PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| <u>A</u> | ror the | 2018 calendar year, or tax year beginning SEF | , 1, 2018 and | ending A | UG 31, 2019 | | | | |
|---------------|-------------------------|--|--|---------------------------------------|--|------------|-----------------------------|--|--|
| В | Check if applicable | C Name of organization | | | D Employer ide | entifica | ation number | | |
| | Addre | BAY AREA DISCOVERY MUSEUM | | | | | | | |
| | Name chang | Doing business as | | | 6 | 8-003 | 33227 | | |
| | Initial return | Number and street (or P.O. box if mail is not delive | ered to street address) | Room/suite | E Telephone number | | | | |
| | Final return | EAST FORT BAKER 557 MCREYNOLDS ROA | D , | | (4 | 15) 3 | 39-3900 | | |
| | termin ated | City or town, state or province, country, and ZI | P or foreign postal code | | G Gross receipts \$ 12,961,573. | | | | |
| | Ameno | | | | H(a) Is this a gro | oup ret | ıırn | | |
| F | Applic | | MCKINLEY | | for subordi | - | | | |
| | pendir | SAME AS C ABOVE | | | H(b) Are all subording | | | | |
| $\overline{}$ | Toy ov | | (insert no.) 4947(a)(1) | or 527 | 1 | | st. (see instructions) | | |
| | | te: WWW.BAYAREADISCOVERYMUSEUM.ORG | (IIISert 110.) 4947(a)(1) | 01 321 | 1 ' | | , | | |
| _ | | • | ociation Other | | H(c) Group exer | | | | |
| | | organization: X Corporation Trust Asso Summary | ociation Other > | L Year | of formation: 1984 | <u> M</u> | State of legal domicile; C. | | |
| | 1 | Briefly describe the organization's mission or most si | ignificant activities: TO TRAI | NSFORM RE | ESEARCH INTO E | EARLY | | | |
| Governance | 3 | LEARNING EXPERIENCES THAT INSPIRE CREAT | | | | | | | |
| ž | 2 | Check this box if the organization discont | inued its operations or dispos | sed of more | than 25% of its no | et asse | ets | | |
| Ī | 3 | Number of voting members of the governing body (P | | | | 3 | | | |
| ۇ ئ | 3 4 | Number of independent voting members of the gove | | | | 4 | | | |
| વ | 5 7 | | | | | 5 | 1 | | |
| <u>.</u> | 5 | Total number of individuals employed in calendar yea | | | | 6 | 19 | | |
| Activities & | 6 | Total number of volunteers (estimate if necessary) | | | | | | | |
| ۵ | 2 / a | Total unrelated business revenue from Part VIII, colu | | | | 7a | (| | |
| _ | d | Net unrelated business taxable income from Form 99 | 90-1, line 38 | · · · · · · · · · · · · · · · · · · · | | 7b | | | |
| | | | | | Prior Year | 10 | Current Year | | |
| <u>a</u> | 8 | Contributions and grants (Part VIII, line 1h) | | | 7,029,6 4,338,7 | | 8,274,824 4,317,12 | | |
| Revenue | 9 | | m service revenue (Part VIII, line 2g) | | | | | | |
| á | 10 | Investment income (Part VIII, column (A), lines 3, 4, a | | | | 156. | 45 | | |
| _ | ייו | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 | | | 287,1 | | 91,272 | | |
| _ | | Total revenue - add lines 8 through 11 (must equal P | | | 11,662,0 | _ | 12,683,268 | | |
| | 1 | Grants and similar amounts paid (Part IX, column (A) | | | | 0. | (| | |
| | | Benefits paid to or for members (Part IX, column (A), | | | | 0. | (| | |
| ď | 15 | Salaries, other compensation, employee benefits (Pa | | | 5,019,7 | | 5,200,495 | | |
| Fxnenses | 16a | Professional fundraising fees (Part IX, column (A), line | e 11e) | | 19,9 | 41. | (| | |
| 2 | 6 b | Total fundraising expenses (Part IX, column (D), line | 25) 1,121, | 233. | | | | | |
| Ĺ | ^j 17 | Other expenses (Part IX, column (A), lines 11a-11d, 1 | 1f-24e) | | 2,994,9 | 941. | 3,243,243 | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, | column (A), line 25) | | 8,034,6 | 26. | 8,443,742 | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 2 | | 3,627,4 | 20. | 4,239,526 | | |
| Net Assets or | Ses | | | Ве | ginning of Current | /ear | End of Year | | |
| sets | 20 | Total assets (Part X, line 16) | | | 17,406,9 | 80. | 21,660,056 | | |
| Ass | 21 | Total liabilities (Part X, line 26) | | | 1,816,6 | 90. | 1,831,084 | | |
| Net | 22 | Net assets or fund balances. Subtract line 21 from lin | ne 20 | | 15,590,2 | 290. | 19,828,972 | | |
| P | art II | Signature Block | | | | | | | |
| Und | der pena | Ities of perjury, I declare that I have examined this return, in | ncluding accompanying schedules | and stateme | ents, and to the best | of my l | knowledge and belief, it is | | |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) | is based on all information of wh | ich preparer | has any knowledge. | | | | |
| | | | | | | | | | |
| Sig | ın | Signature of officer | | | Date | | | | |
| He | | KELLY MCKINLEY, CEO | | | | | | | |
| | - | Type or print name and title | | | | | | | |
| _ | | | Preparer's signature | Ţ, | Date Che | eck | PTIN | | |
| Pai | d | | ATTHEW PETROSKI | lo | 7/14/20 if self | | P00853132 | | |
| | parer | Firm's name ARMANINO LLP | | | Firm's EI | | 94-6214841 | | |
| | Only | Firm's address 12657 ALCOSTA BLVD, STE. | 500 | | I IIII 3 EI | V - | | | |
| 530 | y | SAN RAMON, CA 94583-4600 | | | Dhone no | 925- | 790-2600 | | |
| N/a | v tha II | RS discuss this return with the preparer shown above | 22 (see instructions) | | I E HOHE HO | , | X Yes N | | |
| IVIO | ıy ıı I U II | to discuss this return with the preparer shown above | :: (acc all uction | | | | ICSIN | | |

