	-		Return of Organization Exempt Fr	rom Ir	ncome Tax	OMB No. 1545-0047			
Forn	n 9 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			2022			
			Do not enter social security numbers on this form as it			Open to Public			
		f the Treasury Nue Service	Go to www.irs.gov/Form990 for instructions and the	e latest in	formation.	Inspection			
AF	or the	2022 calend	ar year, or tax year beginning JUL 1, 2022 and er	nding Ju	JN 30, 2023				
Вс	heck if opticable	C Name of	organization		D Employer identificat	ion number			
	Addres	CALIFO	RNIA SCIENCE CENTER FOUNDATION						
	Name	Doing bu	usiness as		95-2210527				
]Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number				
	Final return/		POSITION PARK DRIVE		(213)744-7487				
	termin- ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	297,918,294.			
_	Amend return Applica	HOS AN	GELES, CA 90037		H(a) Is this a group retu				
	tion	F Name a	nd address of principal officer: GENEVIEVE DUNAWAY			Yes X No			
	Cit.	empt status:		1 507	H(b) Are all subordinates inclu-				
		and a state of the second state of the second state of the	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or LIFORNIASCIENCECENTER, ORG	527	If "No," attach a lis H(c) Group exemption r				
	Vebsit	<u>v.</u>	X Corporation Trust Association Other	I Vear	Construction of the Association	State of legal domicile; CA			
	rtl	Summary		Libar	or formation,	hate of legal dofinence.			
			e the organization's mission or most significant activities: SEE SCHE	EDULE O					
ce		Enony docono							
Governance	2	Check this bo	x if the organization discontinued its operations or disposed	d of more	than 25% of its net asset	S.			
ver	3	Number of vot	ing members of the governing body (Part VI, line 1a)			74			
ß			ependent voting members of the governing body (Part VI, line 1b)			74			
ŝ	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	330			
vitie	6	Total number	of volunteers (estimate if necessary)		6	193			
Activities &	7 a `	Total unrelated	d business revenue from Part VIII, column (C), line 12			0.			
1	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.			
					Prior Year	Current Year			
e			and grants (Part VIII, line 1h)		119,933,506.	62,312,159.			
Revenue			ce revenue (Part VIII, line 2g)		6,223,003.	7,259,614.			
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		4,608,587.	6,645,746.			
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		590,993. 131,356,089.	1,273,949. 77,491,468.			
-		and the second se	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		51,775.	43,950.			
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.				
			to or for members (Part IX, column (A), line 4)		11,092,424.	9,777,748.			
nses			undraising fees (Part IX, column (A), line 11e)		90,000.	90,000.			
пэс	h		ng expenses (Part IX, column (D), line 25)1,499,92	26.		1 - 2/1			
Expei	u 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 27,598,589. 83,758,1								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 38,832,788. 93,									
	19		expenses, Subtract line 18 from line 12		92,523,301.	-16,178,297.			
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year			
lanc	20	Total assets (F	Part X, line 16)		378,781,959.	362,605,923.			
ASS	21		(Part X, line 26)		214,360,642.	215,399,450.			
		Net assets or	fund balances, Subtract line 21 from line 20		164,421,317.	147,206,473.			
	rt II	Signature							
I I and a		ht and a disc	I dealars that I have exemined this return, including accompanying achedulars	and atotom	ante and to the heat of mulu	anuladan and hallof it in			

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 off GENEVIEVE D Type or print na	UNAWAY, CFO	iere Drinawai)	Date 05	01/202	4
Paid	Print/Type prepared	arer's name	Preparet's surfative	Date 04/26/24	Check if self-employed	PTIN P00748170	
Preparer	Firm's name	SINGERLEWAK, LLP			Firm's EIN 9	5-2302617	
Use Only	Firm's address	10960 WILSHIRE BLVD. SUI	TE 1100				
		LOS ANGELES, CA 90024			Phone no. (310) 477-3924	
May the IF	RS discuss this	return with the preparer shown at	ove? See instructions			X Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2022) CALIFORNIA SCIENCE CENTER FOUNDATION	95-2210527	Page 2
	rt III Statement of Program Service Accomplishments		9
	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 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expen	ses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$77,520,242. including grants of \$) (Revenue	\$	2,074,657.)
	GALLERY AND EXHIBITS		
4b	(Code:) (Expenses \$5,890,315including grants of \$) (Revenue	<u></u>	103 747
40	OPERATIONS - EXHIBIT FACILITATION FOR GUESTS VISITING THE SCIENCE	\$)
	CENTER.		
4c	(Code:) (Expenses \$3,660,447. including grants of \$3,950.) (Revenue	\$	930,737.)
	EDUCATIONAL PROGRAMS.		
44	Other program services (Describe on Schedule O.)		
4d		3,798,159.)	
A -		· , · · · , · · · · · · ·)	
40	Total program service expenses 90,039,358.		orm 990 (2022)
23200	2 12-13-22	F	-orm 330 (2022)

Form 990 (2022) CALIFORNIA SCIENCE
Part IV Checklist of Required Schedules CALIFORNIA SCIENCE CENTER FOUNDATION

95-2210527 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		x	
•	Schedule D, Part III	8	Λ	<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.44	х	
16	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
232003	12-13-22	Form	990	(2022)

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232003 12-13-22

2022.05090 CALIFORNIA SCIENCE CENTER 1222___1

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05 -	Part V, line 1	34	X	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 86			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022)
	4			

Form	990 (2022) CALIFORNIA SCIENCE CENTER FOUNDATION		95-221052	7	Р	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	330				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х		
3a							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O						
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x	
b	If "Yes," enter the name of the foreign country		,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).				
5a			()-	5a		x	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					<u> </u>	
Ua				60		x	
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-	Ch.			
_	were not tax deductible?			6b		<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			_	37		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a	X	<u> </u>	
b				7b	X	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?		1	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h		X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e				
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1				
a	Is the organization licensed to issue qualified health plans in more than one state?			13a			
u	Note: See the instructions for additional information the organization must report on Schedule O.			lou			
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
U	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	130 13c					
			•	140		x	
14a				14a 14b			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			140		<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4.5		x	
	excess parachute payment(s) during the year?			15			
	If "Yes," see the instructions and file Form 4720, Schedule N.		0			v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.				000		
232005	12-13-22			Form	990	(2022)	

232005	12-13-22
232005	12-13-22

Form	990 (2022) CALIFORNIA SCIENCE CENTER FOUNDATION		95-2210			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					Х
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			
	officer, director, trustee, or key employee?			2	Х	
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?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	affiliates,			
				10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Defor	e filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>			120	21	<u> </u>
U				12c	x	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in				
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	th a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(3)	s only)	availat	ole
	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					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, an	d finan	cial	
	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 boo	ks and	l records			
	GENEVIEVE DUNAWAY - 213-744-7487					
	700 EXPOSITION PARK DRIVE, LOS ANGELES, CA 90037				000	(0000)
232006	5 12-13-22			Forn	990	(2022)
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2022.05090 CALIFORNIA SCIENCE CENTER 1222___1

Form 990 (2022)	CALIFORNIA SCIENCE CENTER FOUNDATION	95-2210527	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
Employe	es, and Independent Contractors		
Check if Scl	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Compensated Employee	s	
1a Complete this table	for all persons required to be listed. Report compensation for the calendar year	ar ending with or within the organization's t	ax vear

