

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.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA SCIENCE CENTER FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 700 EXPOSITION PARK DRIVE City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90037	D Employer identification number 95-2210527 E Telephone number (213) 744-7487
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 213,509,040.
J Website: WWW.CALIFORNIASCIENCECENTER.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1950 M State of legal domicile: CA
F Name and address of principal officer: GENEVIEVE DUNAWAY SAME AS C ABOVE		
H(c) Group exemption number ▶		

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	79
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	79
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	494
	6	Total number of volunteers (estimate if necessary)	6	346
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	14,732,455.	15,886,051.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,105,454.	5,223,786.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,842,778.	2,907,925.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,530,753.	246,593.
	12		32,211,440.	24,264,355.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,000.	1,100.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,768,914.	12,080,865.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	172,500.	154,800.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,538,941.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,602,620.	7,455,786.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,597,034.	19,692,551.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	10,614,406.	4,571,804.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	132,540,502.	142,540,920.
	22	Net assets or fund balances. Subtract line 21 from line 20	68,670,232.	72,135,951.
			63,870,270.	70,404,969.

Part II Signature Block

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

Sign Here	Signature of officer GENEVIEVE DUNAWAY, CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name LIOR TEMKIN	Preparer's signature 	Date 04/22/21	Check if self-employed <input type="checkbox"/>	PTIN P00748170
	Firm's name ▶ SINGERLEWAK LLP	Firm's EIN ▶ 95-2302617	Phone no. (310) 477-3924		
	Firm's address ▶ 10960 WILSHIRE BOULEVARD, 7TH FLOOR LOS ANGELES, CA 90024-3783				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 5,646,623. including grants of \$) (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

4b (Code:) (Expenses \$ 5,138,937. including grants of \$) (Revenue \$ 1,411,613.) GALLERY AND EXHIBITS

4c (Code:) (Expenses \$ 2,288,556. including grants of \$ 1,100.) (Revenue \$ 1,050,720.) EDUCATIONAL PROGRAMS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,806,812. including grants of \$) (Revenue \$ 1,978,272.)

4e Total program service expenses 15,880,928.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 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?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [X] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
GENEVIEVE DUNAWAY - 213-744-7487
700 EXPOSITION PARK DRIVE, LOS ANGELES, CA 90037