| | 990 (2018) BAY AREA DISCOVERY MUSEUM | 68-0033227 | Page 2 |
|-----|---|-----------------------|-----------------------|
| Pai | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| | BAY AREA DISCOVERY MUSEUM'S MISSION IS TO TRANSFORM RESEARCH INTO | | |
| | EARLY LEARNING EXPERIENCES THAT INSPIRE CREATIVE PROBLEM SOLVING. | | |
| | | | |
| _ | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | V. V. |
| | prior Form 990 or 990-EZ? | | Yes X No |
| • | If "Yes," describe these new services on Schedule O. | | V Y N- |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | JYes LA_NO |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as | maggired by expe | neoe |
| 7 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | | |
| | revenue, if any, for each program service reported. | ers, the total expens | es, and |
| 4a | | nue \$ | 2.289.264. |
| ти | DURING OUR MOST RECENT FISCAL YEAR 18-19 WE WELCOMED OVER 350,000 | -inue ψ | <u> </u> |
| | VISITORS TO OUR CAMPUS. BADM STRONGLY BELIEVES IN MAKING ITS PROGRAMS | | |
| | AND ACTIVITIES ACCESSIBLE TO AS MANY MEMBERS OF THE COMMUNITY AS | | |
| | POSSIBLE, MORE THAN 55,000 VISITORS RECEIVE DISCOUNTED OR FREE | | |
| | ADMISSION. | | |
| | | | |
| | BADM'S PHYSICAL CAMPUS IS LOCATED WITHIN FORT BAKER, A PART OF THE | | |
| | GOLDEN GATE NATIONAL RECREATIONAL AREA, IN SAUSALITO, CALIFORNIA. AT | | |
| | ITS ONE-OF-A-KIND LOCATION AT THE BASE OF THE GOLDEN GATE BRIDGE, BADM | | |
| | PROVIDES CHILD-DIRECTED, HANDS ON, SCIENCE, TECHNOLOGY, ENGINEERING, | | |
| | AND MATH (STEM) ACTIVITIES THAT NECESSITATE CREATIVITY AND CONCEPTUAL | | |
| | THINKING - CRITICAL COMPONENTS OF PROBLEM SOLVING THAT ARE TOO OFTEN | | |
| 4b | | nue \$ | 440,243. |
| | BADM OFFERS A VARIETY OF SCHOOL YEAR CAMPS, SUMMER CAMPS AND ENRICHMENT | | |
| | CLASSES, SCHOOL YEAR CAMPS ARE APPROPRIATE FOR CHILDREN PRE-SCHOOL | | |
| | THROUGH FOURTH GRADE. SUMMER CAMPS ARE APPROPRIATE FOR CHILDREN IN PRE-SCHOOL THROUGH NINTH GRADE, WITH A SPECIAL "JUNIOR COUNSELORS" | | |
| | PROGRAM FOR THOSE IN FOURTH THROUGH NINTH GRADE, ENRICHMENT CLASSES ARE | | |
| | APPROPRIATE FOR CHILDREN AGES 2-4 IN ATTENDANCE WITH THEIR PARENT OR | | |
| | CAREGIVER. DURING OUR MOST RECENT FISCAL YEAR 18-19 WE HAD OVER 8,000 | | |
| | PARTICIPANTS IN OUR CAMPS AND CLASSES. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ | nue\$ | 330,182. |
| | BADM OPERATES THE DISCOVERY SCHOOL (TDS), A LICENSED ON-SITE PRESCHOOL. | | |
| | THE DISCOVERY SCHOOL'S PROGRAM IS RESEARCH-BASED AND REGGIO-INSPIRED, | | |
| | OFFERING CHILDREN A FLEXIBLE, OPEN-ENDED CURRICULUM FOR CHILDREN AGES | | |
| | 2-5. | | |
| | | | |
| | OUR PRESCHOOL PROGRAM IS BROKEN UP INTO TWO GROUPS BASED ON AGE: A | | |
| | PROGRAM FOR 3 & 4 YEAR OLDS AND A PROGRAM FOR 4 & 5 YEAR OLDS. BOTH OF | | |
| | THESE PROGRAMS RUN MONDAY - FRIDAY 9AM-1PM AND WE OFFER AFTER-CARE | | |
| | SUPPORT UNTIL 4PM. DURING OUR MOST RECENT FISCAL YEAR 18-19 ENROLLMENT | | |
| | WAS 27. | | |
| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| Tu | (Expenses \$ 3,793,233. including grants of \$) (Revenue \$ | 1,342,742.) | |
| 4e | Total program service expenses 6,322,056. | . , , | |
| | | F | orm 990 (2018) |