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per version of context non-set the main of the main of the context non-set the main of the ma	(A)	(B)			(0	C)			(D)	(E)	(F)
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(10) BETTY B. ANDERSON 1.00 x 0. 0. 0. TRUSTEE (UNTIL JUNE 2023) x 0. 0. 0. 0. (11) WALLIS H. ANNENBERG 1.00 x 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. (12) ANDREW F. BARTH 1.00 x 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. (13) JANIS BERMAN 1.00 x 0. 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. 0. (14) LISA BISCAICHIPY 1.00 X 0. 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. 0. (15) JAMIE CALLAHAN 1.00 X 0. 0. 0. 0. 0. (16) NORA CHAVES 1.00 0 0 0 0. 0.		1.00									
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(11) WALLIS H. ANNENBERG 1.00 0.00 0.00 TRUSTEE X 0.00 0.00 (12) ANDREW F. BARTH 1.00 0.00 0.00 TRUSTEE X 0.00 0.00 (13) JANIS BERMAN 1.00 0.00 0.00 TRUSTEE X 0.00 0.00 (14) LISA BISCAICHIPY 1.00 0.00 0.00 TRUSTEE X 0.00 0.00 (15) JAMIE CALLAHAN 1.00 0.00 0.00 TRUSTEE X 0.00 0.00 (16) NORA CHAVES 1.00 0 0.00		1.00									
TRUSTEE x 0 0.			X						0.	0.	0.
(12) ANDREW F. BARTH 1.00 0 0 0 0 TRUSTEE x 0 0 0 0 0 (13) JANIS BERMAN 1.00 x 0 0 0 0 TRUSTEE x 0 0 0 0 0 0 (14) LISA BISCAICHIPY 1.00 x 0 0 0 0 0 TRUSTEE x 0 0 0 0 0 0 0 (15) JAMIE CALLAHAN 1.00 x 0 0 0 0 0 TRUSTEE x 0 0 0 0 0 0 0 (15) JAMIE CALLAHAN 1.00 x 0 0 0 0 0 (16) NORA CHAVES 1.00 0 0 0 0 0 0 0		1.00									
TRUSTEE x 0. 0. 0. (13) JANIS BERMAN 1.00 x 0. 0. TRUSTEE x 0. 0. 0. (14) LISA BISCAICHIPY 1.00 0. 0. TRUSTEE x 0. 0. 0. (15) JAMIE CALLAHAN 1.00 0. 0. TRUSTEE x 0. 0. 0. (16) NORA CHAVES 1.00 0.			Х						0.	0.	0.
(13) JANIS BERMAN1.00x00.0.TRUSTEEx1.00x0.0.0.(14) LISA BISCAICHIPY1.00x0.0.0.TRUSTEEx0.0.0.0.(15) JAMIE CALLAHAN1.00x0.0.0.TRUSTEEx0.0.0.0.(16) NORA CHAVES1.000.0.0.0.		1.00									
TRUSTEEx00.0.(14) LISA BISCAICHIPY1.00x00.TRUSTEEx00.0.(15) JAMIE CALLAHAN1.00x0.0.TRUSTEEx00.0.(16) NORA CHAVES1.00000.			Х						0.	0.	0.
(14) LISA BISCAICHIPY 1.00 x 0. 0. 0. TRUSTEE x 1.00 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. TRUSTEE 1.00 x 0. 0. 0.		1.00									
TRUSTEE x 0 0. 0. (15) JAMIE CALLAHAN 1.00	TRUSTEE		Х						0.	0.	0.
(15) JAMIE CALLAHAN 1.00 0. </td <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
TRUSTEE x 0. 0. (16) NORA CHAVES 1.00 1.00			Х						0.	0.	0.
(16) NORA CHAVES 1.00		1.00									
			X						0.	0.	0.
		1.00									
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
(17) CABOT CONNERY 1.00		1.00									
TRUSTEE X 0. <th< td=""><td>TRUSTEE</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td></td></th<>	TRUSTEE		X						0.	0.	

232007 12-13-22

Form 990 (2022)

09310426 701224 1222

2022.05090 CALIFORNIA SCIENCE CENTER 1222___1

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Form 990 (2022) CALIFORNIA SC	CIENCE CENT	ER	FOU	NDA	TIO	N			95-2210	527 Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A) (B) (C) (D) (E) (F)										
Name and title	Average	(1)		Pos				Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	than d is both	n an	compensation	compensation	amount of
	week	offic	cer an	ıd a di	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal ti		loyee	e mp		1099-NEC)		and related
	below	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Inst	Offi	Key	entil	ъ Б			
(18) ZUBIN DAVAR	1.00									
TRUSTEE (UNTIL JUNE 2023)		Х						0.	0.	0.
(19) PATRICK W. DENNIS, ESQ.	1.00									
TRUSTEE		Х						0.	0.	0.
(20) MATTHEW B. DUBECK, ESQ.	1.00									
TRUSTEE		Х						0.	0.	0.
(21) KATHLEEN M. DUNCAN	1.00									
TRUSTEE		Х						0.	0.	0.
(22) ALAN J. FOHRER	1.00									
TRUSTEE		х						0.	0.	0.
(23) JUAN J. FONTENLA	1.00									
TRUSTEE		х						0.	0.	0.
(24) ROBERT L. FRAZIER, III	1.00									
TRUSTEE		x						0.	0.	0.
(25) ALLAN M. FREW	1.00				-	-				
TRUSTEE	1.00	x						0.	0.	0.
(26) BILLIE GREER	1.00	Δ				-		· · ·	0.	· · ·
TRUSTEE	1.00	x						0	0	0
		Δ						0.	0.	0.
1b Subtotal								845,502.	0.	138,781.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								845,502.	0.	138,781.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable	_
compensation from the organization										6
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emple	oyee on	
line 1a? If "Yes," complete Schedule J for su	uch individual									3 X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from th	ne organization	
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual		4 X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	ual for services	
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich r	oers	ion .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax ye	ear.	
(A)								(B)		(C)
Name and business	address							Description of se	ervices (Compensation
ZIMMER GUNSUL FRASCA ARCHITECTS LLP,	1223									
SW WASHINGTON ST 200, PORTLAND, OR 9	7205						Z	ARCHITECT		4,034,280.
BIG BLUE FILMS LIMITED, 56 CIRENCEST	ER							CREATOR OF IMAX FI	LM "BLUE	
,							1,426,576.			
EVIDENCE DESIGN LLC										, , , .
158 MAPLE STREET, BROOKLYN, NY 11225 EXHIBIT DESIGNER 281,667.										
DENNIS R JENKINS, 425 PIERCE AVE, UNIT										
105, CAPE CANAVERAL, FL 32920 CONSULTANT/ PROJECT DIRECTOR 252,500.										
,										
0 WEST 40T ST, 9TH FL, NEW YORK, NY 10018 OF SPECIAL 150,252.										
2 Total number of independent contractors (ir	0	ot lin	nitec	tot		se lis 7	ted	above) who received mo	re than	
\$100,000 of compensation from the organiz		Ψg				'				Earm 990 (2022)

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

232008 12-13-22

Part VII Section A. Officers, Directors, Tr		nplo	yee			lighe	est (· /	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	neck	all	that	app	ly)	compensation	compensation	amount of
	per week							from the	from related organizations	other compensatio
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	rdirec				ed em		(W-2/1099-MISC)	(organization
	related	Individual trustee or director	Institutional trustee			Highest com pen sated em ployee				and related
	organizations	al trus	nal tr		Key employee	dwoo				organizations
	below	ividu	titutic	Officer	/ emp	hest	Former			
	line)	pul	lns	8	Ke	Hig	For			
(27) JENNIFER HALEY	1.00									
TRUSTEE		Х						0.	0.	
28) DIANE HAMWI	1.00									
RUSTEE		Х						0.	0.	
(29) LISA HANSEN	1.00									
TRUSTEE (UNTIL FEBRUARY 2023)		Х						٥.	0.	
(30) DANIEL HART	1.00									
TRUSTEE		Х						0.	0.	
(31) BARBARA B. HENDERSON	1.00									
TRUSTEE		Х						0.	0.	
(32) ALAN HOFFMAN	1.00									
RUSTEE (UNTIL JUNE 2023)		х						0.	Ο.	
(33) ROBERT W. HUSTON	1.00									
TRUSTEE		х						0.	0.	
(34) HON. REGINALD JONES-SAWYER	1.00									
RUSTEE		х						0.	Ο.	
(35) PERLETTE JURA	1.00									
TRUSTEE		х						0.	Ο.	
(36) HON. SYDNEY K. KAMLAGER	1.00									
TRUSTEE		х						0.	Ο.	
(37) WALLIS LAUGHREY	1.00									
RUSTEE (UNTIL JANUARY 2023)		х						Ο.	0.	
(38) STEPHANIE LESHNEY	1.00									
RUSTEE (UNTIL JUNE 2023)		x						0.	0.	
(39) JENNIFER LIN	1.00									
TRUSTEE		x						0.	0.	
(40) ONEIDA LIZARRAGA	1.00									
TRUSTEE		x						0.	0.	
(41) STEVEN LOTWIN	1.00									
TRUSTEE		x						0.	0.	
(42) LISA MARGOLIS	1.00							- •	- •	
RUSTEE		x						0.	0.	
(43) JIM MASER	1.00							``•	••	
RUSTEE	1.00	x						0.	0.	
44) KEN T. MCBRIDE	1.00							``.	·.	
RUSTEE	1.00	x						0.	0.	
(45) STUART C. MCMULLEN	1.00			-	-	-		· · ·	·.	
RUSTEE (UNTIL JUNE 2023)	1.00	x						0.	0.	
46) HON. HOLLY J. MITCHELL	1.00	Δ		-	-	-		· · · ·	υ.	
RUSTEE		x						0.	0.	

