)</b> stimat	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated sint/u		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		com fr org an	othei ipens rom th aniza d rela anizat	ation he ation ated
(18) ROBERT L. FRAZIER, III TRUSTEE	1.00	x						0.		0.			0.
(19) ALLAN M. FREW	1.00												
TRUSTEE		х						0.		0.			0.
(20) JEFFREY L. GLASSMAN, ESQ.	1.00	4											
TRUSTEE	1 00	X					_	0.		0.			0.
(21) BILLIE GREER	1.00	x						0.		0.			0
TRUSTEE (22) N. MATTHEW GROSSMAN, ESQ.	1.00	^ _		-		-	-	0.		۰.			0.
TRUSTEE	1.00	x						0.		0.			0.
(23) CHAD HAGLE	1.00									۰.			••
TRUSTEE		x						0.		Ο.			Ο.
(24) DIANE HAMWI	1.00									-			-
TRUSTEE		x						0.		Ο.			Ο.
(25) LISA HANSEN	1.00												
TRUSTEE		х						0.		0.			0.
(26) DANIEL HART	1.00												
TRUSTEE		Х						0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								934,612.		0.			,781.
d Total (add lines 1b and 1c) 2 Total number of individuals (including bu								934,612.	00.000 of your out o	- •		151	,781.
compensation from the organization			50 11	Sleu		ove)	wite		00,000 01 reporta	DIE			7
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		x
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" со	mpl	ete S	Sche	edul	e J i	for such individual	-		4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion	from	ı any	y uni	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•								pens	ation	from	
the organization. Report compensation for	the calendar y	ear	end	ing v	with	or w	rithii	ŭ	year.				
(A) Name and business	address							<b>(B)</b> Description of s	services	С	)) ompe		on
WME IMG HOLDING, LLC, 1360 E. 9TH ST								-					
SUITE#100, CLEVELAND, OH 44114								EXHIBIT ROYALTY PA	YMENT		1	,657	,948.
EVIDENCE DESIGN LLC													
158 MAPLE STREET, BROOKLYN, NY 11225								EXHIBIT DESIGNER				265	,087.
TERRY MONTELEONE													
P.O. BOX 1648, TOPANGA, CA 90290								FUNDRAISING CONSUL	TANT			105	,000.
2 Total number of independent contractors ( \$100,000 of compensation from the organi	zation 🕨		mite	ed to		se li 3	stec	d above) who received n	nore than			000	10.5
SEE PART VII, SECTION A CONTINU 932008 01-20-20	JATION SHEE	тS				8					Form	990	(2019)

Part VII Section A. Officers, Directors,	Frustees, Key Ei	nplo	byee	es, a	nd I	ligh	est	Compensated Employ	<b>ees</b> (continued)	
(A)	(B)	<u> </u>	-		C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	k all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	director				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or (	stee			nsated		(00-2/1033-10100)		and related
	organizations	ndividual trustee or	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tution	er I	Key employee	est cc	er			U
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) BARBARA B. HENDERSON	1.00									
TRUSTEE		x						Ο.	Ο.	C
(28) ALAN HOFFMAN	1.00									
TRUSTEE (FROM 12/2019)		х						Ο.	Ο.	C
(29) MARVIN L. HOLEN, ESQ.	1.00									
TRUSTEE		x						Ο.	Ο.	C
(30) ROBERT W. HUSTON	1.00									
TRUSTEE		x						0.	Ο.	(
(31) HON. REGINALD JONES-SAWYER	1.00									
TRUSTEE		х						Ο.	Ο.	(
(32) PERLETTE JURA	1.00									
TRUSTEE		x						Ο.	Ο.	(
(33) DAVID KNIGHT	1.00									
TRUSTEE		x						Ο.	Ο.	(
(34) HANS KEONIGSMANN	1.00									
TRUSTEE (FROM 12/2019)		х						Ο.	Ο.	(
(35) WALLIS LAUGHREY	1.00									
TRUSTEE (FROM 2/2020)		х						Ο.	Ο.	(
(36) STEPHANIE LESHNEY	1.00									
TRUSTEE (FROM 10/2019)		х						٥.	0.	(
(37) JENNIFER LIN	1.00									
TRUSTEE		х						Ο.	Ο.	(
(38) ONEIDA LIZARRAGA	1.00									
TRUSTEE		х						٥.	0.	(
(39) ARTHUR LOFTON	1.00									
TRUSTEE		х						Ο.	Ο.	(
(40) KIRA REED LORSCH	1.00									
TRUSTEE		х						0.	Ο.	(
(41) STEVEN LOTWIN	1.00									
TRUSTEE		х						٥.	0.	(
(42) LISA MARGOLIS	1.00									
TRUSTEE		х						٥.	0.	(
(43) JIM MASER	1.00									
TRUSTEE		х						٥.	0.	
(44) KEN T. MCBRIDE	1.00									
TRUSTEE		x						0.	0.	(
(45) STUART C. MCMULLEN	1.00									
TRUSTEE		x						0.	0.	
(46) ALFREDO MEDINA	1.00									
TRUSTEE (UNTIL 8/2019)		x			1			Ο.	0.	(

	SCIENCE CENT							Opening and a stand Freedom	95-221052	7
Part VII Section A. Officers, Directors, (A)	(B)	mpic 	byee			lign	est	Compensated Employ (D)	ees (continued) (E)	(F)
من Name and title	Average			Position Reportable Reportable I				Estimated		
Name and the	hours	(cl					lv)	compensation	compensation	amount of
	per	(0.					·,,,	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old me		organization	(W-2/1099-MISC)	from the
	hours for	or di	8			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		ee	bens				and related
	organizations below	ual tr	tional		yolqr	st con				organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARTIN R. MELONE	1.00	-	_		-	-	-			
TRUSTEE		х						Ο.	0.	0
(48) HON HOLLY J. MITCHELL	1.00									
TRUSTEE		x						٥.	Ο.	0
(49) JESSICA MITCHELL	1.00									
TRUSTEE (UNTIL 9/2019)		x						٥.	Ο.	0
(50) RAGHU NANJAPPA	1.00									
TRUSTEE		x						Ο.	Ο.	0
(51) NANCI E. NISHIMURA, ESQ.	1.00									
TRUSTEE		x						Ο.	Ο.	0
(52) MARGO L. O'CONNELL	1.00									
TRUSTEE		x						Ο.	Ο.	0
(53) LYNDA OSCHIN	1.00									
TRUSTEE		x						0.	0.	0
(54) JANIS PAMIJANS	1.00							-	-	
TRUSTEE (FROM 12/2019)		x						0.	0.	0
(55) ADAM PARRISH	1.00							-	-	
TRUSTEE (FROM 10/2019)		x						0.	0.	0
(56) GEORGE PLA	1.00									
TRUSTEE		x						0.	0.	0
(57) HON. CURREN PRICE JR.	1.00								•	
TRUSTEE		x						0.	0.	0
(58) MARK E. PULIDO	1.00									
TRUSTEE (UNTIL 08/2019)		x						0.	0.	0
(59) HON. MARK RIDLEY-THOMAS	1.00							- •		
TRUSTEE		x						0.	0.	0
(60) ALEX ROSE	1.00									
TRUSTEE		x						0.	0.	0
(61) REON ROSKI	1.00							- •		
TRUSTEE		x						0.	0.	0
(62) MICHAEL ROUSE	1.00							- •		
TRUSTEE		x						0.	0.	0
(63) MARTHA SAUCEDO	1.00									
TRUSTEE		x						0.	0.	0
(64) RODGER R. SCHWECKE	1.00									
TRUSTEE		x						0.	0.	0
(65) JEFFREY SHOCKEY	1.00	<u> </u>							<b>`</b>	
TRUSTEE	1.00	x						0.	0.	0
(66) STANLEY SHUSTER	1.00	<u> </u>				-			<u>.</u>	0
TRUSTEE	1.00	x						0.	0.	0
INOTED		1 22						· · ·	۰.	0