68-0033227

Form 990 (2018) BAY AREA DISCOVERY MUSEUM Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------------|-----|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 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 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | _ <u> </u> | | |
| Ü | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | | - | | |
| 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 | _ | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 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 | | х |
| 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 |
| ۵ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1.0 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 100 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | , , | 12a | х | |
| | Schedule D, Parts XI and XII | IZa | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 401 | | _v |
| 40 | 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 | | - |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | 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 | | | |
| | 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 | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| 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 |
| | | - | | - |

832003 12-31-18

Form **990** (2018)

| Faure COO (CO4O) RAY APPA DISCOVER |
|------------------------------------|
| Form 990 (2018) BAY AREA DISCOVER |

| Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 | х |
|---|--------|
| Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Joid 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 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 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d Did the organization and as on time the view of the organization and an excess benefit transaction with a | |
| 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," co | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 instructions for applicable filing thresholds, conditions, and exceptions): 28 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 b A family member of a current or forme | |
| 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 b A family member of a current or former officer, director, trustee, or key employee? | |
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| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | - x |
| | + |
| director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV | x |
| director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | - |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | +- |
| contributions? If "Yes," complete Schedule M | x |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? | \top |
| If "Yes," complete Schedule N, Part I | х |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | |
| Schedule N, Part II | х |
| 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 | х |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | |
| Part V, line 1 34 | Х |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Х |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | |
| If "Yes," complete Schedule R, Part V, line 2 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | |
| Note. All Form 990 filers are required to complete Schedule O | — |
| Check if Schedule O contains a response or note to any line in this Part V | |
| | |
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | s No |
| | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | |
| (gambling) winnings to prize winners? | |
| 832004 12-31-18 Form 99 | |

| Form | 990 (2018) BAY AREA DISCOVERY MUSEUM | 68-003322 | 7 | P | age 5 |
|------|--|--------------------------|-----|----------|-------------|
| Pai | TV 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 174 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | | | | |
| За | | , | За | | х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0 | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | | x |
| h | If "Yes," enter the name of the foreign country: | | | | |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts (FRAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time daming the tax year? | | 5b | | х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | Ē |
| | | | 30 | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 6- | | x |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | <u> </u> |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributi | | | | |
| _ | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | _ | - V | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | 7a | X | |
| b | | | 7b | | - |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | • | | | ١ |
| | to file Form 8282? | | 7c | | Х |
| d | , | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | 7e | <u> </u> | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | |
| | 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 | | <u> </u> |
| 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 | 1041? | 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. | , | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | |
| 14a | | 100 | 14a | | х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | |
| .0 | excess parachute payment(s) during the year? | | 15 | | x |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | 1.5 | | |
| | n 100, 000 mostautiono ana mo i orm ti 20, conodalo 14. | | | | |

Form **990** (2018)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

| Pai | TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a | "No" re | spons | se | | | | | | |
|-----|---|-----------|---------|-----|--|--|--|--|--|--|
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | · | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | |
| 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 3 | 3 | | | | | | | | |
| | 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 in Schedule O. | | | | | | | | | |
| b | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | х | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | х | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | х | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | |
| | more members of the governing body? | 7a | | х | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | |
| | persons other than the governing body? | 7b | | х | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | |
| а | The governing body? | 8a | Х | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates, | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | |
| _ | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | Х | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40 | Х | | | | | | | |
| _ | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | - 21 | _ | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 12c | х | | | | | | | |
| 13 | in Schedule O how this was done Did the organization have a written whistleblower policy? | 13 | X | _ | | | | | | |
| 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 by independent | 17 | | | | | | | | |
| 10 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | | | | | | | |
| b | Other officers or key employees of the organization | 15b | Х | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | |
| | taxable entity during the year? | 16a | | х | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CA | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) | s only) a | availab | ole | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | Own website Another's website Upon request Other (explain in Schedule O) | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | l financ | ial | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records SOJEILA SILVA, CFO - (415) 339-3900 | | | | | | | | | |