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average				ition			Reportable	Reportable	Estimated		
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	or				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the		
	(list any hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-00130)	organization		
	related	Individual trustee or director	stee			Highest compensated employee				and related		
	organizations	trust	Institutional trustee		o yee	ompe				organizations		
	below	vidua	itutio	er	Key employee	nest c	Former					
	line)	Indi	Insti	Officer	Key	High	Form					
(47) JULIE LYTLE NESBIT	1.00											
TRUSTEE		Х						0.	Ο.	(
(48) NANCI E. NISHIMURA, ESQ.	1.00											
TRUSTEE		Х						0.	Ο.	(
(49) MARGO L. O'CONNELL	1.00											
TRUSTEE		Х						0.	Ο.			
(50) LYNDA OSCHIN	1.00											
TRUSTEE		x						0.	Ο.			
(51) MICHELLE PARKER	1.00											
TRUSTEE		x						0.	0.			
52) ADAM PARRISH	1.00											
TRUSTEE		х						0.	0.			
53) GEORGE PLA	1.00											
TRUSTEE		х						0.	0.			
54) STEVEN D. POWELL	1.00											
TRUSTEE		х						0.	0.			
(55) HON. CURREN PRICE JR.	1.00											
TRUSTEE		x						0.	0.			
(56) KENNETH L. ROBINSON	1.00											
RUSTEE		x						0.	0.			
(57) ALEX ROSE	1.00											
RUSTEE		x						Ο.	Ο.			
(58) REON ROSKI	1.00											
RUSTEE		x						Ο.	Ο.			
59) MARTHA SAUCEDO	1.00											
VICE CHAIR		х						0.	0.			
60) RODGER R. SCHWECKE	1.00											
RUSTEE		х						0.	0.			
(61) JEFFREY SHOCKEY	1.00											
TRUSTEE		x						0.	0.			
62) STANLEY SHUSTER	1.00											
RUSTEE (UNTIL JUNE 2023)		x						0.	0.			
63) JOHN N. SINNEMA	1.00											
RUSTEE		x						0.	0.			
(64) CYNTHIA LEE SMET	1.00	1										
RUSTEE		x						0.	0.			
65) HAL D. SNYDER	1.00	1										
RUSTEE (UNTIL AUGUST 2022)		x						0.	0.			
66) TOM L. SOTO	1.00	1										
RUSTEE		x						0.	0.			

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em p		(W-2/1099-MISC)	(1099-10130)	organization
	related	e or	stee			Isate		(** 2/1000 10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations
	below	idual	tution	er	Key employee	est co	er			
	line)	Indiv	Instit	Officer	Key (High	Former			
(67) CHRISTOPHER THOMPSON	1.00									
TRUSTEE (UNTIL MARCH 2023)		x						0.	Ο.	C
(68) PHILIP TSENG	1.00									
TRUSTEE (UNTIL JUNE 2023)		х						0.	Ο.	0
(69) JON VEIN	1.00									
TRUSTEE		х						0.	Ο.	C
(70) HOWARD WANG	1.00									
TRUSTEE		x						0.	0.	C
(71) FABIAN R. WESSON	1.00									
TRUSTEE		Х						0.	0.	0
(72) AMELIA D. WILLIAMSON	1.00									
TRUSTEE		х						0.	0.	(
(73) ADAM WINNICK	1.00									
TRUSTEE		Х						٥.	0.	0
(74) SUZANNE WRIGHT	1.00									
TRUSTEE		Х						0.	0.	0
(75) GEORGIA ZACHARY	1.00									
TRUSTEE		X						0.	0.	C
(76) JONATHAN BOBB	1.00									
TRUSTEE		Х						0.	0.	C
(77) MICHAEL BUSTAMANTE	1.00									
TRUSTEE (FROM FEBRUARY 2023)		Х						0.	0.	C
(78) WALTER CHO	1.00									
TRUSTEE (FROM JUNE 2023)		Х						0.	0.	0
(79) LINDSAY DUNN	1.00									
TRUSTEE (FROM SEPT. 2022)		X						0.	0.	C
(80) MICHAEL FLYNN	1.00									
TRUSTEE (FROM FEB. 2023)		Х						0.	0.	0
(81) JEFF GOLD	1.00									
TRUSTEE (FROM FEB. 2023)		Х						0.	0.	0
(82) JESSICA JENSEN	1.00									
TRUSTEE (FROM FEB. 2023)		Х						0.	0.	C
(83) HON. LOLA SMALLWOOD-CUEVAS	1.00									
TRUSTEE (FROM FEB. 2023)		Х						0.	0.	(
(84) UGALAT, PRAVIN	1.00									
TRUSTEE (JUNE - NOV. 2023)		Х						0.	0.	C
(85) GIL GARCETTI	1.00									
IMMEDIATE PAST CHAIR/TRUST		Х		х				0.	0.	(
(86) ANDREW SALE	1.00									
SECRETARY/TREASURER/TRUSTE		Х		х				0.	0.	(C

	A SCIENCE CENT						1 /		95-22105	527
art VII Section A. Officers, Directors (A) Name and title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation	(Continued) (E) Reportable compensation from related	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensatio from the organization and related organization
7) CHRISTOPHER J. WARMUTH	2.00			v				0	0	
AIR/TRUSTEE		X		X				0.	0.	
		-								

232201 04-01-22

				ue						F
		Check if Schedule O o	conta	<u>ains a respo</u>	onse	or note to any line	<u>∍ in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ŝ	1 a	Federated campaigns		1a						
In	b	Membership dues				1,092,718.				
Ĕ	с	Fundraising events		1c		1,208,828.				
ar		–								
Ē	е	Government grants (contr	ibuti	ons) 1e		6,816,469.				
้ง	f	All other contributions, gifts,	grant	s, and						
and Other Similar Amounts		similar amounts not included	abov	e 1f		53,194,144.				
g	g	Noncash contributions included in	lines 1	a-1f 1g	5	573,751.				
a	h	Total. Add lines 1a-1f					62,312,159.			
						Business Code				
	2 a	GALLERY AND EXHIBIT	S			611710	2,074,657.	2,074,657.		
e	b	IMAX THEATER				611710	2,043,351.	2,043,351.		
enu	с	OTHER PROGRAM SERVI				611710	1,079,186.	1,079,186.		
Revenue	d	CONFERENCE RESERVAT				611710	1,027,936.	1,027,936.		
	е	EDUCATIONAL PROGRAM				611710	930,737.	930,737.		
	f	All other program service	revei	nue		611710	103,747.	103,747.		
╇	g						7,259,614.			
	3	Investment income (includ	Ũ				2 5 6 5 2 4 5			
							3,565,345.			3,565,3
	4	Income from investment o		-exempt bo	nd p	roceeds	441,530.			441,5
	5	Royalties		(i) Poo		(ii) Doroopol				
	•	0		(i) Rea		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c			-				
		Net rental income or (loss) Gross amount from sales of)	(i) Securit	 ios	(ii) Other				
	7 а		7-	219,480,3						
	h	assets other than inventory Less: cost or other basis	7a-	119,400,5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	b	and sales expenses	76	216,841,5	501					
	•	Gain or (loss)								
		Net gain or (loss)					2,638,871.			2,638,8
		Gross income from fundraisi					_,,			_,,
	οa	including \$ 1,2	-	-						
		contributions reported on								
		Part IV, line 18			8a	117,901.				
	b				8b	570,322.				
		Net income or (loss) from					-452,421.			-452,4
		Gross income from gamin								
		Part IV, line 19			9a	4,530.				
	b				9b	0.				
	с	Net income or (loss) from	gami	ng activitie	s		4,530.			4,5
	10 a	Gross sales of inventory, I	ess r	eturns		7				
		and allowances			10a					
	b	Less: cost of goods sold			10b	3,015,003.				
	с	Net income or (loss) from	sales	of invento	ry		1,419,859.	1,419,859.		
						Business Code				
Revenue	11 a	OTHER REVENUE				900099	301,981.	271,873.		30,1
enu	b					ļ ļ				
Sev	С					ļ ļ				
۳	d	All other revenue				L				
	е	Total. Add lines 11a-11d		<u></u>			301,981.			
	12	Total revenue. See instruction	ons				77,491,468.	8,951,346.	0.	6,227,9

Da	Check if Schedule O contains a response		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	42 950	12 950		
~	individuals. See Part IV, line 22	43,950.	43,950.		
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	449,541.	67,261.	186,629.	195,651
6	Compensation not included above to disqualified	110,011.		100,015.	190,001
0	persons (as defined under section 4958(f)(1)) and				
	normal described in section $4050(a)(D)(D)$				
7	Other salaries and wages	7,494,430.	5,952,701.	997,985.	543,744
8	Pension plan accruals and contributions (include	, , , .	, , , .	, .	1
0	section 401(k) and 403(b) employer contributions	151,792.	124,991.	18,978.	7,823
9	Other employee benefits	1,088,185.	771,762.	238,204.	, 78, 219
0	Payroll taxes	593,800.	451,066.	90,915.	, 51,819
1	Fees for services (nonemployees):		,		,
a					
b		16,387.		16,387.	
c	•	166,803.		166,803.	
	Lobbying	126,100.		, .	126,100
e		90,000.			90,000
f	Investment management fees	, .			1
g					
9	column (A), amount, list line 11g expenses on Sch O.)	2,857,996.	2,596,452.	137,623.	123,921
2	Advertising and promotion	754,311.	751,625.	,	2,686
3	Office expenses	17,903,486.	17,793,388.	68,381.	41,717
4	Information technology	277,680.	165,200.	62,873.	49,607
5	Royalties	369,237.	369,237.		
6	Occupancy	59,363.	59,185.		178
7	Travel	364,027.	340,341.	9,951.	13,735
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	19,863.	14,057.	419.	5,387
0	Interest	5,988,216.	5,988,216.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,132,552.	1,124,120.	8,432.	
3	Insurance	211,548.	139,159.	72,389.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PHASE III BUILDING DESI	53,235,776.	53,235,776.		
b	OTHER EXPENSES	274,722.	50,871.	54,512.	169,339
С					
d					
	· · · · ·		00 020 250	0 100 401	1 400 000
5	Total functional expenses. Add lines 1 through 24e	93,669,765.	90,039,358.	2,130,481.	1,499,926
:6	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)				
					000