Part VII Section A. Officers, Directors, T	rustees. Kev E	npla	ovee	es. a	nd H	N Hiah	est	Compensated Employ	ees (continued)	7
(A)	(B)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	k all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	lirecto				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			Isatec		(1099-10130)		and related
	organizations	truste	al trus		yee	mper				organizations
	below	ndividual trustee or director	Institutional trustee	er I	Key employee	Highest compensated employee	er			0
	line)	Indiv	Insti	Officer	Key	High	Former			
(67) JOHN N. SINNEMA	1.00									
IRUSTEE		х						0.	0.	0
(68) CYNTHIA LEE SMET	1.00									
TRUSTEE		х						٥.	0.	0
(69) HAL D. SNYDER	1.00									
TRUSTEE		х						٥.	0.	0
(70) TOM L. SOTO	1.00									
TRUSTEE		х						0.	Ο.	0
(71) TRUDY SULLIVAN	1.00									
TRUSTEE		х						0.	Ο.	0
(72) CHRISTOPHER THOMPSON	1.00									
TRUSTEE		х						Ο.	Ο.	0
(73) PHILIP TSENG	1.00									
TRUSTEE		х						Ο.	Ο.	0
(74) JON VEIN	1.00									
TRUSTEE		х						0.	Ο.	0
(75) DAVID C. WANG	1.00									
TRUSTEE		Х						0.	0.	0
(76) HOWARD WANG	1.00									
TRUSTEE		х						0.	0.	0
(77) CHRISTOPHER J. WARMUTH	1.00									
TRUSTEE		х						0.	0.	0
(78) FABIAN R. WESSON	1.00									
TRUSTEE		х						0.	0.	0
(79) AMELIA D. WILLIAMSON	1.00									
TRUSTEE		х						0.	0.	0
(80) SCOTT WITTER	1.00									
TRUSTEE (FROM 4/2020)		х						0.	0.	0
(81) SUZANNE WRIGHT	1.00									
TRUSTEE		х						0.	0.	0
(82) PATRICK W. DENNIS, ESQ.	2.00									
IMMEDIATE PAST CHAIR		х		X				0.	0.	0
(83) GIL GARCETTI	2.00									
CHAIR		х		X				0.	0.	0
(84) ANDREW SALE	1.00									
SECRETARY/TREASURER		х		х			<u> </u>	0.	0.	0
(85) LAURIE SOWD	40.00									
SRVP, COO				x			<u> </u>	179,014.	0.	14,977
(86) CYNTHIA PYGIN	40.00									
CFO				Х				149,936.	0.	27,743

	SCIENCE CENT						est	Compensated Employ	95-221052 rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				sition Reportable Reportable		Reportable	Estimated		
	hours	(cl	hecł	k all i	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	ipens				and related
	below	ual tr	tional		yolqr	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(87) ALYSON GOODALL	40.00	-	_		-	-	-			
SRVP, CAO				x				130,330.	0.	22,14
(88) JEFFREY N. RUDOLPH	18.00									
PRESIDENT				x				41,314.	Ο.	1,65
(89) KENT JONES	40.00							,		,
/P-RETAIL OPERATIONS		1				x		112,408.	0.	27,04
(90) JONING MENG	40.00									
CONTROLLER						х		104,163.	0.	28,23
(91) CHRISTINA SION	40.00									
VP OF EVENT SERVICES						х		105,740.	Ο.	18,83
(92) SHELL AMEGA	40.00									
P-COMMUNICATIONS						Х		111,707.	0.	11,15
		1								
otal to Part VII, Section A, line 1c								934,612.		151,78

_	t VII	Statement of Re     Check if Schedule O			nse	or note to any line	e in this Part VIII	<u></u>	<u></u>	<u></u> [
							<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue exclud from tax unde sections 512 - 5
2	1 a	Federated campaigns		1a						
3	b	Membership dues		1b		1,139,784.				
	с	Fundraising events		1c		1,222,624.				
	d	Related organizations		1d						
		Government grants (cont				5,577,120.				
5	f	All other contributions, gifts,								
		similar amounts not included	abo\			7,946,523.				
	g	Noncash contributions included in	n lines	1a-1f <b>1g</b> \$		659,176.	45 006 054			
3	h	Total. Add lines 1a-1f					15,886,051.			
	-	OTHER DROGDING				Business Code	1 005 101	1 005 101		
	2 a	OTHER PROGRAMS				611710	1,225,121.	1,225,121.		
2	b	IMAX THEATER	VIIT			611710 611710	1,223,741.	1,223,741.		
	c	ADMISSION SPECIAL E EDUCATIONAL PROG. F					1,061,447.	1,061,447.		
000000	d	EDUCATIONAL PROG. F	EGT			611710 611710	685,680. 606,634.	685,680.	<u> </u>	
	e					611710	421,163.	606,634. 421,163.	<u> </u>	
		All other program service					5,223,786.	421,103.		
+	<u>g</u> 3	Total. Add lines 2a-2f Investment income (inclu					5,225,700.			
	3		-				2,846,427.			2,846,4
	4	Income from investment					2,040,427.			2,010,1
	<del>-</del> 5	Royalties								
	5	noyanes		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	. <u> </u>							
		Gross amount from sales of	· —	(i) Securiti		(ii) Other				
		assets other than inventory	7a	186,338,7	10.	13,000.				
	b	Less: cost or other basis				· · · · · ·				
		and sales expenses	7b	186,228,1	66.	62,046.				
	с	Gain or (loss)	7c			-49,046.				
		Net gain or (loss)				►	61,498.			61,4
		Gross income from fundrais								
		including \$ 1,	222	,624. of						
		contributions reported or	ı line	1c). See						
		Part IV, line 18			8a	89,744.				
	b	Less: direct expenses			8b	506,997.				
	с	Net income or (loss) from	fund	raising ever	ts	<b>&gt;</b>	-417,253.			-417,2
	9 a	Gross income from gamir								
		Part IV, line 19			9a	63,250.				
					9b	٥.				
		Net income or (loss) from	-	-	<u>.</u>	🕨	63,250.			63,2
	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold			10b	2,447,476.	200.451			
+	С	Net income or (loss) from	sale	s of inventor	у		328,151.			328,1
						Business Code	050 405			050 4
		OTHER REVENUE	rm			999999	259,427.			259,4
	b	INSURANCE SETTLEMEN	T			999999	13,018.			13,0
	c					├				
		All other revenue					272 445			
		Total. Add lines 11a-11d				····· <b>P</b>	272,445.	E 000 700	0.	3 1 5 4 5
	12	Total revenue. See instructi	UIIS				24,264,355.	5,223,786.	U.	3,154,5