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAUL ANAYA TRUSTEE	1.00	X						0.	0.	0.
(2) BETTY B. ANDERSON TRUSTEE	1.00	X						0.	0.	0.
(3) WALLIS H. ANNENBERG TRUSTEE	1.00	X						0.	0.	0.
(4) ANDREW F. BARTH TRUSTEE	1.00	X						0.	0.	0.
(5) JANIS BERMAN TRUSTEE	1.00	X						0.	0.	0.
(6) LISA BISCAICHIPI TRUSTEE	1.00	X						0.	0.	0.
(7) KENT S. CALDWELL-MEEKS TRUSTEE (UNTIL 2/2020)	1.00	X						0.	0.	0.
(8) JAMIE CALLAHAN TRUSTEE	1.00	X						0.	0.	0.
(9) NORA CHAVES TRUSTEE	1.00	X						0.	0.	0.
(10) CATHERINE COLLINSON TRUSTEE	1.00	X						0.	0.	0.
(11) CABOT CONNERY TRUSTEE	1.00	X						0.	0.	0.
(12) JOHN DESIMONE TRUSTEE (UNTIL 12/2019)	1.00	X						0.	0.	0.
(13) MATTHEW B. DUBECK, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(14) KATHLEEN M. DUNCAN TRUSTEE	1.00	X						0.	0.	0.
(15) MARVIN ELKIN TRUSTEE	1.00	X						0.	0.	0.
(16) ALAN J. FOHRER TRUSTEE	1.00	X						0.	0.	0.
(17) JUAN J. FONTENLA TRUSTEE (FROM 2/2020)	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT L. FRAZIER, III TRUSTEE	1.00	X						0.	0.	0.
(19) ALLAN M. FREW TRUSTEE	1.00	X						0.	0.	0.
(20) JEFFREY L. GLASSMAN, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(21) BILLIE GREER TRUSTEE	1.00	X						0.	0.	0.
(22) N. MATTHEW GROSSMAN, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(23) CHAD HAGLE TRUSTEE	1.00	X						0.	0.	0.
(24) DIANE HAMWI TRUSTEE	1.00	X						0.	0.	0.
(25) LISA HANSEN TRUSTEE	1.00	X						0.	0.	0.
(26) DANIEL HART TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								934,612.	0.	151,781.
d Total (add lines 1b and 1c)								934,612.	0.	151,781.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WME IMG HOLDING, LLC, 1360 E. 9TH ST, SUITE#100, CLEVELAND, OH 44114	EXHIBIT ROYALTY PAYMENT	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 CONSULTANT	105,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BARBARA B. HENDERSON TRUSTEE	1.00	X						0.	0.	0.
(28) ALAN HOFFMAN TRUSTEE (FROM 12/2019)	1.00	X						0.	0.	0.
(29) MARVIN L. HOLEN, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(30) ROBERT W. HUSTON TRUSTEE	1.00	X						0.	0.	0.
(31) HON. REGINALD JONES-SAWYER TRUSTEE	1.00	X						0.	0.	0.
(32) PERLETTE JURA TRUSTEE	1.00	X						0.	0.	0.
(33) DAVID KNIGHT TRUSTEE	1.00	X						0.	0.	0.
(34) HANS KEONIGSMANN TRUSTEE (FROM 12/2019)	1.00	X						0.	0.	0.
(35) WALLIS LAUGHREY TRUSTEE (FROM 2/2020)	1.00	X						0.	0.	0.
(36) STEPHANIE LESHNEY TRUSTEE (FROM 10/2019)	1.00	X						0.	0.	0.
(37) JENNIFER LIN TRUSTEE	1.00	X						0.	0.	0.
(38) ONEIDA LIZARRAGA TRUSTEE	1.00	X						0.	0.	0.
(39) ARTHUR LOFTON TRUSTEE	1.00	X						0.	0.	0.
(40) KIRA REED LORSCH TRUSTEE	1.00	X						0.	0.	0.
(41) STEVEN LOTWIN TRUSTEE	1.00	X						0.	0.	0.
(42) LISA MARGOLIS TRUSTEE	1.00	X						0.	0.	0.
(43) JIM MASER TRUSTEE	1.00	X						0.	0.	0.
(44) KEN T. MCBRIDE TRUSTEE	1.00	X						0.	0.	0.
(45) STUART C. MCMULLEN TRUSTEE	1.00	X						0.	0.	0.
(46) ALFREDO MEDINA TRUSTEE (UNTIL 8/2019)	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARTIN R. MELONE TRUSTEE	1.00	X						0.	0.	0.
(48) HON HOLLY J. MITCHELL TRUSTEE	1.00	X						0.	0.	0.
(49) JESSICA MITCHELL TRUSTEE (UNTIL 9/2019)	1.00	X						0.	0.	0.
(50) RAGHU NANJAPPA TRUSTEE	1.00	X						0.	0.	0.
(51) NANCI E. NISHIMURA, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(52) MARGO L. O'CONNELL TRUSTEE	1.00	X						0.	0.	0.
(53) LYNDA OSCHIN TRUSTEE	1.00	X						0.	0.	0.
(54) JANIS PAMIJANS TRUSTEE (FROM 12/2019)	1.00	X						0.	0.	0.
(55) ADAM PARRISH TRUSTEE (FROM 10/2019)	1.00	X						0.	0.	0.
(56) GEORGE PLA TRUSTEE	1.00	X						0.	0.	0.