Form **990** (2018)

557 MCREYNOLDS ROAD, SAUSALITO, CA 94965

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | l | inzu | | <u> </u> | рсі | ioutt | (D) | (E) | (F) |
|-------------------------------|-------------------|--------------------------------|-----------------------|-------------|---------------|---------------------------------|--------|----------------------|------------------------------|------------------------|
| Name and Title | Average | | not c | Pos heck | ition more | than o | | Reportable | Reportable | Estimated |
| | hours per week | | | | | s both r/trus | | compensation from | compensation from related | amount of other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | Individual trustee or director | | | | peq | | organization | (W-2/1099-MISC) | from the |
| | related | stee o | rustee | | | oensai | | (W-2/1099-MISC) | | organization |
| | organizations | ıal tru | onal t | | ploye | l mos | | | | and related |
| | below line) | divid | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) VICKIE BARRET | 1.00 | 드 | 드 | 5 | 3 | 포늄 | 윤 | | | |
| BOARD CHAIR | | х | | х | | | | 0. | 0. | 0. |
| (2) KATIE MCCARTHY | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | х | | | | 0. | 0. | 0. |
| (3) SCOTT CLARK | 1.00 | | | | | | | | | |
| TREASURER | | х | | х | | | | 0. | 0. | 0. |
| (4) ANNE KERR L'HEUREUX | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (5) TODD FOX | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (6) TINA BOU-SABA | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (7) TATEM READ | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (8) SCOTT FABER | 1.00 | 1 | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (9) ROBERT BYRNE | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (10) RACHEL TEMPLETON | 1.00 | - | | | | | | _ | _ | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (11) PETER MORTIMER | 1.00 | | | | | | | | | |
| TRUSTEE | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) PABLO CAGNONI | 1.00 | | | | | | | | _ | |
| TRUSTEE (13) MICHAEL MCKINNON | 1.00 | Х | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0 |
| (14) MARK FITENY | 1.00 | Α | | | | | | 0. | ٠. | 0. |
| TRUSTEE | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (15) MARA LOWRY | 1.00 | ^ | | | | | | 0. | 0. | <u> </u> |
| TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (16) ADRIANNE YAMAKI | 1.00 | | | | | | | · . | <u> </u> | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (17) LAUREN DILLARD | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| 832007 12-31-18 | | | - | - | | | | | | Form 990 (2018) |

832007 12-31-18

Form **990** (2018)

| Form 990 (2018) BAY AREA DIS | COVERY MUSE | UM | | | | | | | 68-003322 | 7 Page 8 |
|---|-------------------|--------------------------------|--------------------------------------|---------|--------------|------------------------------|-------------|-------------------------|-------------------|-----------------------------|
| Part VII Section A. Officers, Directors, True | stees, Key Emp | oloy | ees, | and | d Hig | ghes | t C | ompensated Employee | s (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | Position (do not check more than one | | | | one | Reportable | Reportable | Estimated |
| | hours per | box | box, unless person is b | | | s both | n an | compensation | compensation | amount of |
| | week | | cer an | id a di | irecto | r/trus | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for related | or di | ee | | | ated | | organization | (W-2/1099-MISC) | from the |
| | organizations | ustee | trust | | 9 | suedu | | (W-2/1099-MISC) | | organization and related |
| | below | ual tr | tional | | ploye | t con | | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | sey employee | Highest compensated employee | Former | | | organizations |
| (18) KATIE HYDE | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (19) CAROLINE BRINCKERHOFF | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (20) CAROLYN DEWAR | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (21) CATHERINE HALE | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (22) CELINE COLGAN | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (23) CHRISTIAN SOWUL | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (24) LARISSA POMMERAUD | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (25) CRAIG BEACOCK | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (26) HELENE KOCHER | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | > | 0. | 0. | 0. |
| c Total from continuation sheets to Part V | II, Section A | | | | | | | 720,198. | 0. | 18,451. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 720,198. | 0. | 18,451. |
| 2 Total number of individuals (including but | not limited to th | ose | liste | d ab | ove |) wh | o re | ceived more than \$100, | 000 of reportable | |