CALIFORNIA SCIENCE CENTER FOUNDATION

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Form 990 (2019)

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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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> 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	1,100.	1,100.		
<b>3</b> 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	417,634.	234,950.	168,158.	14,526.
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	9,048,999.	7,356,389.	838,526.	854,084.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	172,007.	136,731.	18,698.	16,578.
9 Other employee benefits	1,305,915.	925,172.	258,769.	121,974.
10 Payroll taxes	1,136,310.	593,475.	474,135.	68,700.
11 Fees for services (nonemployees):	, , ,	,	, ,	, -
a Management				
b Legal	27,347.		27,347.	
c Accounting	115,556.		115,556.	
d Lobbying	87,580.			87,580.
e Professional fundraising services. See Part IV, line 17	154,800.			154,800.
f Investment management fees	101,000.			101,000.
	2 183 850	2,022,225.	121 047	10 578
column (A) amount, list line 11g expenses on Sch 0.)	2,183,850. 538,593.	538,593.	121,047.	40,578.
12 Advertising and promotion	1,099,192.		47 022	70 0/1
13 Office expenses		971,328.	47,923.	79,941.
14 Information technology	234,268.	161,809.	29,115.	43,344.
15 Royalties	250,564.	250,564.		20
16 Occupancy	55,569.	55,537.	40.004	32.
17 Travel	227,889.	166,669.	42,824.	18,396.
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials	45.000	40.077	100	
<b>19</b> Conferences, conventions, and meetings	45,830.	40,277.	122.	5,431.
20 Interest	1,274,384.	1,271,303.	3,081.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,027,125.	1,012,047.	9,745.	5,333.
23 Insurance	198,147.	109,235.	88,912.	
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 0.)				
a OTHER EXPENSES	89,892.	33,524.	28,724.	27,644.
b				
c				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	19,692,551.	15,880,928.	2,272,682.	1,538,941.
<b>26 Joint costs.</b> Complete this line only if the organization	1,052,551.	10,000,020.	2,2,2,002.	1,000,041.
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)				
Check here if following SOP 98-2 (ASC 958-720) 932010 01-20-20				Form <b>990</b> (2019)

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33

Total liabilities and net assets/fund balances

Form 990 (2019)

1

2

3

Assets

\_iabilities

Net Assets or Fund Balances

Part X | Balance Sheet

132,540,502.

33

#### **5** Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 18,303,091. 17,050,271. Notes and loans receivable, net 7 7 901,604, 1,007,633. 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 67,697. 9 199,035. **10a** Land, buildings, and equipment: cost or other 49,289,060. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 43,721,488. 6,413,302. b Less: accumulated depreciation \_\_\_\_\_ 10b 5,567,572. 10c Investments - publicly traded securities 82,638,677. 90,455,710. 11 11 Investments - other securities. See Part IV, line 11 494,374. 698,278. 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 29,137. Other assets. See Part IV, line 11 29,137 15 15 132,540,502. 142,540,920. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 2,857,674. 2,963,676. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 16,370,324. 22,020,658. 19 19 Deferred revenue Tax-exempt bond liabilities 43,090,000. 40,380,000. 20 20 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% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,352,234. 25 6,771,617. of Schedule D 68,670,232. 72,135,951. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔟 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 39,959,308. 27 42,107,110. 27 Net assets with donor restrictions 23,910,962. 28,297,859. 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 63,870,270. 32 70,404,969.

CALIFORNIA SCIENCE CENTER FOUNDATION

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

4 Accounts receivable, net

95-2210527

1

2

3

4

(A)

Beginning of year

11,123,673.

11,034,573.

1,069,620.

464.754.

Page **11** 

(B)

End of year

11,467,770.

1,868,540.

12,863,221.

1,333,753.

142,540,920.

Form 990 (2019)

Form	990 (2019) CALIFORNIA SCIENCE CENTER FOUNDATION	95-2210527		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	,264	,355.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	,692	,551.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	,571	,804.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63	,870	,270.
5	Net unrealized gains (losses) on investments	5	1	,720	,123.
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		242	,772.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	70	,404	,969.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2019	
Open to Public Inspection	

## Name of the organization

Nan	ne of t	the organization						Employer	identification number
				NTER FOUNDATION					5-2210527
Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	antial part of its support	from a gov	ernmental	unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10	X	An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with i	s support	ed organizatio	on(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		☐ Type III functionally inte						ally integrate	ed with,
	_	its supported organization							
d		☐ Type III non-functionally		• • •				-	
		that is not functionally int			-		-	d an attent	iveness
		requirement (see instruct	-	-					
е		☐ Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, or	• •	, ,	0 0				
f		er the number of supported o							
<u> </u>		vide the following informatior i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount o	fmonetary	(vi) Amount of other
	``	organization	(1) 2.13	(described on lines 1-10	in your governi Yes	ng document? No	support (see ii		support (see instructions)
				above (see instructions))	165		、		
Tota	al								
		Paperwork Reduction Act N	lotice, see the Instr	ructions for Form 990 c	or 990-EZ.	932021 09-	25-19 Sche	dule A (For	ı m 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(4) 2010		(0) 2011	(4) 2010	(0) 2010	(i) rotai
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	1 4		,				
13	First five years. If the Form 990 is for	0	s first, second, thi	ra, tourth, or tifth t	tax year as a section	on 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (					14 15	%
	Public support percentage from 2018						%
108	33 1/3% support test - 2019. If the other have The experimentian events						
	stop here. The organization qualifies						
	33 1/3% support test - 2018. If the c						
4-	and <b>stop here</b> . The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				•		•
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box a		

Schedule A (Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION

#### 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) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 23,017,786. 20,901,773 13,130,375 14,732,455 15,886,051 87,668,440. 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 13,894,573, 14,744,168 14,561,706 17,186,146 8,152,407 68,539,000. 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 36,912,359. 35,645,941 27,692,081 31,918,601 24,038,458 156,207,440. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 5,975,615. 873,905 3,859,760. 1,787,845 3,051,999 15,549,124. 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 0. 5,975,615 3,051,999 873,905 3,859,760. 1,787,845 15,549 124 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 140,658,316. Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2016 (c) 2017 (d) 2018 (e) 2019 (a) 2015 (f) Total 9 Amounts from line 6 36,912,359 35,645,941 27,692,081 31,918,601 24,038,458 156,207,440. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 2,846,427 2,357,468 2,151,606 2,774,946 1,834,523 11,964,970. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,834,523 2,357,468 2,151,606 2,774,946 2,846,427 11,964,970. 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 366,624 477,735 605,007 541,150 272,445 2,262,961. assets (Explain in Part VI.) 39,113,506. 38,481,144. 30,448,694. 35,234,697. 27,157,330. 170,435,371. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five 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 2019 (line 8, column (f), divided by line 13, column (f)) 82.53 % 15 81.67 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 7.02 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % 5.98 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. 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 ► X 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 - 2018. 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 932023 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 19 2019.05091 CALIFORNIA SCIENCE CENTER F 1222\_\_\_1

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#### Schedule A (Form 990 or 990-EZ) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION