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Form 990 (2022)

Form 990 (
Part X	Balance Sheet

	Check if Schedule O contains a response or	note to any	Ine in this Part X	(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			18,521,356.	1	33,132,15
2	Savings and temporary cash investments			7,312,412.	2	30,274,75
3	Pledges and grants receivable, net			59,946,845.	3	84,564,20
4	Accounts receivable, net			2,714,523.	4	1,406,48
5	Loans and other receivables from any currer					
	trustee, key employee, creator or founder, su	ubstantial co	ontributor, or 35%			
	controlled entity or family member of any of	these perso	ins		5	
6	Loans and other receivables from other disq	ualified pers	sons (as defined			
	under section 4958(f)(1)), and persons descr	ibed in sect	ion 4958(c)(3)(B)		6	
n 7	Notes and loans receivable, net			14,399,344.	7	33,346,82
Assels 0 8 4	Inventories for sale or use			479,240.	8	626,19
¥ 9				192,777.	9	392,58
10a	Land, buildings, and equipment: cost or othe	er				
	basis. Complete Part VI of Schedule D	10a	40,385,094.			
b			34,168,106.	7,306,226.	10c	6,216,98
11	Investments - publicly traded securities			125,638,297.	11	76,976,81
12	Investments - other securities. See Part IV, li			142,241,802.	12	95,639,78
13	Investments - program-related. See Part IV, I				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			29,137.	15	29,13
16	Total assets. Add lines 1 through 15 (must			378,781,959.	16	362,605,92
17	Accounts payable and accrued expenses		1	7,650,830.	17	13,223,87
18	Grants payable				18	
19	Deferred revenue			1,177,741.	19	1,302,11
20	Tax-exempt bond liabilities			205,532,071.	20	200,873,40
21	Escrow or custodial account liability. Complete				21	
, 22	Loans and other payables to any current or f	ormer office				
	trustee, key employee, creator or founder, su	ubstantial co	ontributor, or 35%			
	controlled entity or family member of any of				22	
j 23	Secured mortgages and notes payable to un	related thir	Г		23	
24	Unsecured notes and loans payable to unrel	ated third p			24	
25	Other liabilities (including federal income tax					
	parties, and other liabilities not included on I					
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			214,360,642.	26	215,399,45
	Organizations that follow FASB ASC 958,	check here	X			
ŝ	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			51,075,333.	27	29,455,70
28	Net assets with donor restrictions	113,345,984.	28	117,750,76		
	Organizations that do not follow FASB AS					
2	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current fur	nds			29	
30	Paid-in or capital surplus, or land, building, c				30	
ž 31	Retained earnings, endowment, accumulate				31	
27 28 28 29 30 31 32	Total net assets or fund balances			164,421,317.	32	147,206,47
33	Total liabilities and net assets/fund balances			378,781,959.	33	362,605,92

Form 990 (2022)

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Form	1990 (2022) CALIFORNIA SCIENCE CENTER FOUNDATION	95-2210527	,	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets				-			
	Check if Schedule O contains a response or note to any line in this Part XI				Х			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	77,	491,	468.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,	669,	765.			
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5	-	543,	628.			
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	-	492,	919.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	147,	206,	473.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
		-		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	D.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a 🛛						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	ļ			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X				

Form **990** (2022)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047 2022

Open to Public Inspection

Name o	of the organization						Employer	r identification number			
Dort			NTER FOUNDATION		· · · · · · · · · · · · · · · · · · ·		_	95-2210527			
Part						ee instruction	S				
The org	anization is not a private found	•	•		,						
1	A church, convention of ch				n 170(b)(1	I)(A)(i).					
2 _	A school described in sect	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 _	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).					
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (0										
6	A federal, state, or local go	-									
7	An organization that norma		ntial part of its support f	rom a gove	ernmental	unit or from th	e general	public described in			
. —	section 170(b)(1)(A)(vi). (C										
8	A community trust describe										
9 🗌	An agricultural research org										
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or			
	university:										
10 X	_ 5										
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.			
_	_ See section 509(a)(2). (Co										
11	An organization organized										
12 🗌	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	ry out the	purposes of one or			
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3). (Check the box on			
-	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting										
_	organization. You must complete Part IV, Sections A and B.										
b	Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization	n(s), by hav	ving			
	control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported			
_	organization(s). You mus	t complete Part IV,	Sections A and C.								
c	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,			
_	its supported organizatio	n(s) (see instructions). You must complete	Part IV, Se	ctions A,	D, and E.					
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)			
	that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness			
_	requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .					
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III				
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.						
f E	nter the number of supported o	organizations									
g P	rovide the following information				ninotion listed						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Total											

	A (Form 99	0) 2022
Part II	Suppo	ort Sc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
-	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3			1				
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.							
See	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 \dots							
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							
	Gross receipts from related activities,	•	,			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)		
_	organization, check this box and stop							
	ction C. Computation of Publi					1 1		
	Public support percentage for 2022 (I					14	%	
	Public support percentage from 2021					15	%	
16 a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or n	nore, check this be	ox and	
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2021. If the				d line 15 is 33 1/3%	6 or more, check t	his box	
	and stop here. The organization qual							
17a	7a 10% -facts-and-circumstances test - 2022. 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 te	-						
b	10% -facts-and-circumstances test	-	-					
	more, and if the organization meets the							
40	organization meets the facts-and-circl							
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 17a, 0r 17	D, CHECK THIS DOX a		A (Form 990) 2022	
						acheome A		

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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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14,732,455.	15,886,051.	18,153,285.	105,933,506.	62,314,009.	217,019,306.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	17,186,146.	8,152,407.	4,259,083.	9,408,190.	11,970,879.	50,976,705.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	31,918,601.	24,038,458.	22,412,368.	115,341,696.	74,284,888.	267,996,011.
	Amounts included on lines 1, 2, and	, , ,	, , ,	, , , •••	, ,	, , , .	, , •
	3 received from disgualified persons	3,859,760.	1,787,845.	1,041,811.	82,079,662.	11,617,500.	100,386,578.
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.
	Add lines 7a and 7b	3,859,760.	1,787,845.	1,041,811.	82,079,662.	11 617 500.	100,386,578.
	Public support. (Subtract line 7c from line 6.)		_,	_,•,•		,,	167,609,433.
Sec	ction B. Total Support	<u> </u>	l		l	l	,,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	31,918,601.	24,038,458.	22,412,368.	115,341,696.	74,284,888.	267,996,011.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,774,946.	2,846,427.	2,411,278.	3,767,706.	4,006,875.	
b	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 			, , -	, , , -		
		2,774,946.	2,846,427.	2,411,278.	3,767,706.	4,006,875.	15,807,232.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	2,114,940.	2,040,427.	2,411,270.	3,707,700.	4,000,073.	13,007,232.
12	Other income. Do not include gain or loss from the sale of capital	541,150.	272,445.	68,539.	27,222.	30,108.	939,464.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	35,234,697.	27,157,330.	24,892,185.	119,136,624.	78,321,871.	284,742,707.
	First 5 years. If the Form 990 is for th	, ,	st, second. third for		/ear as a section 5	, ,	, ,
Sec	ction C. Computation of Publi						
15	Public support percentage for 2022 (li	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	58.86 %
16	Public support percentage from 2021		-			16	55.63 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)22 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	5.55 %
18	Investment income percentage from 2					18	5.89 %
19a	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box o			3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						X
b	33 1/3% support tests - 2021. If the	•	•				nd
	line 18 is not more than 33 1/3%, che	0					
20	Private foundation. If the organizatio			•		0	
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			19				· ·

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2

3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022	CALIFORNIA SCIENCE CENTER FOUNDATION	95-2210527	Pa	age 5
Part IV Supporting Organ	nizations (continued)			
			Yes	No
11 Has the organization accepted	d a gift or contribution from any of the following persons?			
a A person who directly or indire	ectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing bod	ly of a supported organization?	11a		
b A family member of a person	described on line 11a above?	11b		
c A 35% controlled entity of a p	erson described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
detail in Part VI.	· · · · · · · · · · · · · · · · · · ·	11c		
Section B. Type I Supportin	ng Organizations			
			Yes	No
1 Did the governing body, mem	bers of the governing body, officers acting in their official capacity, or membershi	p of one or		

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, <u>supervised, or controlled the supporting organization.</u>

Section C. Type II Supporting Organizations

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).*

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).
-----	--	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

2

1

Yes No

Yes No

09310426 701224 1222

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Sche	edule A (Form 990) 2022 CALIFORNIA SCIENCE CENTER FOUNDAT	ION		95-2210527	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2022

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Schedule A	(Form	990	2022 (
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2022	IS	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; 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
2018 AMOUNT: \$ 541,150.
2019 AMOUNT: \$ 259,427.
2020 AMOUNT: \$ 68,539.
2021 AMOUNT: \$ 27,222.
2022 AMOUNT: \$ 30,108.
INSURANCE SETTLEMENT
2019 AMOUNT: \$ 13,018.

SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047				
(Form 990)						2022				
	-	anizations Exempt From Incom if the organization is described				LULL				
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for ir			·cz.	Open to Public Inspection				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	e 46 (Political Campa	ign Activi	ties), then				
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not con	nplete Part I-C.		-					
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Part I	I-B.					
 Section 527 organiza 	ations: Complete	Part I-A only.								
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, lir	ne 47 (Lobbying Activi	ities), ther	ı				
 Section 501(c)(3) org 	 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. 									
		nave NOT filed Form 5768 (election		· ·		•				
•	-	Form 990, Part IV, line 5 (Proxy	/ Tax) (See separate ir	nstructions) or Form §	990-EZ, Pa	art V, line 35c (Proxy				
Tax) (See separate inst		ions: Complete Part III.								
Name of organization	, or (o) organizat	ions. Complete Part III.		Ē	Employer	identification number				
riame er ergamzatert	CALIFORNIA	SCIENCE CENTER FOUNDATIC	N			95-2210527				
Part I-A Comple		anization is exempt unde		or is a section 527						
· ·		•								
1 Provide a description	on of the organiz	ation's direct and indirect politica	I campaign activities ir	Part IV.						
2 Political campaign					\$					
3 Volunteer hours for										
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(3	3).						
1 Enter the amount o	f any excise tax	incurred by the organization unde	er section 4955							
		incurred by organization manage								
		n 4955 tax, did it file Form 4720 f	or this year?			Yes No				
4a Was a correction m						Yes No				
b If "Yes," describe in Part I-C Comple	n Part IV.	anization is exempt unde	r section 501(c)	excent section 50	1(c)(3)					
-		by the filing organization for sec		-						
		ization's funds contributed to oth			Ф					
exempt function ac			-		\$					
		. Add lines 1 and 2. Enter here an			. •					
-	-				\$					
						Yes No				
5 Enter the names, ad	ddresses and en	ployer identification number (EIN				iling organization				
made payments. Fo	or each organiza	ion listed, enter the amount paid	from the filing organiza	ation's funds. Also ente	er the amo	unt of political				
	•	omptly and directly delivered to a			parate segr	regated fund or a				
		additional space is needed, provid	1							
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	i's cont r -0 p de	Amount of political tributions received and romptly and directly slivered to a separate iolitical organization.				
						If none, enter -0				
	ion Act Notico	see the Instructions for Form 99	20 or 990-E7		Sched	lule C (Form 990) 2022				

LHA 232041 11-08-22

Dort II A Commista if the are		IENCE CENTER FOUNDAT				Page 2
	ganization is e	xempt under section	n 501(c)(3) and filed	d Form 5768 (el	ection unde	r
section 501(h)).						
A Check if the filing organiza	ation belongs to an	affiliated group (and list in	n Part IV each affiliated g	group member's nam	ne, address, EIN	١,
expenses, and sha	re of excess lobby	ng expenditures).				
B Check if the filing organization	ation checked box	A and "limited control" pro	ovisions apply.			
Lim	its on Lobbying E	xpenditures		(a) Filing	(b) Affiliated	
		nounts paid or incurred.		organization's totals	totals	
		-				
1a Total lobbying expenditures to infl					_	
b Total lobbying expenditures to infl	0	, , , , , , , , , , , , , , , , , , , ,			-	
c Total lobbying expenditures (add l						
d Other exempt purpose expenditur					-	
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a)	i	lobbying nontaxable am				
Not over \$500,000		6 of the amount on line 1e.				
Over \$500,000 but not over \$1,00		0,000 plus 15% of the exc				
Over \$1,000,000 but not over \$1,5		5,000 plus 10% of the exc				
Over \$1,500,000 but not over \$17		5,000 plus 5% of the exce	<u>ss over \$1,500,000.</u>			
Over \$17,000,000	\$1,0	000,000.				
g Grassroots nontaxable amount (er	ntor 25% of line 1fl					
	,	•••••				
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-		Γ			
h Subtract line 1g from line 1a. If zei Subtract line 1f from line 1c. If zer	ro or less, enter -0- o or less, enter -0-					
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer 	ro or less, enter -0- o or less, enter -0- ero on either line 1h	n or line 1i, did the organiz	ation file Form 4720			
h Subtract line 1g from line 1a. If zei Subtract line 1f from line 1c. If zer	ro or less, enter -0- o or less, enter -0- ero on either line 1h year?	n or line 1i, did the organiz	ation file Form 4720		Yes [No
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year	n or line 1i, did the organiz Averaging Period Under	ation file Form 4720			No
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section	or line 1i, did the organiz Averaging Period Under on 501(h) election do not	ation file Form 4720 Section 501(h) have to complete all of			No
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se	n or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.)			No
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se	or line 1i, did the organiz Averaging Period Under on 501(h) election do not	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.)			No
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se	n or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.)			
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to Calendar year (or fiscal year beginning in) 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to the construction of the	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to the construction of the constructing of the	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures 	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	No
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to the section of the	ro or less, enter -0- o or less, enter -0- ero on either line 1h year? 4-Year that made a section See the se Lobbying E	or line 1i, did the organiz Averaging Period Under on 501(h) election do not parate instructions for lin xpenditures During 4-Yea	ation file Form 4720 Section 501(h) have to complete all of nes 2a through 2f.) ar Averaging Period	the five columns b	elow.	

Schedule C (Form 990) 2022

232042 11-08-22

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		((b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?	X				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?		X			
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			21,050.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
-	Other activities?	X			84,000.	
	Total. Add lines 1c through 1i				105,050.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501(c)(5) or oor	tion		
Far	501(c)(6).	1 50 1(0)(5), or sec	uon		
	561(6)(6).			Yes	No	
				Tes	NO	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion		
l'ai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				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 politic	al				
	expenses for which the section 527(f) tax was paid).					
	Current year					
	Carryover from last year					
С	Total					
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	nd 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PAR	II-B, LINE 1, LOBBYING ACTIVITIES:					
THE	FOUNDATION HAD AN ONGOING CONTRACT WITH STRATEGIC EDUCATION					
SERV	VICES IN SACRAMENTO, CALIFORNIA. THEIR ACTIVITIES INCLUDED UPDATING					
MEME	BERS OF THE CALIFORNIA STATE LEGISLATURE ON THE CALIFORNIA SCIENCE					
CENT	ER FOUNDATION'S EDUCATIONAL OPPORTUNITIES FOR YOUTH, ETC. AND					
FACI	LITATING AND MONITORING STATE INITIATIVES FOR THE CALIFORNIA					

232043 11-08-22

Schedule C (Form 990) 2022

Part IV Supplemental Information (continued)

SCIENCE CENTER FOUNDATION. DURING THE FISCAL YEAR ENDED 6/30/23, THE

FOUNDATION PAID STRATEGIC EDUCATION SERVICES \$10,550 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 6/30/23, THE FOUNDATION PAID NATIONAL

GROUP \$84,000 FOR THEIR SERVICES.

THE FOUNDATION ALSO HAS A CONTRACT WITH ESPERANZA ROSS 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 SCIENCE CENTER

FOUNDATION. DURING THE FISCAL YEAR ENDED 6/30/23, THE FOUNDATION PAID

STRATEGIC EDUCATION SERVICES \$10,500 FOR THEIR SERVICES.

Schedule C (Form 990) 2022

232044 11-08-22

(Form §	9 90)
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Supplemental Financial Statements

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

OMB No. 1545-0047 **Open to Public**

Go to	o www.irs.gov	v/Form990	for instruction	s and the	lates

Ν

	ment of the Treasury I Revenue Service		ttach to Form 990.) for instructions and the latest informat	ion.	Open to Public Inspection
	e of the organizati				identification number
	5	CALIFORNIA SCIENCE CENTER F	DUNDATION		95-2210527
Pa	rt I 🔰 Organiza	ations Maintaining Donor Advised	I Funds or Other Similar Funds o	or Accounts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at er	nd of year			
2	Aggregate value o	of contributions to (during year)			
3	Aggregate value o	of grants from (during year)			
4		t end of year			
5	•	on inform all donors and donor advisors in v	0		
		on's property, subject to the organization's e			Yes No
6		on inform all grantees, donors, and donor ac			
		poses and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring	
Do	impermissible priv				Yes No
Pa		ation Easements. Complete if the org		art IV, line 7.	
1		servation easements held by the organizatio	· · · <u>//</u>		
		n of land for public use (for example, recreat		a historically impor	
		of natural habitat		a certified historic :	structure
0		n of open space	ad concentration contribution in the form of	f a concentration of	according to the last
2	day of the tax year	through 2d if the organization held a qualifi r	ed conservation contribution in the form o		at the End of the Tax Year
а					
b					
c	÷	vation easements on a certified historic stru	cture included in (a)		
d		vation easements included in (c) acquired a			
				2d	
3		vation easements modified, transferred, rele		······ L	the tax
	year		, , , ,	5	
4	-	where property subject to conservation eas	ement is located		
5	Does the organiza	tion have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and enf	forcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements	during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conservation	on easements duri	ng the year
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, descril	be how the organization reports conservation	n easements in its revenue and expense s	tatement and	
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes	the
De	organization's acc	counting for conservation easements. ations Maintaining Collections of	Art Historical Tracquires, or Oth	or Cimilar Acc	ata
Pa		_		ier Similar Ass	sels.
		f the organization answered "Yes" on Form			
па	0	elected, as permitted under FASB ASC 958	•		Orks
		easures, or other similar assets held for pub			
ь		Part XIII the text of the footnote to its finan			. of
b		elected, as permitted under FASB ASC 958 sures, or other similar assets held for public			
		ing amounts relating to these items:	exmonition, education, or research in furthe	ance of public se	
				¢	
		ided on Form 990, Part VIII, line 1			
2	.,	received or held works of art, historical trea	sures or other similar assets for financial		
2	-	unts required to be reported under FASB AS		gain, provide	
а	•	on Form 990, Part VIII, line 1		\$	
	Assets included in				