(57) HON. CURREN PRICE JR. TRUSTEE	1.00	X						0.	0.	0.
(58) MARK E. PULIDO TRUSTEE (UNTIL 08/2019)	1.00	X						0.	0.	0.
(59) HON. MARK RIDLEY-THOMAS TRUSTEE	1.00	X						0.	0.	0.
(60) ALEX ROSE TRUSTEE	1.00	X						0.	0.	0.
(61) REON ROSKI TRUSTEE	1.00	X						0.	0.	0.
(62) MICHAEL ROUSE TRUSTEE	1.00	X						0.	0.	0.
(63) MARTHA SAUCEDO TRUSTEE	1.00	X						0.	0.	0.
(64) RODGER R. SCHWECKE TRUSTEE	1.00	X						0.	0.	0.
(65) JEFFREY SHOCKEY TRUSTEE	1.00	X						0.	0.	0.
(66) STANLEY SHUSTER TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) JOHN N. SINNEMA TRUSTEE	1.00	X						0.	0.	0.
(68) CYNTHIA LEE SMET TRUSTEE	1.00	X						0.	0.	0.
(69) HAL D. SNYDER TRUSTEE	1.00	X						0.	0.	0.
(70) TOM L. SOTO TRUSTEE	1.00	X						0.	0.	0.
(71) TRUDY SULLIVAN TRUSTEE	1.00	X						0.	0.	0.
(72) CHRISTOPHER THOMPSON TRUSTEE	1.00	X						0.	0.	0.
(73) PHILIP TSENG TRUSTEE	1.00	X						0.	0.	0.
(74) JON VEIN TRUSTEE	1.00	X						0.	0.	0.
(75) DAVID C. WANG TRUSTEE	1.00	X						0.	0.	0.
(76) HOWARD WANG TRUSTEE	1.00	X						0.	0.	0.
(77) CHRISTOPHER J. WARMUTH TRUSTEE	1.00	X						0.	0.	0.
(78) FABIAN R. WESSON TRUSTEE	1.00	X						0.	0.	0.
(79) AMELIA D. WILLIAMSON TRUSTEE	1.00	X						0.	0.	0.
(80) SCOTT WITTER TRUSTEE (FROM 4/2020)	1.00	X						0.	0.	0.
(81) SUZANNE WRIGHT TRUSTEE	1.00	X						0.	0.	0.
(82) PATRICK W. DENNIS, ESQ. IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(83) GIL GARCETTI CHAIR	2.00	X		X				0.	0.	0.
(84) ANDREW SALE SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(85) LAURIE SOWD SRVP, COO	40.00			X				179,014.	0.	14,977.
(86) CYNTHIA PYGIN CFO	40.00			X				149,936.	0.	27,743.
Total to Part VII, Section A, line 1c ...										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,139,784.				
	c Fundraising events	1c	1,222,624.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,577,120.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,946,523.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 659,176.				
	h Total. Add lines 1a-1f		15,886,051.				
	Program Service Revenue	2 a OTHER PROGRAMS	Business Code				
		611710	1,225,121.	1,225,121.			
b IMAX THEATER		611710	1,223,741.	1,223,741.			
c ADMISSION SPECIAL EXHI		611710	1,061,447.	1,061,447.			
d EDUCATIONAL PROG. REGI		611710	685,680.	685,680.			
e EXHIBIT RENTAL		611710	606,634.	606,634.			
f All other program service revenue		611710	421,163.	421,163.			
g Total. Add lines 2a-2f			5,223,786.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,846,427.			2,846,427.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	186,338,710.	13,000.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	186,228,166.	62,046.			
	c Gain or (loss)	7c	110,544.	-49,046.			
d Net gain or (loss)		61,498.			61,498.		
8 a Gross income from fundraising events (not including \$ 1,222,624. of contributions reported on line 1c). See Part IV, line 18	8a		89,744.				
			506,997.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-417,253.		-417,253.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		63,250.				
			0.				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			63,250.		63,250.		
10 a Gross sales of inventory, less returns and allowances	10a		2,775,627.				
			2,447,476.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			328,151.		328,151.		
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code					
		999999	259,427.			259,427.	
	b INSURANCE SETTLEMENT	999999	13,018.			13,018.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			272,445.				