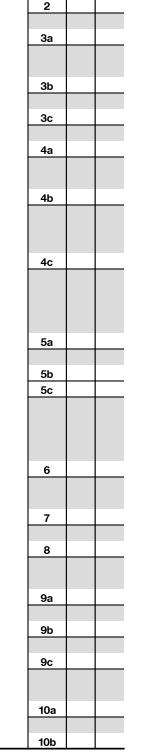
## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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Yes No

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Sche	dule A (Form 990 or 990-EZ) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION	95-2210527	Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" <i>to a, b, or c, provide detail in</i> <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directory trustees, or membership of one or more supported organizations have the newer to		163	NO
•	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
800	supported organizations played in this regard.	3		
-	tion 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 yease ins	structions).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			

- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*.
- c L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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- 2 Activities Test. Answer (a) and (b) 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? 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.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *Provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2019

2a

2b

За

3b

Yes No

16410422 701224 1222

2019.05091 CALIFORNIA SCIENCE CENTER F 1222\_\_\_1

Chedule A (Form 990 or 990-EZ) 2019 CALIFORNIA SCIENCE CENTER FOUNDAT: Part V Type III Non-Functionally Integrated 509(a)(3) Supporti			95-2210527 Page
1 Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions
other Type III non-functionally integrated supporting organizations must o	omplete Se	ctions 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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2019

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instructions).

Schedule A (Form 990 or 990-EZ) 2019	) CALIFORNIA	SCIENCE	CENTER	FOUNDATION

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION	95-2210527	Page <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 7 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	lines 1 and 2; Part IV, Sec Part V, Section B, line 1e;	tion C,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2015 AMOUNT: \$ 366,624.		
2016 AMOUNT: \$ 477,735.		
2017 AMOUNT: \$ 605,007.		
2018 AMOUNT: \$ 541,150.		
2019 AMOUNT: \$ 259,427.		
INSURANCE SETTLEMENT		
2019 AMOUNT: \$ 13,018.		
932028 09-25-19 Scl	hedule A (Form 990 or 99	90-EZ) 2019
24 410422 701224 1222 2019 05091 CALTEORNIA SCIENCE		

16410422 701224 1222

SCHEDULE C	Po	olitical Campaign a	and Lobbvin	na Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)			-	-	2010
	-	anizations Exempt From Income			2013
Department of the Treasury Internal Revenue Service		if the organization is described Go to www.irs.gov/Form990 for i			Open to Public Inspection
		n Form 990, Part IV, line 3, or Fo			
•	-	nplete Parts I-A and B. Do not con		ne re (r entreur euripaign	Addition and a second second
		01(c)(3)) organizations: Complete	•	v. Do not complete Part I-B.	
<ul> <li>Section 527 organization</li> </ul>					
e e		n Form 990, Part IV, line 4, or Fo	rm 990-EZ. Part VI. I	line 47 (Lobbying Activities	s). then
		have filed Form 5768 (election un			
		have NOT filed Form 5768 (electic			-
	•	n Form 990, Part IV, line 5 (Proxy			•
Tax) (see separate inst					,
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organiza	tions: Complete Part III.			
Name of organization		·		Emp	loyer identification number
		SCIENCE CENTER FOUNDATION			95-2210527
Part I-A Comple	ete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	organization.
1 Provide a description	on of the organiz	zation's direct and indirect politica	I campaign activities	in Part IV.	
2 Political campaign a	activity expendi	tures		▶ \$	i
3 Volunteer hours for	political campa	ign activities			
		-			
Part I-B Comple	ete if the org	ganization is exempt unde	er section 501(c)	(3).	
1 Enter the amount o	f any excise tax	incurred by the organization unde	er section 4955	▶\$	
2 Enter the amount o	f any excise tax	incurred by organization manager	rs under section 4955	5 🕨 \$	;
3 If the organization in	ncurred a sectio	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction m	ade?				Yes 🗆 No
<b>b</b> If "Yes," describe ir	n Part IV.				
Part I-C Comple	ete if the org	ganization is exempt unde	er section 501(c)	, except section 501	(c)(3).
1 Enter the amount d	irectly expende	d by the filing organization for sec	tion 527 exempt func	tion activities 🕨 \$	
2 Enter the amount o	f the filing orgar	nization's funds contributed to oth	er organizations for s	ection 527	
exempt function ac	tivities		-	▶ \$	;
3 Total exempt functi		s. Add lines 1 and 2. Enter here an			
line 17b				▶ \$	
					Yes No
5 Enter the names, ad	ddresses and er	nployer identification number (EIN			ch the filing organization
		ation listed, enter the amount paid			
contributions receiv	ed that were pr	omptly and directly delivered to a	separate political org	anization, such as a separa	ate segregated fund or a
political action com	mittee (PAC). If	additional space is needed, provid	de information in Part	t IV.	
(a) Name	)	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
		1	1	1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019					95-22	0
Part II-A Complete if the org	janizatio	on is exe	mpt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).						
		-	• • •	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha		, ,	• •			
B Check ► if the filing organiza	tion check	ked box A a	nd "limited control" pr	ovisions apply.		1
Limi	ts on Lob	bying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" m	neans amou	unts paid or incurred	.)	totals	totais
1a Total lobbying expenditures to influ	uence put		arassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence						
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter				l l l l l l l l l l l l l l l l l l l		
If the amount on line 1e, column (a) of			bying nontaxable an	11		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exe			
Over \$1,000,000 but not over \$1,5	,	. ,	00 plus 10% of the ex	. ,		
Over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1.000.	•			
		<i>.,</i> ,				
g Grassroots nontaxable amount (en	nter 25% c	of line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze						
reporting section 4911 tax for this						Yes No
	<u>,</u>		eraging Period Under			
(Some organizations the second s	hat made	a section 5	01(h) election do not	have to complete all o	of the five columns I	below.
	Se	e the separ	ate instructions for li	nes 2a through 2f.)		
	Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year						
(or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

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#### Schedule C (Form 990 or 990-EZ) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(t	) )
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?	X	37		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X X		
	Media advertisements? Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		x		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	x			21,290.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х		,
	Other activities?	Х			45,000.
j	Total. Add lines 1c through 1i				66,290.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c	)(5), or se	ection	
	501(c)(6).			V	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			otion	
. u.	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part	II-A, lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PARI	II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	FOUNDATION HAD AN ONGOING CONTRACT WITH STRATEGIC EDUCATION				
SERV	VICES IN SACRAMENTO, CALIFORNIA. THEIR ACTIVITIES INCLUDED UPDATING				
MEME	BERS OF THE CALIFORNIA STATE LEGISLATURE ON THE CALIFORNIA SCIENCE				
CENT	ER FOUNDATION'S EDUCATIONAL OPPORTUNITIES FOR YOUTH, ETC. AND				
FACI	LITATING AND MONITORING STATE INITIATIVES FOR THE CALIFORNIA				

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Schedule C (Form 990 or 990-EZ) 2019

Page **3** 

95-2210527

16410422 701224 1222

SCIENCE CENTER FOUNDATION. DURING THE FISCAL YEAR ENDED 6/30/20, THE

FOUNDATION PAID STRATEGIC EDUCATION SERVICES \$21,290 FOR THEIR

SERVICES.