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--|---------------------|
| OLSON KUNDIG, 159 SOUTH JACKSON STREET, | Description of services | Compensation |
| SUITE 600, SEATTLE, WA 98104 | DESIGN/LANDSCAPE ARCHITECTURE | 560,539. |
| WHITESIDE MANAGEMENT, 2 HENRY ADAMS | | |
| STREET, M-3, SAN FRANCISCO, CA 94103 | CONSTRUCTION MANAGEMENT | 172,698. |
| COBALTIX, LLC | | |
| 1095 FOLSOM STREET, SAN FRANCISCO, CA 94103 | IT SUPPORT | 156,787. |
| SBA SERVICES | | |
| 54 CARLETON DRIVE, PETALUMA, CA 94952 | JANITORIAL SERVICES | 119,030. |
| SPAULDING MARINE CENTER | | |
| 600 GATE 5 ROAD, SAUSALITO, CA 94952 | BOAT REPAIR & MAINTENANCE | 101,698. |
| 2 Total number of independent contractors (including but not limited to t | chose listed above) who received more than | |
| \$100,000 of compensation from the organization | 5 | |
| | | 000 |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2018)

| | COVERY MUSE | UM | | | | | | | 68-00332 | 227 |
|--|--|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | stees, Key Er | nplo | yee | s, a | nd F | ligh | est (| Compensated Employe | es (continued) | |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | | sition | | | Reportable | Reportable | Estimated |
| | hours | (c | (check all that | | | app | ly) | compensation | compensation | amount of |
| | per week (list any hours for related organizations below | Individual trustee or director | Institutional trustee | ser | Key employee | Highest compensated employee | ner | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (27) JANE GRUBER | 1.00 | , | | | | | | 0 | 0 | 0 |
| TRUSTEE | 1 00 | Х | | | - | | | 0. | 0. | 0 |
| (28) JEN FORSTER TRUSTEE | 1.00 | х | | | | | | 0. | 0. | 0 |
| (29) JESSICA MARANTZ | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0 |
| (30) JIM STAFFORD | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0 |
| (31) EK-ANONG (AEY) PHANACHET | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0 |
| (32) LACEY TRAEGER | 1.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0 |
| (33) METTA KRACH | 1.00 | | | | | | | | | |
| TRUSTEE (LEFT 12/18) | | х | | | | | | 0. | 0. | 0 |
| (34) VIJAY MOHAN | 1.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0 |
| (35) KARYN FLYNN | 40.00 | | | | | | | | | |
| CEO | | | | Х | | | | 214,418. | 0. | 384 |
| (36) MICHELLE MARTINEZ | 40.00 | | | | | | | | | |
| CFO (THROUGH 5/2020) | | | | Х | | | | 125,160. | 0. | 7,220 |
| (37) BRANDY VAUSE | 40.00 | | | | | | | | | |
| DEPUTY DIRECTOR | | | | Х | _ | | | 158,702. | 0. | 314 |
| (38) JULIA RUSSELL | 40.00 | | | | | | | | | |
| DIRECTOR OF DEVELOPMENT | | | | | | Х | | 103,439. | 0. | 5,490 |
| (39) LISA REGALLA | 38.62 | | | | | | | | | |
| DIRECTOR OF STEM LEARNING & INNOVATI | | | | | \vdash | Х | | 118,479. | 0. | 5,043 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | _ | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | <u> </u> | <u> </u> | | | | | <u> </u> | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 720,198. | | 18,451 |

68-0033227

Form 990 (2018)

Part VIII

Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any line | e in this Part VIII | | | |
|--|------|--|---------------------------------------|---------------------|---------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| S S | 1 a | Federated campaigns | 1a | | | | | 3.2 3.1 |
| ant | . u | Membership dues | | | | | | |
| P, G | c | Fundraising events | | 542,210. | | | | |
| ífts, r A | q | Related organizations | | | | | | |
| igio | ۵ | Government grants (contribution | | | | | | |
| ons Sir | f | All other contributions, gifts, grant | | | | | | |
| uti | • | similar amounts not included abov | · I I | 7,732,614. | | | | |
| oiti | a | Noncash contributions included in lines 1 | · · · · · · · · · · · · · · · · · · · | 121,999. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add lines 1a-1f | | | 8,274,824. | | | |
| <u> </u> | | | | Business Code | , , | | | |
| ø) | 2 a | PROGRAM FEES | | 713990 | 1,989,854. | 1,989,854. | | |
| vic | _ b | | _ | 713990 | 1,282,466. | 1,282,466. | | |
| Ser | c | ADMISSIONS | | 713990 | 1,044,807. | 1,044,807. | | |
| am. | d | | | | , , | , , | | |
| Program Service Revenue | е | | | | | | | |
| Pro | f | All other program service rever | nue | | | | | |
| | g | Total. Add lines 2a-2f | | | 4,317,127. | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | ▶ | 45. | | | 45. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | > | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | 28,972. | , | | | | |
| | b | Less: rental expenses | 3,894. | | | | | |
| | С | Rental income or (loss) | 25,078. | ,] | | | | |
| | d | Net rental income or (loss) | ······ | | 25,078. | | | 25,078. |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| е | | Net gain or (loss) | | ······ • | | | | |
| | | including \$ 542, | 210. of | | | | | |
| Other Revenu | | contributions reported on line | 1c). See | | | | | |
| ΨH | | Part IV, line 18 | а | | | | | |
| Ę | | Less: direct expenses | | 226,531. | | | | |
| 0 | | Net income or (loss) from fund | - | _ | -19,110. | | | -19,110. |
| | 9 a | Gross income from gaming act | | | | | | |
| | | Part IV, line 19 | | · | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gami | | ······ | | | | |
| | 10 a | Gross sales of inventory, less r | | 122 104 | | | | |
| | | and allowances | | 45.000 | | | | |
| | | Less: cost of goods sold | | 47,000. | 85,304. | 85,304. | | |
| | C | Net income or (loss) from sales Miscellaneous Revenue | | Business Code | 03,301. | 03,301. | | |
| | 11 a | - Wilscellaneous Neverluc | | Dadiness Code | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions | | | 12,683,268. | 4,402,431. | 0. | 6,013. |