12 Total revenue. See instructions			24,264,355.	5,223,786.	0.	3,154,518.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,100.	1,100.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	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				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,183,850.	2,022,225.	121,047.	40,578.
12 Advertising and promotion	538,593.	538,593.		
13 Office expenses	1,099,192.	971,328.	47,923.	79,941.
14 Information technology	234,268.	161,809.	29,115.	43,344.
15 Royalties	250,564.	250,564.		
16 Occupancy	55,569.	55,537.		32.
17 Travel	227,889.	166,669.	42,824.	18,396.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 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 O.)				
a OTHER EXPENSES	89,892.	33,524.	28,724.	27,644.
b				
c				
d				
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.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	11,123,673.	1	11,467,770.
	2 Savings and temporary cash investments	464,754.	2	1,868,540.
	3 Pledges and grants receivable, net	11,034,573.	3	12,863,221.
	4 Accounts receivable, net	1,069,620.	4	1,333,753.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	18,303,091.	7	17,050,271.
	8 Inventories for sale or use	901,604.	8	1,007,633.
	9 Prepaid expenses and deferred charges	67,697.	9	199,035.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,289,060.		
	b Less: accumulated depreciation	10b 43,721,488.		
	11 Investments - publicly traded securities	82,638,677.	11	90,455,710.
	12 Investments - other securities. See Part IV, line 11	494,374.	12	698,278.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	29,137.	15	29,137.
16 Total assets. Add lines 1 through 15 (must equal line 33)	132,540,502.	16	142,540,920.	
Liabilities	17 Accounts payable and accrued expenses	2,857,674.	17	2,963,676.
	18 Grants payable		18	
	19 Deferred revenue	16,370,324.	19	22,020,658.
	20 Tax-exempt bond liabilities	43,090,000.	20	40,380,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,352,234.	25	6,771,617.
	26 Total liabilities. Add lines 17 through 25	68,670,232.	26	72,135,951.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	39,959,308.	27	42,107,110.
	28 Net assets with donor restrictions	23,910,962.	28	28,297,859.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	63,870,270.	32	70,404,969.
33 Total liabilities and net assets/fund balances	132,540,502.	33	142,540,920.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2019)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,017,786.	20,901,773.	13,130,375.	14,732,455.	15,886,051.	87,668,440.
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						
6 Total. Add lines 1 through 5	36,912,359.	35,645,941.	27,692,081.	31,918,601.	24,038,458.	156,207,440.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,975,615.	3,051,999.	873,905.	3,859,760.	1,787,845.	15,549,124.
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.
c Add lines 7a and 7b	5,975,615.	3,051,999.	873,905.	3,859,760.	1,787,845.	15,549,124.
8 Public support. (Subtract line 7c from line 6.)						140,658,316.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	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, and income from similar sources	1,834,523.	2,357,468.	2,151,606.	2,774,946.	2,846,427.	11,964,970.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,834,523.	2,357,468.	2,151,606.	2,774,946.	2,846,427.	11,964,970.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	366,624.	477,735.	605,007.	541,150.	272,445.	2,262,961.
13 Total support. (Add lines 9, 10c, 11, and 12.)	39,113,506.	38,481,144.	30,448,694.	35,234,697.	27,157,330.	170,435,371.