THE FOUNDATION ALSO HAS A CONTRACT WITH THE NATIONAL GROUP IN

WASHINGTON D.C. TO SERVE AS LIAISON TO FEDERAL GOVERNMENT AGENCIES AS

NECESSARY AND TO MONITOR AND REPORT ON GOVERNMENT PROGRAMS RELEVANT TO

THE INITIATIVES AND OTHER POSSIBLE AREAS OF INTEREST TO THE FOUNDATION.

DURING THE FISCAL YEAR ENDED 6/30/20, THE FOUNDATION PAID NATIONAL

GROUP \$45,000 FOR THEIR SERVICES.

Schedule C (Form 990 or 990-EZ) 2019

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16410422 701224 1222

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

1

2

3

4 5

6

7

8

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.



Employer identification number 95-2210527

\_ No

(b) Funds and other accounts

No No

Nam	ne of the organization		Employer i	identification
	CALIFORNIA SCIENCE CENTER F	OUNDATION	95	-2210527
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fur	ids or Accounts.c	complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Funds and	other accoun
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	lvised funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can	be used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpo	ose conferring	
	impermissible private benefit?			Yes
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 99	0, Part IV, line 7.	

	impermissible private benefit?		Yes	No
a	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7		
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (for example, recreation or education)	orically	important land area	ι
	Protection of natural habitat Preservation of a cert	ified hi	storic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onserv	ation easement on t	he last
	day of the tax year.		Held at the End of th	e Tax Year
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
с	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure			
	listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nizatio	n during the tax	
	year ►			
ł	Number of states where property subject to conservation easement is located 🕨			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	on eas	sements during the y	/ear
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	aseme	nts during the year	
	▶\$			
3	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	3)(i)		

	ut III Organizations Maintaining Callestians of Art Historical Transverse, or Other Similar Ass	-	
	organization's accounting for conservation easements.		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	ıe	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and		
	and section 170(h)(4)(B)(ii)?	<u> </u>	Yes

	anizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Comp	lete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
	provide the following amounts relating to these items:

	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2019
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovio	de
	(ii) Assets included in Form 990, Part X		\$
	(i) Revenue included on Form 990, Part VIII, line 1		\$

932051 10-02-19

16410422 701224 1222

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Sche	dule D (Form 990) 2019 CALIFORNIA	SCIENCE CENTER	FOUNDATION			95-2210	527	F	-age <b>2</b>
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	ner Simil	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant	t use of its			
	collection items (check all that apply):								
а	LX Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of						-		-
	to be sold to raise funds rather than to be ma						Yes	X	No
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	on Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						٦		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amoun	t	
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
t	Ending balance				<b>1</b> f				1
	Did the organization include an amount on F				• • • • • • •	L	Yes		J No ∣
Pa	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i								<u></u>
1 4					(d) Three	veare back	(e) Four	Veare	hack
10	Beginning of year balance	(a) Current year 9,204,051.	(b) Prior year 8,819,635.	7,275,468.	<u> </u>	561,203.	. ,	,801,	
b	Contributions	5,201,001.	0,010,000;	1,011,602		7,359.			987.
	Net investment earnings, gains, and losses	839,353.	637,724.			802,923.		,	790.
	Grants or scholarships			010,210,	•			,	150.
	Other expenditures for facilities								
C	and programs	286,681.	253,307.	286,681.		196,017.		196	012.
f	Administrative expenses							,	
g	End of year balance	9,756,723.	9,204,051.	8,819,635,	7	275,468.	6	,661,	203.
2	Provide the estimated percentage of the curr	, ,			,	, .		, ,	
_ a	Board designated or guasi-endowment	.00	%						
b	Permanent endowment <b>61.00</b>	%							
	Term endowment 39.00								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	zation			
	by:	Ū			Ū.		[	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of th	e organization's end	owment funds.						
Pa	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part 2	X, line 10.				
	Description of property	(a) Cost or of	• • •	• • •	Accumulat		( <b>d</b> ) Boo	k value	ə
		basis (investr	nent) basis	(other) d	epreciatior	n 🛛			
	Land								
b	Buildings		3	,418,745.	3,418	,745.			0.
с	Leasehold improvements								
d	Equipment			,608,480.	1,687			,	424.
	Other			,261,835.	38,615	,687.		,646,	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		. 🕨 🗌		,567,	
						Schedule	D (Forn	1 990)	2019

Schedule D (Form 990) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION
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# Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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)	
otal. (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)	BOND PREMIUM	5,491,617.
(3)	PPP LOAN	1,280,000.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,771,617.

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

#### Schedule D (Form 990) 2019

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Sche	ule D (Form 990) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION			95-2210527	Page <b>4</b>
Par	·		Revenue per R	eturn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total revenue, gains, and other support per audited financial statements			1	29,266,849.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	1,720,123.		
	Donated services and use of facilities		85,126.		
	Recoveries of prior year grants		-		
	Other (Describe in Part XIII.)		3,197,245.		
	Add lines <b>2a</b> through <b>2d</b>			2e	5,002,494.
3	Subtract line <b>2e</b> from line <b>1</b>			3	24,264,355.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	24,264,355.
Par	XII         Reconciliation of Expenses per Audited Financial State		i Expenses per	Return.	
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
	Total expenses and losses per audited financial statements			1	22,732,150.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		95 196		
	Donated services and use of facilities		85,126.		
	Prior year adjustments				
	Other losses Other (Describe in Part XIII.)		2,954,473.		
	Add lines <b>2a</b> through <b>2d</b>		, ,	2e	3,039,599.
	Subtract line <b>2e</b> from line <b>1</b>			3	19,692,551.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	19,692,551.
Par	t XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			4; Part X, line 2	.; Part XI,
PART	III, LINE 1A:				
THE	FOUNDATION HOLDS A NUMBER OF ARTIFACTS OF HISTORICAL SIGNIFIC	ANCE AS			
COLL	ECTIONS INCLUDING THE SPACE SHUTTLE ORBITER ENDEAVOUR AND REL	ATED			
ARTI	FACTS. THESE COLLECTIONS ARE NOT CAPITALIZED IN THE STATEMEN	T OF			
FINA	NCIAL POSITION. CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FR	OM THE			
FINA	NCIAL STATEMENTS. PURCHASED COLLECTION ITEMS ARE TREATED AS	A			

REDUCTION IN THE UNRESTRICTED NET ASSETS AT THE TIME OF PURCHASE.

COLLECTIONS ARE CATALOGED AND PRESERVED FOR EDUCATIONAL PURPOSES.

THE COSTS OF PURCHASING OR COLLECTING LIVE ANIMALS ARE EXPENSED AS

INCURRED. DONATED SPECIMENS ARE NOT VALUED AND, THEREFORE, ARE NOT

REFLECTED IN THE FINANCIAL STATEMENTS.

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Schedule D (Form 990) 2019

#### PART III, LINE 4:

ARTIFACTS OF HISTORICAL AND SCIENTIFIC SIGNIFICANCE PRESERVED FOR

EDUCATIONAL PURPOSES.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE EDUCATIONAL

AND OPERATIONAL PROGRAMS.

PART X, LINE 2:

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB")

ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, "UNCERTAINTY IN

INCOME TAXES" ("ASC 740"), THE FOUNDATION RECOGNIZES THE IMPACT OF TAX

POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN

NOT TO BE SUSTAINED ON AUDIT. BASED ON THE TECHNICAL MERITS OF THE

POSITION. TO DATE, THE FOUNDATION HAS NOT RECORDED ANY UNCERTAIN TAX

POSITIONS.