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

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Sche		SCIENCE CENTER				95-221		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the t	following that make	significant	use of its			
	collection items (check all that apply):								
а	I Public exhibition	d	X Loan or exc	hange program					
b									
с	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma						Yes	X	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 990	D, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia		ary for contribution	s or other assets not	t included				
Ĩ	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a] 110
			owing table.				Amount	t	
c	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XII	I]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 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	22,949,935.	12,135,898.	9,756,723.	9,2	04,051.	8,	819,	635.
b	Contributions	750,000.	14,000,000.						
	Net investment earnings, gains, and losses	1,909,819.	-2,899,282.	2,665,856.	. 8	39,353.		637,	724.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	1,024,181.	286,681.	286,681.	. 2	86,681.		253,307,	
f	Administrative expenses								
g	End of year balance	24,585,573.	22,949,935.	12,135,898.	9,7	56,723.	9,	204,	051.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as:					
	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 84.0000	%							
с	Term endowment 16.0000	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for t	the		r		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)	$ \rightarrow $	X
	(ii) Related organizations						3a(ii)	$ \rightarrow $	X
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or ot basis (investm			Accumulat epreciatior		(d) Bool	< value	Э
1a	Land								
	Buildings		3	,418,745.	3,418,	745.			0.
	Leasehold improvements								
	Equipment		2	,490,498.	2,013,	588.		476,	
	Other		34	,475,851.	28,735,	773.	5,	740,	078.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part >	(. column (B). line 1	0c.)			6,	216,	988.

Schedule D (Form 990) 2022

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chedule D (Form 990) 2022 CALIFORNIA SCIENCE CENTER FOUNDATION
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Part VII Investments - Other Securities.

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

(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) FUNDS HELD IN TRUST ACCOUNT	95,639,785.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 000 Part V col (P) line 12)	95 639 785	

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 hability	(b) BOOK value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

d in Part XIII ... X

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 CALIFORNIA SCIENCE CENTER FOUNDATION			95-2210527	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				00 000 404
1				1	80,680,464.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	I. I	542 600		
a	Net unrealized gains (losses) on investments	2a	-543,628.		
b	Donated services and use of facilities	2b	640,216.		
C	Recoveries of prior year grants	2c	2 002 408		
d	Other (Describe in Part XIII.)	2d	3,092,408.		2 100 000
е	Add lines 2a through 2d			2e	<u>3,188,996.</u>
3	Subtract line 2e from line 1			3	77,491,468.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	ato With	Evnoncoo nor E	5	77,491,468.
га			Expenses per r	etum.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	97,895,306.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2			640,216.		
a L	Donated services and use of facilities	2a 2b	040,210.		
b	Prior year adjustments				
C L	Other losses	2c	3,585,325.		
d	Other (Describe in Part XIII.)	· · · ·	, ,	0-	4,225,541.
e	Add lines 2a through 2d			2e	93,669,765.
3	Subtract line 2e from line 1			3	95,009,705.
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			0
_c	Add lines 4a and 4b			4c	0.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) T XIII Supplemental Information.			5	93,669,765.
Prov	de 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; I	Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi				
חמגם	1 TTT TIME 13.				
FAR	III, LINE 1A:				
THE	FOUNDATION HOLDS A NUMBER OF ARTIFACTS OF HISTORICAL SIGNIFICAN	ICE AS			
COLI	ECTIONS INCLUDING THE SPACE SHUTTLE ORBITER ENDEAVOUR AND RELAT	משי			
ARTI	FACTS. THESE COLLECTIONS ARE NOT CAPITALIZED IN THE STATEMENT ()F			
FINZ	NCIAL POSITION. CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FROM	THE			
FINZ	NCIAL STATEMENTS. PURCHASED COLLECTION ITEMS ARE TREATED AS A				
REDU	CTION IN THE UNRESTRICTED NET ASSETS AT THE TIME OF PURCHASE.				
COLI	ECTIONS ARE CATALOGED AND PRESERVED FOR EDUCATIONAL PURPOSES.				

THE COSTS OF PURCHASING OR COLLECTING LIVE ANIMALS ARE EXPENSED AS

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

REFLECTED IN THE FINANCIAL STATEMENTS.

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Schedule D (Form 990) 2022

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, 2023 AND 2022, 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: 2019-2022

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 CALIFORNIA SCIENCE CENTER Part XIII Supplemental Information (continued)		95-2210527	Page
JURISDICTION: STATE OPEN TAX YEARS: 2018-2	2022		
ART XI, LINE 2D - OTHER ADJUSTMENTS:			
CHANGE IN VALUE - CHARITABLE REMAINDER TRUSTS	-492,917.		
COST OF GOODS SOLD	3,015,003.		
SPECIAL EVENT EXPENSES	570,322.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,092,408.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD	3,015,003.		
SPECIAL EVENT EXPENSES	570,322.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,585,325.		

Schedule D (Form 990) 2022

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a Subtotal	0	0			54,519.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a	0	0			E4 E10
and 3b)			o for Form 000	Cohr	54,519. edule F (Form 990) 2022
		าธ การแ นธุญญา	3 101 1 01111 990.	Sche	
2071 10-17-22			39		
0426 701224 122	2			JIFORNIA SCIENCE	CENTER 1999
J740 /01444 144	4		2022.03090 CAI	TLOUMIN SCIENCE	CHAIRY ISS

the United States

0, Part IV, line 14b, 15, or 16.

he latest information.

SUB-SAHARAN AFRICA

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

(by type) (such as, fundraising, pro-

gram services, investments, grants to

recipients located in the region)

RECEIVED A GRANT TO TRAIN

TEACHERS IN RWANDA

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

3	Activities per Region. (The following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e)

employees, agents, and

independent

contractors in the region

0

SCHEDULE F (Form 990)		Statement of Activities Outside t Complete if the organization answered "Yes" on Form 99					
		Attach to Form 990. Go to www.irs.gov/Form990 for instructions and t					
Internal Revenue Service			Go to WW	v.irs.gov/Form990	for instructions and		
Name of the organ	nization						
CALIFORNIA SC	IENCE	CENTER	FOUNDATION				

offices

in the region

0

16.	2022
	Open to Public Inspection
Employer	identification number

95-2210527

(e) If activity listed in (d)

is a program service,

describe specific type

of service(s) in the region

OMB No. 1545-0047

No

(f) Total

expenditures

for and

investments

in the region

54,519.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax										
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities									

95-2210527

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

Page 3

Schedule F (Form 990) 2022 CALIFORNIA SCIENCE CENTER FOUNDATION
Part IV Foreign Forms

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047			
(Form 990)	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.										
Department of the Treasury Internal Revenue Service											
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspector Name of the organization Employer identification											
CALIFORNIA SCIENCE CENTER FOUNDATION 95-2210527											
	complete this par	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, li	ine 17	. Form 990-E	Z filers are not			
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 	ions email solicitations tations licitations	f X Solicita g X Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events						
•		or oral agreement with any individual	•	•		tees, o					
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			-	ao fun	X Ye				
compensated at le	•	· / ·		agree							
(i) Name and addres or entity (func		(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or fi	Amount paid retained byj undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization			
FRED ALI CORPORATI	ON - 8350		Yes	No							
GONZAGA AVE., LOS	,	CONSULTING		x	0.		72,000	72,000.			
NETZEL GRIGSBY ASS							10 000	10.000			
INC 9696 CULVER	BLVD.,	CONSULTING		X	0.		18,000	18,000.			
		I	1								
Total							90,000	90,000.			
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	xempt from r	egistration			
CA											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

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.