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))	15	82.53 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	81.67 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	7.02 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	5.98 %

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 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

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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.			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section 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 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
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

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

SCHEDULE A, PART 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.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">CALIFORNIA SCIENCE CENTER FOUNDATION</p>	Employer identification number <p style="text-align: center;">95-2210527</p>
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		21,290.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		45,000.
j Total. Add lines 1c through 1i			66,290.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FOUNDATION HAD AN ONGOING CONTRACT WITH STRATEGIC EDUCATION

SERVICES IN SACRAMENTO, CALIFORNIA. THEIR ACTIVITIES INCLUDED UPDATING

MEMBERS OF THE CALIFORNIA STATE LEGISLATURE ON THE CALIFORNIA SCIENCE

CENTER FOUNDATION'S EDUCATIONAL OPPORTUNITIES FOR YOUTH, ETC. AND

FACILITATING AND MONITORING STATE INITIATIVES FOR THE CALIFORNIA

Part IV Supplemental Information (continued)

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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: CALIFORNIA SCIENCE CENTER FOUNDATION; Employer identification number: 95-2210527

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,204,051.	8,819,635.	7,275,468.	6,661,203.	6,801,412.
b Contributions			1,011,602.	7,359.	-10,987.
c Net investment earnings, gains, and losses	839,353.	637,724.	819,246.	802,923.	66,790.
d Grants or scholarships					
e Other expenditures for facilities 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 61.00 %
 - c Term endowment 39.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,418,745.	3,418,745.	0.
c Leasehold improvements				
d Equipment		2,608,480.	1,687,056.	921,424.
e Other		43,261,835.	38,615,687.	4,646,148.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,567,572.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 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...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	29,266,849.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,720,123.
b	Donated services and use of facilities	2b	85,126.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,197,245.
e	Add lines 2a through 2d	2e	5,002,494.
3	Subtract line 2e from line 1	3	24,264,355.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,264,355.

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

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

1	Total expenses and losses per audited financial statements	1	22,732,150.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	85,126.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,954,473.
e	Add lines 2a through 2d	2e	3,039,599.
3	Subtract line 2e from line 1	3	19,692,551.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,692,551.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

THE FOUNDATION HOLDS A NUMBER OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AS

COLLECTIONS INCLUDING THE SPACE SHUTTLE ORBITER ENDEAVOUR AND RELATED

ARTIFACTS. THESE COLLECTIONS ARE NOT CAPITALIZED IN THE STATEMENT OF

FINANCIAL POSITION. CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FROM THE

FINANCIAL 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.

Part XIII Supplemental Information (continued)

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

Part XIII Supplemental Information (continued)

JURISDICTION: STATE OPEN TAX YEARS: 2015-2019

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	506,997.
COST OF GOODS SOLD	2,447,476.
CHANGE IN VALUE - CHARITABLE REMAINDER TRUSTS	242,772.
TOTAL 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.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,954,473.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **CALIFORNIA SCIENCE CENTER FOUNDATION** Employer identification number **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 raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NETZEL GRIGSBY ASSOCIATIONS, INC. - 9696 CULVER BLVD.,	CONSULTING		X	0.	27,000.	-27,000.
ESTATE STRATEGIES, INC. - 468 PENNSFIELD PLACE, #201,	CONSULTING		X	0.	31,500.	-31,500.
TERRY MONTELEONE - P.O. BOX 1648, TOPANGA, CA 90290	CONSULTING		X	0.	78,750.	-78,750.
RICHARD NORDIN - 655 S. HOPE ST. APT. 1405, LOS ANGELES,	CONSULTING		X	0.	17,550.	-17,550.
Total					154,800.	-154,800.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DISCOVERY BALL (event type)	WOMAN OF THE YEAR (event type)	NONE (total number)	
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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	136,661.			136,661.
	8 Entertainment	25,050.			25,050.
	9 Other direct expenses	340,887.	4,399.		345,286.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				506,997.
11 Net income summary. Subtract line 10 from line 3, column (d)				-417,253.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			63,250.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				63,250.	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	100.00 %
b An outside facility	13b	.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► GENEVIEVE DUNAWAY

Address ► 700 EXPOSITION PARK DRIVE - LOS ANGELES, CA 90037

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► ALYSON GOODALL

Gaming manager compensation ► \$ 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
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 63,250.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) 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.