THE FOUNDATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED

TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEARS ENDED

JUNE 30, 2020 AND 2019, THE FOUNDATION PERFORMED AN EVALUATION OF

UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE

RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON ITS

TAX-EXEMPT STATUS. THE FEDERAL AND STATE OF CALIFORNIA INCOME TAX RETURNS

OF THE FOUNDATION STILL OPEN AND SUBJECT TO IRS OR STATE OF CALIFORNIA

EXAMINATION ARE AS FOLLOWS:

JURISDICTION: FEDERAL OPEN TAX YEARS: 2016-2019

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Schedule D (Form 990) 2019         CALIFORNIA SCIENCE CENTER           Part XIII         Supplemental Information (continued)		95-2210527	Page
JURISDICTION: STATE OPEN TAX YEARS: 2015-	2019		
ART XI, LINE 2D - OTHER ADJUSTMENTS:			
UNDRAISING EXPENSES	506,997.		
COST OF GOODS SOLD	2,447,476.		
HANGE IN VALUE - CHARITABLE REMAINDER TRUSTS	242,772.		
OTAL TO SCHEDULE D, PART XI, LINE 2D	3,197,245.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EXPENSES	506,997.		
COST OF GOODS SOLD	2,447,476.		
FOTAL TO SCHEDULE D, PART XII, LINE 2D	2,954,473.		
		Schedule D (For	m 990) 20
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SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the	2010

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-F7

2019
Open to Public

epartment of the Treasury ternal Revenue Service     Attach to Form 990 of Form 990 er Form 990 -E2.     Open to Public       Inspection     Inspection						
						dentification number
CALIFORNIA SCIENCE CENTER FOUNDATION 95-2210527						
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not						
required to complete this part.						
1 Indicate whether the organization ra		-				
<b>a</b> X Mail solicitations						
<b>b</b> X Internet and email solicitation			-	-		
<b>d</b> In-person solicitations						
<b>2 a</b> Did the organization have a written						
	Part VII) or entity in connection with p			•		
<b>b</b> If "Yes," list the 10 highest paid inc		uant to	agree	ements under which	the fundraiser is t	o be
compensated at least \$5,000 by th	e organization.					
		(iii)	Did		(v) Amount paid	(vi) Amount paid
<ul> <li>(i) Name and address of individual or entity (fundraiser)</li> </ul>	(ii) Activity	fund have c	Did raiser ustody ntrol of	(iv) Gross receipts from activity	to (or retained b fundraiser	y) to (or retained by)
or entity (initialiser)		contrib	utions?	nonnactivity	listed in col. (i)	organization
NETZEL GRIGSBY ASSOCIATIONS,		Yes	No			
INC 9696 CULVER BLVD.,	CONSULTING		х	٥.	27,00	027,000.
ESTATE STRATEGIES, INC 468						
PENNSFIELD PLACE, #201,	CONSULTING		х	٥.	31,50	031,500.
TERRY MONTELEONE - P.O. BOX						
1648, TOPANGA, CA 90290	CONSULTING		Х	0.	78,75	078,750.
RICHARD NORDIN - 655 S. HOPE						
ST. APT. 1405, LOS ANGELES,	CONSULTING		X	0.	17,55	017,550.
Total			. 🕨		154,80	0154,800.
3 List all states in which the organizat	ion is registered or licensed to solicit	contrik	oution	s or has been notified	d it is exempt from	n registration
or licensing.	-				-	-
CA						

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

Schedule G (Form 990 or 990-EZ) 2019

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I

Schedule G	(Form 990	or 990-E7) 20	9 CALIFORNIA	SCIENCE	CENTER	FOUNDATION

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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

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DISCOVERY BALL	WOMAN OF THE YEAR	NONE	(add col. (a) through
Ð			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,289,894.	22,474.		1,312,368.
	2	Less: Contributions	1,200,150.	22,474.		1,222,624.
	3	Gross income (line 1 minus line 2)	89,744.			89,744.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
irect E>	7	Food and beverages	136,661.			136,661.
	8	Entertainment				25,050.
	9	Other direct expenses		4,399.	<b>`</b>	345,286. 506,997.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	-417,253.			
Pa	art I			n 990, Part IV, line 19, or		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			63,250.	63,250.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				

Yes

a Is the organization licensed to conduct gaming activities in each of these states?

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

No

%

Yes

No

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5

Other direct expenses

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: CA

6 Volunteer labor

**b** If "No," explain:

**b** If "Yes," explain:

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%

Yes

X No

%

Schedule G (Form 990 or 990-EZ) 2019

X Yes

63,250.

No

<u>Sc</u> r	edule G (Form 990 or 990-EZ) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION	95-221	.0527	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?		X Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			00.00 %
	An outside facility		13b	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
	Name E GENEVIEVE DUNAWAY			
	Address <b>&gt;</b> 700 EXPOSITION PARK DRIVE - LOS ANGELES, CA 90037			
15	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
k	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt		
	of gaming revenue retained by the third party $ ightarrow$ \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name  ALYSON GOODALL			
	Gaming manager compensation <b>*</b> \$ 152,474.			
	Description of services provided 🕨 ALYSON GOODALL'S RESPONSIBILITY AS CHIEF ADVANCEMENT			
	OFFICER IS TO ORGANIZE THE DISCOVERY BALL FUNDRAISING EVENT,			
	INCLUDING THE RAFFLE HELD AT THE BALL. GOODALL'S SALARY OF \$152,474			
	Director/officer Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		X Yes	No No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$ 63,250.			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v) 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	; and Pa	rt III, lines 9	9b, 10b,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
( T )	NAME OF FINDDATCED, NEWZEI ODICCDV ACCOCTANIONO INC			
(1)	NAME OF FUNDRAISER: NETZEL GRIGSBY ASSOCIATIONS, INC.			
(I)	ADDRESS OF FUNDRAISER: 9696 CULVER BLVD., #105, CULVER CITY, CA 90232			
(I)	NAME OF FUNDRAISER: ESTATE STRATEGIES, INC.			
(丁)	ADDRESS OF FUNDRAISER:			
468	PENNSFIELD PLACE, #201, THOUSAND OAKS, CA 91360			
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(I) NAME OF FUNDRAISER: TERRY MONTELEONE

(I) ADDRESS OF FUNDRAISER: P.O. BOX 1648, TOPANGA, CA 90290

(I) NAME OF FUNDRAISER: RICHARD NORDIN

(I) ADDRESS OF FUNDRAISER:

655 S. HOPE ST. APT. 1405, LOS ANGELES, CA 90017

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

ALYSON GOODALL'S RESPONSIBILITY AS CHIEF ADVANCEMENT

OFFICER IS TO ORGANIZE THE DISCOVERY BALL FUNDRAISING EVENT,

INCLUDING THE RAFFLE HELD AT THE BALL. GOODALL'S SALARY OF \$152,474

REFLECTS HER OVERALL COMPENSATION AS CHIEF ADVANCEMENT OFFICER AND NOT

ONLY AS GAMING MANAGER.