68-0033227

Part IX | Statement of Functional Expenses

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

| | Check if Schedule O contains a respons | (A) | nis Part IX(B) | (C) | (D) |
|-----------|--|----------------|--------------------------|---------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | 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 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| 3 | 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 | 512,532. | 267,385. | 154,881. | 90,260 |
| 6 | Compensation not included above, to disqualified | , | , | , | , |
| - | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 3,884,189. | 2,870,990. | 431,747. | 581,452 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 495,522. | 314,162. | 126,661. | 54,699 |
| 0 | Payroll taxes | 308,252. | 240,022. | 31,693. | 36,537 |
| 1 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 25,150. | | 25,150. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 453,858. | 378,650. | 23,125. | 52,083 |
| 12 | Advertising and promotion | 380,245. | 351,674. | 8,549. | 20,022 |
| 13 | Office expenses | 542,193. | 436,890. | 24,722. | 80,581 |
| 14 | Information technology | 192,816. | 148,469. | 20,483. | 23,864 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 247,506. | 189,516. | 28,525. | 29,465 |
| 7 | Travel | 130,069. | 121,277. | 2,379. | 6,413 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 35,572. | 25,499. | 3,752. | 6,321 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 803,020. | 609,607. | 88,594. | 104,819 |
| 3 | Insurance | 82,496. | 59,468. | 13,576. | 9,452 |
| !4 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | EXHIBIT RENTAL FEES | 150,089. | 150,089. | | |
| b | REPAIRS & MAINTENANCE | 119,449. | 90,926. | 13,073. | 15,450 |
| С | OTHER EXPENSES | 67,578. | 60,955. | 3,037. | 3,586 |
| d | TRAINING | 13,019. | 6,477. | 319. | 6,223 |
| е | All other expenses | 187. | | 187. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 8,443,742. | 6,322,056. | 1,000,453. | 1,121,233 |
| 26 | Joint costs. Complete this line only if the organization | | _ | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form **990** (2018)

Form 990 (2018) Part X | Balance Sheet

| Part | t X | Balance Sheet | | | | | |
|-----------------------------|-----|---|-------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 6,418,379. | 1 | 6,414,800 |
| | 2 | Savings and temporary cash investments | | | 75,790. | 2 | 2,903 |
| | 3 | Pledges and grants receivable, net | | | 2,275,062. | 3 | 3,878,122 |
| | 4 | Accounts receivable, net | | | 382,240. | 4 | 532,825 |
| | 5 | Loans and other receivables from current and fo | | | | | |
| | • | trustees, key employees, and highest compensa | | ' ' | | | |
| | | Part II of Schedule L | | · • | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | Ū | section 4958(f)(1)), persons described in section | • | · · | | | |
| | | employers and sponsoring organizations of sect | | | | | |
| ,, | | employees' beneficiary organizations (see instr). | | · | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| As | 8 | Inventories for sale or use | | | 19,248. | 8 | 16,339 |
| | 9 | Description of the second of the second of the second | | | 235,725. | 9 | 299,93 |
| | | Land, buildings, and equipment: cost or other | | | , | | |
| | | basis. Complete Part VI of Schedule D | 10a | 23,634,589. | | | |
| | b | Less: accumulated depreciation | 1 1 | 13,212,210. | 7,925,786. | 10c | 10,422,37 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 74,750. | 15 | 92,75 |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 17,406,980. | 16 | 21,660,05 | | |
| | 17 | Accounts payable and accrued expenses | 544,975. | 17 | 590,04 | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 1,200,404. | 19 | 1,166,61 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| ا م | 22 | Loans and other payables to current and former | officers | | | | |
| <u> </u> | | key employees, highest compensated employee | s, and | disqualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| ֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡ | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | d third p | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | 17-24) | . Complete Part X of | | | |
| | | Schedule D | | | 71,311. | 25 | 74,425 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,816,690. | 26 | 1,831,084 |
| | | Organizations that follow SFAS 117 (ASC 958 |), chec | k here 🕨 🗓 and | | | |
| g | | complete lines 27 through 29, and lines 33 an | d 34. | | | | |
| 2 | 27 | Unrestricted net assets | | | 5,797,749. | 27 | 4,307,10 |
| <u>a</u> | 28 | | | | 9,792,541. | 28 | 15,521,86 |
| 5 | 29 | Permanently restricted net assets | | | | 29 | |
| | | Organizations that do not follow SFAS 117 (A | SC 958 | s), check here 🕨 🗌 | | | |
| 5 | | and complete lines 30 through 34. | | | | | |
| 25 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 155 | 31 | Paid-in or capital surplus, or land, building, or ed | quipmer | nt fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | come, o | or other funds | | 32 | |
| Ź | 33 | Total net assets or fund balances | | | 15,590,290. | 33 | 19,828,972 |
| | 34 | Total liabilities and net assets/fund balances . | | | 17,406,980. | 34 | 21,660,056 |