(I) ADDRESS OF FUNDRAISER:

468 PENNSFIELD PLACE, #201, THOUSAND OAKS, CA 91360

Part IV Supplemental Information (continued)

(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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA SCIENCE CENTER FOUNDATION

Employer identification number

95-2210527

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURIE SOWD SRVP, COO	(i)	179,014.	0.	0.	7,223.	7,754.	193,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CYNTHIA PYGIN CFO	(i)	149,936.	0.	0.	6,165.	21,578.	177,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALYSON GOODALL SRVP, CAO	(i)	130,330.	0.	0.	5,348.	16,796.	152,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization <p style="text-align: center;">CALIFORNIA SCIENCE CENTER FOUNDATION</p>	Employer identification number <p style="text-align: center;">95-2210527</p>
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Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK	63-0304653	13034ARM4	10/27/16	60,440,728.	REFUNDING OF PRIOR ISSUE		x		x		x
B											
C											
D											

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

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

Schedule K (Form 990) 2019

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

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

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

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

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

SCHEDULE K, PART I, COLUMN F:
 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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **CALIFORNIA SCIENCE CENTER FOUNDATION**
Employer identification number: **95-2210527**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	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	X	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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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 ORGANIZATION DID NOT CAPITALIZE ITS COLLECTIONS. CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FROM THE FINANCIAL STATEMENTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

CALIFORNIA SCIENCE CENTER FOUNDATION

Employer identification number

95-2210527

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.

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

OTHER PROGRAM INCLUDE IMAX EDUCATIONAL MOVIES & CONFERENCE
RESERVATIONS.

EXPENSES \$ 2,806,812. 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 PREPARED BY SINGERLEWAK, LLP BASED ON THE INFORMATION
PROVIDED BY THE FOUNDATIONS STAFF. PRIOR TO FILING, THE FORM 990 IS
PRESENTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES. ONCE THE FORM 990 IS
PRESENTED TO THE BOARD, THE CHIEF FINANCIAL OFFICER SIGNS THE RETURN ON
BEHALF OF THE ORGANIZATION.

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

ON AN ANNUAL BASIS, THE PRESIDENT OF THE FOUNDATION WILL SEND TO ALL
TRUSTEES AND OFFICERS 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)

Name of the organization CALIFORNIA SCIENCE CENTER FOUNDATION	Employer identification number 95-2210527
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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.

Name of the organization CALIFORNIA SCIENCE CENTER FOUNDATION	Employer identification number 95-2210527
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FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	1,309,279.
MANAGEMENT AND GENERAL EXPENSES	12,868.
FUNDRAISING EXPENSES	36,889.
TOTAL EXPENSES	1,359,036.

DESIGN:

PROGRAM SERVICE EXPENSES	12,750.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,750.

PAYROLL PROCESSING FEE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	61,218.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	61,218.

CSC STAFF REIMBURSEMENT:

PROGRAM SERVICE EXPENSES	38,191.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,286.
TOTAL EXPENSES	39,477.

EMPLOYEE RECRUITMENT:

PROGRAM SERVICE EXPENSES	3,172.
MANAGEMENT AND GENERAL EXPENSES	18,088.

Name of the organization CALIFORNIA SCIENCE CENTER FOUNDATION	Employer identification number 95-2210527
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FUNDRAISING EXPENSES 0.

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:

Name of the organization CALIFORNIA SCIENCE CENTER FOUNDATION		Employer identification number 95-2210527
PROGRAM SERVICE EXPENSES	3,845.	
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.	

Name of the organization CALIFORNIA SCIENCE CENTER FOUNDATION	Employer identification number 95-2210527
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,183,850.

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

CHANGE IN VALUE - CHARITABLE REMAINDER TRUSTS 242,772.