Schedule G (Form 990 or 990-EZ)

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sc	HEDULE J	Compensation Information	I	OMB No. 1	545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	<u> </u>
•		Compensated Employees		20	IJ	)
Deres		<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio	n	Employer i	dentificatio	on nu	mber
		CALIFORNIA SCIENCE CENTER FOUNDATION	95-221	L0527		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	onal use			
	Travel for con	npanions Payments for business use of personal re	sidence			
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	-	provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
•						
3		ny, of the following the organization used to establish the compensation of the organization'				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	lion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	·	compensation consultant				
		ther organizations Approval by the board or compensation of	committee			
4	During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-		lated organization:				
а	•	ce payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?		····  +		x
с		ceive payment from, an equity-based compensation arrangement?				x
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	2					
	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 compensati	on			
	contingent on the	revenues of:				
а	The organization?			5a		х
b	Any related organiz	zation?		5b		Х
		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 compensati	on			
	contingent on the	net earnings of:				
а	The organization?			6a		X
b	Any related organiz	zation?		6b		х
	If "Yes" on line 6a	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		lid the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2019

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Schedule J (Form 990) 2019

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# 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-MI	SC compensation	(C) Retirement and (D) Nontaxable other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(i)-(D)	reported as deferred on prior Form 990	
(1) LAURIE SOWD	(i)	179,014.	0.	0.	7,223.	7,754.	193,991.	0.	
SRVP, COO	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(2) CYNTHIA PYGIN	(i)	149,936.	٥.	0.	6,165.	21,578.	177,679.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ALYSON GOODALL	(i)	130,330.	٥.	0.	5,348.	16,796.	152,474.	0.	
SRVP, CAO	(ii)	Ο.	٥.	0.	0.	0.	٥.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019

# Part III Supplemental Information

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

<b>(For</b> Depar	rtment of the Treasury	Complete if the orga	anization answere explanations, and	d any additional inf	990, Part IV, formation in	, line 24a. N Part VI.	. Provide descri	otions,			C	20	1545-00 <b>)19</b> o Pub tion	
Nam	ne of the organization								Emp	loyer	identif	icatio	n num	ıber
	CALIFORNIA SCIE	NCE CENTER FOUND	DATION						9	5-221	0527			
Par	rt I Bond Issues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(g) De	feased	( <b>h)</b> On			
											of is:	suer	finan	cing
									Yes	No	Yes	No	Yes	No
	CA INFRASTRUCTURE AND ECONOMIC													
<b>A</b> 1	DEVELOPMENT BANK	63-0304653	13034ARM4	10/27/16	60,4	40,728.	REFUNDING OF	PRIOR ISSUE		X		Х		Х
_														
<u> </u>														
•														
C					+									
D														
Par	rt II Proceeds													
	11000000			А			В	С				D		
1	Amount of bonds retired				,455,000.		D	•						
2	Amount of bonds legally defeased				, ,									
3	Total proceeds of issue				,440,728.									
4	Gross proceeds in reserve funds													
5	Capitalized interest from proceeds													
6														
7	Issuance costs from proceeds				775,781.									
8														
9	Working capital expenditures from proceeds	;												
10	Capital expenditures from proceeds													
11	Other spent proceeds			59	,664,948.									
12	Other unspent proceeds													
13	Year of substantial completion													
				Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding	-												
	if issued prior to 2018, a current refunding is			X										
15	Were the bonds issued as part of a refunding	•	4 · ·											
	issued prior to 2018, an advance refunding is				X					_				
16	Has the final allocation of proceeds been ma			<u>A</u>										
17	Does the organization maintain adequate bo		••	x										
	final allocation of proceeds?			A										

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

Schedule K (Form 990) 2019

### Schedule K (Form 990) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION

95-2210527

Page 2

	JIE K (FOIII 990) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION			90-22	10527				Page
Part I	II Private Business Use						i		
		•	4	-	3		ç	-	)
	Vas the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	vhich owned property financed by tax-exempt bonds?		X						l
	are there any lease arrangements that may result in private business use of								
b	oond-financed property?		Х						
3a A	are there any management or service contracts that may result in private								
b	ousiness use of bond-financed property?		x						
b li	f "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
С	ounsel to review any management or service contracts relating to the financed property?								
сA	are there any research agreements that may result in private business use of								
b	ond-financed property?		x						
	"Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	ounsel to review any research agreements relating to the financed property?								
	Inter the percentage of financed property used in a private business use by						•		
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		9
	Inter the percentage of financed property used in a private business use as a result of		7-		,-		,-		
	inrelated trade or business activity carried on by your organization, another								
	ection 501(c)(3) organization, or a state or local government		%		%		%		9
	Total of lines 4 and 5		%		%		%		9
	Does the bond issue meet the private security or payment test?		70 X		/0		/0		
	las there been a sale or disposition of any of the bond-financed property to a non-								
			x						
	overnmental person other than a 501(c)(3) organization since the bonds were issued?		A		1		1		1
	"Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	۶		%		%		%		9
	"Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	.141-12 and 1.145-2?								
	las the organization established written procedures to ensure that all nonqualified								
	oonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?		X						
Part I	V Arbitrage								
	ļ		4		3		ç		<u>כ</u>
	las the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
F	Penalty in Lieu of Arbitrage Rebate?		X						
<b>2</b> I1	f "No" to line 1, did the following apply?								
a F	Rebate not due yet?	Х							
bΕ	xception to rebate?	Х							
	lo rebate due?		X						
	f "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
•	s the bond issue a variable rate issue?		x						

# Schedule K (Form 990) 2019 CALIFORNIA SCIENCE CENTER FOUNDATION

95-2210527

Page 3

Part IV Arbitrage (continued)								
		A	E	3	0	;	D	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	Х							1
Part V Procedures To Undertake Corrective Action								
		<u>A</u>	E	3	C	;	D	)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	Х					<u> </u>		L
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K. See inst	ructions					
SCHEDULE K, PART I, COLUMN F:								
THE BOND ISSUE FINANCES THE CURRENT REFUNDING OF THE BORROWER'S SERIES								
2006 (ISSUED 08/16/2006).								
SCHEDULE K, PART IV, LINE 2(B):								
THE CURRENT REFUNDING PORTION OF THE BOND ISSUE HAS MET THE 6-MONTH								
EXCEPTION TO REBATE.								

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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ZU

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.

Open to Public Inspection

**|9** 

Name of the organization

►

atior	1				
	CALIFORNIA	SCIENCE	CENTER	FOUNDATION	

Employer identification number
95-2210527

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d noncash contrib		•	
		applicable		Form 990, Part VIII, line 1g	HUNCASH CUITIN	Jution a	nount	.5
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	Х	8	659,176.	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	Х	2	0.	SEE PART II			
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding period	?				30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribution	utions?	31	Х	
32a	Does the organization hire or use third parties	or related of	rganizations to sol	icit, process, or sell noncash				
	contributions?					32a		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) 2019

932141 09-27-19

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

SCHEDULE M, LINE 33:

A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 1G, BECAUSE THE

ORGANIZAITON DID NOT CAPITALIZE ITS COLLECTIONS. CONTRIBUTED COLLECTION

ITEMS ARE EXCLUDED FROM THE FINANCIAL STATEMENTS.