0			(a) Event #1 DISCOVERY BALL (event type)	(b) Event #2 WOMAN OF THE YEAR (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,276,336.	50,393.		1,326,729.
	2	Less: Contributions	1,172,595.	36,233.		1,208,828.
	3	Gross income (line 1 minus line 2)	103,741.	14,160.		117,901.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	548,289.	22,033.		570,322.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			570,322.
	11	Net income summary. Subtract line 10 from li				-452,421.
Pa	rί	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
enue		φ13,000 OF FORM 990-EZ, IINE 68.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

enue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue			4,530.	4,530.
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	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)			4,530.
9	En	ter the state(s) in which the organization condu	cts gaming activities: CI	A		
		the organization licensed to conduct gaming ac				X Yes No
D	• IT "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes X No
	_					

232082 10-27-22

Schedule G (Form 990) 2022

Schedule (G (Form 990) 2022	CALIFORNIA SCIENCE CENTER FOUNDATION 95-	221052	7	Pag	e 3
	· · · · · ·	aming activities with nonmembers?	X	Yes		No
	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed					
				Yes	X	No
	ate the percentage of gaming					
		- · ·	13a		.00	%
			13b	10	0.00	
		e person who prepares the organization's gaming/special events books and records:				
Name	GENEVIEVE DUNAWAY	Ŷ				
Addre	ess 700 EXPOSITION	PARK DRIVE - LOS ANGELES, CA 90037				
15a Does	the organization have a con	tract with a third party from whom the organization receives gaming revenue?	🗀	Yes	X	No
h lf "Vo	s " enter the amount of dam	ing revenue received by the organization \$ and the amount				
	ming revenue retained by the					
	s," enter name and address					
0 11 10						
Name	9					
Addre	ess					
16 Gami	ng manager information:					
Name	ALYSON GOODALL					
Gami	ng manager compensation	\$				
	**					
	ription of services provided	ALYSON GOODALL'S RESPONSIBILITY AS A DIRECTOR OF				
		ZE THE DISCOVERY BALL FUNDRAISING EVENT,				
INCI	LUDING THE RAFFLE HEL	D AT THE BALL. GOODALL'S SALARY OF \$177,998				
] Director/officer	Independent contractor				
	Director/officer					
17 Mand	latory distributions:					
		r state law to make charitable distributions from the gaming proceeds to				
	the state gaming license?		X	Yes		No
		required under state law to be distributed to other exempt organizations or spent in the	. —			
	ization's own exempt activit					
Part IV		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part Part I, line 2b, columns (iii) and (v); and Part Part Part Part Part Part Part Part	art III, lin	es 9, 9	9b, 10	b,
		applicable. Also provide any additional information. See instructions.				
SCHEDULE	G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:				
(=)						
(I) NAME	OF FUNDRAISER: FRED	ALI CORPORATION				
(I) ADDR	ESS OF FUNDRAISER: 83	350 GONZAGA AVE., LOS ANGELES, CA 90045				
(T) NAME	OF FUNDRAISER: NETZI	EL GRIGSBY ASSOCIATES, INC.				
<u>, _ / 141111</u>						
(I) ADDR	ESS OF FUNDRAISER: 96	696 CULVER BLVD., #105, CULVER CITY, CA 90232				
		, , , ,				
SCHEDULE	G, PART III, LINE 16	6, DESCRIPTION OF SERVICES PROVIDED:				
232083 10-27	-22	Sche	dule G (Form	990) 2	022
		46	•			

Part IV Supplemental Information (continued)

ALYSON GOODALL'S RESPONSIBILITY AS A DIRECTOR OF

DEVELOPMENT IS TO ORGANIZE THE DISCOVERY BALL FUNDRAISING EVENT,

INCLUDING THE RAFFLE HELD AT THE BALL. GOODALL'S SALARY OF \$177,998

REFLECTS HER OVERALL COMPENSATION AS CHIEF ADVANCEMENT OFFICER AND NOT

ONLY AS GAMING MANAGER.

Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Department of the Treasury	Attach to Form 990.											
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organizati								Employer identification number				
Part I General Ir	CALIFORNIA SC:		TOUNDATION					95-2210527				
			amount of the grants	ar aggistange the	arentees' elisibility	for the grante or easi	tance and the colocti					
•	zation maintain records t award the grants or assis		5		· · ·	0						
	IV the organization's pro											
Part II Grants an	d Other Assistance to I hat received more than \$	Domestic Organiz	zations and Domestic	c Governments.	Complete if the org	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any				
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CA STATE SCIENCE FAIR AWARD WINNERS	168	43,950.	0.	FAIR MARKET VALUE	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION GIVES OUT AWARDS TO INDIVIDUALS AND NO MONITORING REQUIRED

AND/OR PERFORMED.

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-
	tment of the Treasury	Attach to Form 990.		Open to		ic
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id	Inspe		
Narr	e of the organization		Employer id	entificatio 10527	on nui	mber
Do	rt I Question	CALIFORNIA SCIENCE CENTER FOUNDATION S Regarding Compensation	95-22	10527		
1 4		s negaraling compensation			Vaa	No
10	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		Yes	No
ю		line 1a. Complete Part III to provide any relevant information regarding these items.	330,			
	First-class or c		naluse			
	Travel for com					
		ation and gross-up payments				
		spending account Personal services (such as maid, chauffe	ur, chef)			
			. ,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	i			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent of	ompensation consultant				
	Form 990 of o	ther organizations	ommittee			
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				v
a		e payment or change-of-control payment?				X X
b		eive payment from a supplemental nonqualified retirement plan?				X
С	•	eive payment from an equity-based compensation arrangement?		<u>4c</u>		
	If tes to any of in	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
5	contingent on the r		••			
а	•			5a		x
	Any related organiz					x
	, 0	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
а	e	~		6a		X
	Any related organiz					X
	If "Yes" on line 6a c	r 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		. 7		х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u></u>	. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)) 2022

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Schedule J (Form 990) 2022

95-2210527

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) GENEVIEVE DUNAWAY	(i)	184,885.	Ο.	0.	7,202.	5,850.	197,937.	0.	
SVP, CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ALYSON GOODALL	(i)	153,510.	0.	0.	6,273.	18,215.	177,998.	0.	
SVP, CAO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHI	EDI	JLE	K

Internal Revenue Service

(Form 990) Department of the Treasury

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 2022 Open to Public Inspection

Name of the organization

CALIFORNIA SCIENCE CENTER FOUNDATION

95-2210527

Employer identification number

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Descriptio	on of purpose	(g) De	efeased	(h) On of is:		(i) Po finar	
								Yes	No	Yes	No	Yes	No
CA INFRASTRUCTURE AND ECONOMIC													
A DEVELOPMENT BANK	63-0304653	13034ARM4	10/27/16	60,4	40,728.	REFUNDING OF	PRIOR ISSUE		x		х		x
CA INFRASTRUCTURE AND ECONOMIC					S	SAMUEL OSCHI	N AIR AND						
B DEVELOPMENT BANK	63-0304653	13034AV23	10/19/21	168,9	50,079.8	SPACE CENTER			x		x		x
<u>c</u>													
D													
Part II Proceeds	I			l	ļ				1				<u> </u>
			A			В	С				D		
1 Amount of bonds retired			19	,415,000.									
2 Amount of bonds legally defeased													
3 Total proceeds of issue			60	,440,728.	1	69,708,423.							
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds						8,908,883.							
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				775,781.		1,324,540.							
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceed	ls												
10 Capital expenditures from proceeds						83,219,404.							
11 Other spent proceeds			59	,664,948.									
12 Other unspent proceeds						76,255,595.							
13 Year of substantial completion													
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refundir	ng issue of tax-exempt	bonds (or,											
if issued prior to 2018, a current refunding i	issue)?		Х			X							
15 Were the bonds issued as part of a refundir	ng issue of taxable bor	nds (or, if											
issued prior to 2018, an advance refunding	issue)?			X		X							
16 Has the final allocation of proceeds been m	nade?		х			X							
17 Does the organization maintain adequate b		••	v		v								
final allocation of proceeds?			Х		X								

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 CALIFORNIA SCIENCE CENTER FOUNDATION Part III Private Business Use

95-2210527

Page 2

			4	E	3	C		D)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		x		x				l
3a .	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		x		x				ł
	f "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?								ł
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		x		x				ł
	f "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?								ł
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		%		%		%		
	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		%		%		%		
	Total of lines 4 and 5		%		%		%		
	Does the bond issue meet the private security or payment test?		X		X				
	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		x				ł
	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								ł
	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								ł
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х					ł
	V Arbitrage						· · · · · ·		
			<u>م</u>	E	3	C	;	D	ر ر
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
	If "No" to line 1, did the following apply?								
	Rebate not due yet?		X	X					
	Exception to rebate?	Х			X				
	No rebate due?	Х			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
	Is the bond issue a variable rate issue?		x		x				í

232122 10-28-22

Schedule K (Form 990) 2022 CALIFORNIA SCIENCE CENTER FOUNDATION

Page 3

Part IV Arbitrage (continued)								
	Α		I	В	C	;	C)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		Х				
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	Х					
b Name of provider			BAYERISCHI	E LANDESBA				
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	x		Х					
Part V Procedures To Undertake Corrective Action								
	A	۱ <u> </u>		B	C	;	C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
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		X					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.					
SCHEDULE K COLUMN A:								
PART I, COLUMN F: THE BONDS WERE ISSUED TO FINANCE CONSTRUCTION,								
ACQUISITION, FURNISHING & EQUIPPING OF THE SAMUEL OSCHIN AIR AND SPACE								
CENTER.								
PART II, LINE 3: THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFERS								
FROM THE ISSUE PRICE SHOWN IN PART I, (E) DUE TO INTEREST EARNINGS ON								
INVESTED PROCEEDS.								
PART III, LINE 7: AS PROVIDED IN TREASURY REGULATION SECTION								
1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT								
UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF								
PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE.								
ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD								
DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION								
HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST								
WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR								
UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN								
EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.								