Schedule M (Form 990) 2019

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95-2210527

Page **2** 

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ 0MB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.	Open to Public Inspection
Name of the organization	Go to www.irs.gov/Form990 for the latest information.  CALIFORNIA SCIENCE CENTER FOUNDATION	Employer identification number 95-2210527
FORM 990, PART I, I	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
	IMULATE CURIOSITY AND INSPIRE SCIENCE LEARNING IN	
EVERYONE BY CREATIN	NG FUN, MEMORABLE EXPERIENCES, BECAUSE WE VALUE	
SCIENCE AS AN INDI	SPENSABLE TOOL FOR UNDERSTANDING OUR WORLD,	
ACCESSIBILITY AND	INCLUSIVENESS, AND ENRICHING PEOPLE'S LIVES.	
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAM INCL	JDE IMAX EDUCATIONAL MOVIES & CONFERENCE	
RESERVATIONS.		
EXPENSES \$ 2,806,8	12. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,978,272.	
FORM 990, PART VI,	SECTION A, LINE 2:	
DURING THE FISCAL	YEAR, THERE WERE TWO TRUSTEES, PATRICK DENNIS AND MATTHEW	
DUBECK, WHO WORKED	TOGETHER AT THE SAME LAW FIRM.	
FORM 990, PART VI,	SECTION B, LINE 11B:	
THE FORM 990 IS PR	EPARED BY SINGERLEWAK, LLP BASED ON THE INFORMATION	
PROVIDED BY THE FO	JNDATIONS STAFF. PRIOR TO FILING, THE FORM 990 IS	
PRESENTED TO ALL M	EMBERS OF THE BOARD OF TRUSTEES. ONCE THE FORM 990 IS	
PRESENTED TO THE B	DARD, THE CHIEF FINANCIAL OFFICER SIGNS THE RETURN ON	
BEHALF OF THE ORGA	NIZATION.	
FORM 990, PART VI,	SECTION B, LINE 12C:	
ON AN ANNUAL BASIS	, THE PRESIDENT OF THE FOUNDATION WILL SEND TO ALL	
TRUSTEES AND OFFIC	ERS OF THE FOUNDATION A COPY OF THE CONFLICT OF INTEREST	

POLICY AND AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

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 932211

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2019.05091 CALIFORNIA SCIENCE CENTER F 1222\_\_\_1

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization CALIFORNIA SCIENCE CENTER FOUNDATION	Employer identification number 95-2210527
DISCLOSURE STATEMENT MUST BE COMPLETED AND RETURNED TO THE AUDIT AND	
GOVERNANCE COMMITTEE. ALL NEW TRUSTEES AND OFFICERS MUST COMPLETE THE	
DISCLOSURE STATEMENT PRIOR TO ASSUMING THEIR DUTIES FOR THE FOUNDATION. IF	
A TRUSTEE OR OFFICER BECOMES AWARE OF A CONFLICT OF INTEREST OR POTENTIAL	
CONFLICT OF INTEREST, FOLLOWING THE ANNUAL DISCLOSURE, THAT TRUSTEE OR	
OFFICER SHOULD NOTIFY THE AUDIT AND GOVERNANCE COMMITTEE OF THE FACTS	
SURROUNDING THE CONFLICT OF INTEREST IN WRITING. THE AUDIT AND GOVERNANCE	
COMMITTEE SHALL SUBMIT AN ANNUAL CONFIDENTIAL REPORT TO THE BOARD OF	
TRUSTEES REGARDING ANY TRUSTEE OR OFFICER CONFLICTS OF INTEREST AND THEIR	
RESOLUTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE PRESIDENT AND CFO ARE REVIEWED BY THE AUDIT AND	
GOVERNANCE COMMITTEE. THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	
ARE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S INFORMATIONAL RETURN DOCUMENTS ARE AVAILABLE TO THE	
PUBLIC EITHER THROUGH THE ORGANIZATION'S WEBSITE, UPON WRITTEN REQUEST, AND	
WWW.GUIDESTAR.ORG.	
FORM 990, PART VI, SECTION C, LINE 19:	
CALIFORNIA SCIENCE CENTER FOUNDATION MAKES ITS GOVERNING DOCUMENTS,	
CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND INFORMATIONAL	
RETURNS AVAILABLE UPON WRITTEN REQUEST. THE INFORMATIONAL RETURNS ARE ALSO	
MADE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, AND	
WWW.GUIDESTAR.ORG, A PUBLIC WEBSITE.	
932212 09-06-19 Si	chedule O (Form 990 or 990-EZ) (2019)

16410422 701224 1222

Employer	ident fication number
Employer	95-2210527
1,309,279.	
12,868.	
36,889.	
1,359,036.	
12,750.	
0.	
0.	
12,750.	
0.	
61,218.	
0.	
61,218.	
38,191.	
0.	
1,286.	
39,477.	
3,172.	
18,088.	
	1,309,279. 12,868. 36,889. 1,359,036. 1,359,036. 0. 0. 0. 12,750. 0. 61,218. 0. 61,218. 0. 61,218. 0. 1,286. 39,477. 3,172.

Name of the organization CALIFORNIA SCIENCE CENTER FOU	JNDATION	Employer identification num 95-2210527
FUNDRAISING EXPENSES	0.	1
TOTAL EXPENSES	21,260.	
WORKSTUDY:		
PROGRAM SERVICE EXPENSES	8,343.	
MANAGEMENT AND GENERAL EXPENSES	5,806.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	14,149.	
CONSULTING:		
PROGRAM SERVICE EXPENSES	1,250.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,250.	
LANGUAGE TRANSLATION:		
PROGRAM SERVICE EXPENSES	3,080.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,080.	
PHOTOGRAPHY:		
PROGRAM SERVICE EXPENSES	3,500.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,500.	
BANK DEPOSIT DELIVERY SERVICES:		
932212 09-06-19	54	Schedule O (Form 990 or 990-EZ) (2

Name of the organization CALIFORNIA SCIENCE CENTER FO	DUNDATION	Employer identification nun 95-2210527
PROGRAM SERVICE EXPENSES	3,845.	56 <u>22100</u> 2,
MANAGEMENT AND GENERAL EXPENSES	1,876.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	5,721.	
PRINTING DESIGN:		
PROGRAM SERVICE EXPENSES	7,236.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	269.	
TOTAL EXPENSES	7,505.	
TEMPORARY AGENCY:		
PROGRAM SERVICE EXPENSES	8,715.	
MANAGEMENT AND GENERAL EXPENSES	21,191.	
FUNDRAISING EXPENSES	2,134.	
TOTAL EXPENSES	32,040.	
DIVER MEDICAL EXAM:		
PROGRAM SERVICE EXPENSES	11,857.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	11,857.	
EXHIBIT DESIGN:		
PROGRAM SERVICE EXPENSES	611,007.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	611,007.	
932212 09-06-19	55	Schedule O (Form 990 or 990-EZ) (

Name of the organization CALIFORNIA SCIENCE CENTER FOUNDATION			Employer identification num 95-2210527
CALIFORNIA SCIENCE CENTER FOUNDATION			95-2210527
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,183,850	0.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:			
CHANGE IN VALUE - CHARITABLE REMAINDER TRUSTS	242,772	2.	
	,	•	
932212 09-06-19	F.C.	Sche	dule O (Form 990 or 990-EZ) (20
10422 701224 1222 2019.05091 0	56 CALIFORNIA	SCIENCE	CENTER F 1222