Schedule K (Form 990) 2022 CALIFORNIA SCIENCE CENTER FOUNDATION	95-2210527	Page
Part VI Supplemental Information. Provide additional information for responses to questions on Schedul	e K. See instructions. (continued)	
PART IV, LINE 5(B) & 5(C): THE PROJECT FUND WAS INVESTED INTO AN		
INVESTMENT AGREEMENT WITH BAYERISCHE LANDESBANK WITH A FINAL MATURITY		
OF 6/1/2023. THE CAPITALIZED INTEREST FUND WAS INVESTED INTO AN		
INVESTMENT AGREEMENT WITH SOCIETE GENERALE WITH A FINAL MATURITY OF		
11/1/2024.		
PART I(F) - THE BOND ISSUE FINANCED THE CURRENT REFUNDING OF THE		
BORROWER'S SERIES 2006 BONDS ORIGINALLY ISSUED ON 08/16/2006.		
PART IV, LINE 2(B) - THE CURRENT REFUNDING PORTION OF THE BOND ISSUE		
HAS MET THE 6-MONTH EXCEPTION TO REBATE.		
PART IV, LINE 2(C) - OPINION FROM ORRICK, HERRINGTON & SUTCLIFFE LLP		
DATED 11/28/2017 STATES THAT NO REBATE IS OR WILL BE DUE ON THE BOND		
ISSUE.		
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

22

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.

Department of the Treasury Internal Revenue Service

Employer identification number

ſ ZU **Open to Public**

Name of the organization

	CALIFORNIA SCIENCE	CENTER E	OUNDATION		95-2	221052	7	
Pa	rt 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 d noncash contrib	letermin	•	s
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			552 554				
9	Securities - Publicly traded	X	6	573,751.	MARKET VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		x
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	tions?	31	x	
32a	Does the organization hire or use third parties		-			20-		x
h	contributions?					32a		
D								

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,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

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 (Form 990) 2022

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Page 2

	Supplemental Information to Form 900 or 900	OMB No. 1545-0047
SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	2022
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organizatio	· · · · · · · · · · · · · · · · · · ·	Employer identification number 95-2210527
		1
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
CSCF ASPIRES TO ST	IMULATE CURIOSITY AND INSPIRE SCIENCE LEARNING IN	
EVERYONE BY CREATI	NG FUN, MEMORABLE EXPERIENCES, BECAUSE WE VALUE	
SCIENCE AS AN INDI	SPENSABLE TOOL FOR UNDERSTANDING OUR WORLD,	
ACCESSIBILITY AND	INCLUSIVENESS, AND ENRICHING PEOPLE'S LIVES.	
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAM INCI	UDE IMAX EDUCATIONAL MOVIES & CONFERENCE	
RESERVATIONS.		
EXPENSES \$ 2,968,3	54. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,798,159.	
FORM 990, PART VI,	SECTION A, LINE 2:	
DURING THE FISCAL	YEAR, THERE WERE TWO TRUSTEES, PATRICK DENNIS AND MATTHEW	
DUBECK, WHO WORKEI) TOGETHER AT THE SAME LAW FIRM.	
FORM 990, PART VI,	SECTION B, LINE 11B:	
THE FORM 990 IS PF	REPARED BY SINGERLEWAK, LLP BASED ON THE INFORMATION	
PROVIDED BY THE FO	DUNDATIONS STAFF. PRIOR TO FILING, THE FORM 990 IS	
PRESENTED TO ALL M	MEMBERS OF THE BOARD OF TRUSTEES. ONCE THE FORM 990 IS	
PRESENTED TO THE E	SOARD, THE CHIEF FINANCIAL OFFICER SIGNS THE RETURN ON	
BEHALF OF THE ORGA	NIZATION.	
FORM 990, PART VI,	SECTION B, LINE 12C:	
ON AN ANNUAL BASIS	, THE PRESIDENT OF THE FOUNDATION WILL SEND TO ALL	
TRUSTEES AND OFFIC	ERS OF THE FOUNDATION A COPY OF THE CONFLICT OF INTEREST	
POLICY AND AN ANNU	JAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE	
LHA For Paperwork R 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022
	FO	

09310426 701224 1222

59 2022.05090 CALIFORNIA SCIENCE CENTER 1222___1

Schedule O (Form 990) 2022 Name of the organization		Page 2 Employer identification number
CALIFORNIA SCIENCE CENTER FOUNDATION	1	95-2210527
DISCLOSURE STATEMENT MUST BE COMPLETED AND RETURNED TO T	HE 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 INTE	REST OR POTENTIAL	
CONFLICT OF INTEREST, FOLLOWING THE ANNUAL DISCLOSURE, T	HAT TRUSTEE OR	
OFFICER SHOULD NOTIFY THE AUDIT AND GOVERNANCE COMMITTEE	OF THE FACTS	
SURROUNDING THE CONFLICT OF INTEREST IN WRITING. THE AUD	IT AND GOVERNANCE	
COMMITTEE SHALL SUBMIT AN ANNUAL CONFIDENTIAL REPORT TO	THE BOARD OF	
TRUSTEES REGARDING ANY TRUSTEE OR OFFICER CONFLICTS OF I	TEREST AND THEIR	
RESOLUTION.		
FORM 990, PART VI, SECTION B, LINE 15:		
THE COMPENSATION OF THE PRESIDENT AND CFO ARE REVIEWED B	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 AV.	AILABLE TO THE	
PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, UPON WRITTEN	REQUEST, AND ON	
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 I	NFORMATIONAL	
RETURNS AVAILABLE UPON WRITTEN REQUEST. THE INFORMATIONA	RETURNS ARE ALSO	
MADE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S	NEBSITE, AND	
WWW.GUIDESTAR.ORG, A PUBLIC WEBSITE.		
232212 10-28-22	0	Schedule O (Form 990) 202

Schedule O (Form 990) 2022		Page 2
Name of the organization CALIFORNIA SCIENCE CENTER FOUNDATION		Employer identification number 95-2210527
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN VALUE - CHARITABLE REMAINDER TRUSTS	-492,917.	
ROUNDING	-2.	
TOTAL TO FORM 990, PART XI, LINE 9	-492,919.	
232212 10-28-22		Schedule O (Form 990) 2022

232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

CALIFORNIA SCIENCE CENTER FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
P3 EXHIBITS CORPORATION - 92-2089851					CALIFORNIA		
700 EXPOSITION PARK DRIVE					SCIENCE CENTER		
LOS ANGELES, CA 90037	SEE SUPPLEMENTAL	CALIFORNIA	501(C)(3)	LINE 12A, I	FOUNDATION		х
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

2022 Open to Public Inspection

Employer identification number

95-2210527

(Form 990)

Department of the Treasury Internal Revenue Service

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	1 5	,																
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(i)		(k)						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	allocation		Disproportionat allocations?				Disproportionate allocations?		Disproportionate allocations? Code V-UBI amount in box 20 of Schedule		al or F ging er?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No							
]																	
	1																	
	1																	
	1																	
	-																	
	1																	
	-																	
	-																	
]			1														

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
		country)						Yes	No
								'	
	1								
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			_
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses			+
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) P3 EXHIBITS CORPORATION	D	28,550,000.	SIGNED CONTRACTS
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 CALIFORNIA SCIENCE CENTER FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) all	(f)	(g)	(h	I)	(i)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne	rs sec.	Share of	Share of	Dispro	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	excluded from tax under	partne 501(org	c)(3) <u>s.?</u>	total	end-of-year	allocat	ions?	amount in box 20 of Schedule K-1	part	ner?	ownership
		country)	sections 512-514)	Yes			assets	Yes	No	(Form 1065)	Yes	NO	
				<u> </u>				+					
				<u> </u>				$\left \right $					
		1	1	L		I							

Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, LINE B

P3 EXHIBITS CORPORATION IS ORGANIZED TO PERFORM THE CHARITABLE,

EDUCATIONAL AND SCIENTIFIC FUNCTIONS OF AND CARRY OUT THE CHARITABLE,

EDUCATIONAL AND SCIENTIFIC PURPOSES OF CALIFORNIA SCIENCE CENTER

FOUNDATION, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION ("CSCF"),

THROUGH THE DEVELOPMENT, EXPANSION AND OPERATION OF THE CALIFORNIA

SCIENCE CENTER'S EXHIBIT AND EDUCATIONAL PROGRAMS AND RELATED

ACTIVITIES.

Schedule R (Form 990) 2022

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