Form **990** (2018)

| Pa | rt XI Reconciliation of Net Assets | | | | |
|-----|---|-----------|------|--------|----------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 12 | 683, | 268. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8 | 443, | 742. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | 4,239, | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 | | | | 290. |
| 5 | Net unrealized gains (losses) on investments | 5 | | - | 844. |
| 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 in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 19 | 828, | 972. |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | О. | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | Х |
| | 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 | Х | <u> </u> |
| | 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: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | 1 |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 | (2018) |

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** BAY AREA DISCOVERY MUSEUM 68-0033227 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| Sec | tion A. Public Support | | | | | | |
|-----------|---|-----------------------|----------------------|---|---------------------|-------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2,954,391. | 4,001,771. | 6,311,454. | 7,029,649. | 8,274,824. | 28,572,089. |
| 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 | 2,954,391. | 4,001,771. | 6,311,454. | 7,029,649. | 8,274,824. | 28,572,089. |
| 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) | | | | | | 1,194,386. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 27,377,703. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 2,954,391. | 4,001,771. | 6,311,454. | 7,029,649. | 8,274,824. | 28,572,089. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 62,539. | 36,861. | 28,611. | 42,439. | 29,017. | 199,467. |
| 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.) | 313,148. | 263,954. | 499,990. | 299,726. | 207,421. | 1,584,239. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 30,355,795. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 | 20,761,253. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, third | l, fourth, or fifth tax | x year as a section | 1 501(c)(3) | |
| | organization, check this box and stor | here | | | | | > |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | Г | |
| 14 | Public support percentage for 2018 (li | | • | * | | 14 | 90.19 % |
| 15 | Public support percentage from 2017 | | | | | 15 | 88.37 % |
| 16a | 33 1/3% support test - 2018. If the o | | | | | | |
| | stop here. The organization qualifies | | • | | | | |
| b | 33 1/3% support test - 2017. If the c | | | | | | |
| | and stop here. The organization qual | | • | | | | |
| 17a | 10% -facts-and-circumstances test | _ | | | | | |
| | and if the organization meets the "fac | | • | • | | · · | |
| - | meets the "facts-and-circumstances" | ū | • | | | | |
| b | 10% -facts-and-circumstances test | _ | | | | | |
| | more, and if the organization meets the | | • | | | | |
| | organization meets the "facts-and-circ | | | • | , | | |
| <u>18</u> | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

Schedule A (Form 990 or 990-EZ) 2018

Page 3

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.)

| Se | ction A. Public Support | , | | | | | |
|-----------|--|---|----------------------------|----------------------|---------------------|--------------------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the 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 | | | | | | |
| 7 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ı | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | <u> </u> |
| 14 | First five years. If the Form 990 is for | • | | * | • | . , . , | |
| <u>C-</u> | check this box and stop here | | | | | | > |
| | ction C. Computation of Publi | | | | | T I | |
| | Public support percentage for 2018 (I | | | | | 15 | <u>%</u> |
| 16 | Public support percentage from 2017 | | | | | 16 | % |
| | ction D. Computation of Inves | | | 40 | | 14-1 | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | <u>%</u> |
| 19 | a 33 1/3% support tests - 2018. If the | | | | | | . . |
| ı | more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | nization qualifies a | as a publicly suppo | orted organization | |
| 20 | Private foundation If the organization | n did not chock a | hay on line 14 10 | or 10h chock th | nic how and coo inc | etructions | ightharpoonup |

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Schedule A (Form 990 or 990-EZ) 2018

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
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| Pai | TIV Supporting Organizations (continued) | | | |
|-----|--|----------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 100 | 110 |
| • | 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 | | | |
| | | 1 | | |
| Sec | the supported organization(s). tion D. All Type III Supporting Organizations | <u> </u> | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 162 | NO |
| • | 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 | | | |
| | | 4 | | |
| 0 | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| • | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | 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 | | | |
| 800 | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | 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. | 2a | | |
| b | | | | |
| | 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| 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. | 3b | | |

Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

| Pai | rt V Type III Nor | n-Functionally Integrated 509(| (a)(3) Supporting Orga | inizations _(continued) | |
|----------|---------------------------|--|-------------------------------|-----------------------------------|----------------------------------|
| Sect | tion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supp | orted organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perfo | | | | |
| | organizations, in exces | | | | |
| 3 | • | es paid to accomplish exempt purpose | es of supported organizations | s | |
| 4 | Amounts paid to acqu | | | | |
| <u>.</u> | • | ounts (prior IRS approval required) | | | |
| 6 | | escribe in Part VI). See instructions. | | | |
| 7 | • | tions. Add lines 1 through 6. | | | |
| 8 | | ive supported organizations to which the | ne organization is responsive | | |
| _ | (provide details in Par | ** | .o organization to respendite | | |
| 9 | | for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided | , | | | |
| | Eine o amount aivided | by line o amount | (i) | (ii) | (iii) |
| Sect | tion E - Distribution All | ocations (see instructions) | Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1 | Distributable amount f | for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if a | any, for years prior to 2018 (reason- | | | |
| | able cause required- e | xplain in Part VI). See instructions. | | | |
| 3 | Excess distributions c | arryover, if any, to 2018 | | | |
| а | From 2013 | | | | |
| b | From 2014 | | | | |
| С | From 2015 | | | | |
| d | From 2016 | | | | |
| е | From 2017 | | | | |
| f | Total of lines 3a throu | gh e | | | |
| g | Applied to underdistrib | outions of prior years | | | |
| h | Applied to 2018 distrib | outable amount | | | |
| i | Carryover from 2013 r | not applied (see instructions) | | | |
| j | Remainder. Subtract I | ines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 | from Section D, | | | |
| | line 7: | \$ | | | |
| а | Applied to underdistrib | outions of prior years | | | |
| b | Applied to 2018 distrib | outable amount | | | |
| С | Remainder. Subtract I | ines 4a and 4b from 4. | | | |
| 5 | | butions for years prior to 2018, if | | | |
| | - | and 4a from line 2. For result greater | | | |
| _ | | Part VI. See instructions. | | | |
| 6 | | butions for 2018. Subtract lines 3h | | | |
| | ŭ | r result greater than zero, explain in | | | |
| | Part VI. See instruction | | | | |
| 7 | | carryover to 2019. Add lines 3j | | | |
| | and 4c. | , | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2014 | | | | |
| | Excess from 2015 | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| _ | _,.0000 11 0111 20 10 | | | | |

Schedule A (Form 990 or 990-EZ) 2018

| 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 I | II, LINE 10, EXPLANATION FOR OTHER INCOME: | | | | |
| FUNDRAISING | | | | | |
| 2014 AMOUNT: \$ 2 | 266,315. | | | | |
| 2015 AMOUNT: \$ 2 | 212,624. | | | | |
| 2016 AMOUNT: \$ 4 | 199,990. | | | | |
| 2017 AMOUNT: \$ 2 | 299,726. | | | | |
| 2018 AMOUNT: \$ 2 | 207,421. | | | | |
| | | | | | |
| CAFE SALES | | | | | |
| 2014 AMOUNT: \$ 4 | 46,833. | | | | |
| 2015 AMOUNT: \$ 5 | 51,330. | | | | |
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| BAS | BAY AREA DISCOVERY MUSEUM 68-0033227 | | | | | |
|---|--|--------------------------------|--|--|--|--|
| Organization type (check one): | | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(³) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| , , | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul | e. See instructions. | | | | |
| General Rule | | | | | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's | • | | | | |
| Special Rules | | | | | | |
| sections 509(a)(1) any one contributo | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that described in section 501(c)(3) filing Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II. | or 16b, and that received from | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

68-0033227

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
|------------|---|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Name, audi ess, and Zir + 4 | \$\$619,500. | Person X Payroll |
| (a) | (b) | (c) Total contributions | (d) |
| No. 3 | Name, address, and ZIP + 4 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | I | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 <u>6</u> | Name, audi ess, and ZIP + 4 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

BAY AREA DISCOVERY MUSEUM

68-0033227

| Parti | Contributors (see instructions). Use duplicate copies of Part I if add | itional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | Nume, address, and 2n + 4 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for |

Name of organization

Employer identification number

68-0033227

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |

| Name of or | rganization | | | Employer identification number |
|---------------------------|--|---|------------------------|--------------------------------|
| BAY AREA | DISCOVERY MUSEUM | | | 68-0033227 |
| Part III | Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional |) through (e) and the following line en charitable, etc., contributions of \$1,000 or | ntry For organizations | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held |
| | | | | |
| | | (e) Transfer of gi | ft | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of | transferor to transferee |
| (a) No. | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held |
| | | | | |
| | | (e) Transfer of gi | ft | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of | transferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held |
| | | | | |
| - | | (e) Transfer of gi | ft | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of | transferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held |
| | | | | |
| | | (e) Transfer of gi | ft | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of | transferor to transferee |
| | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| Par | t I Organizations Maintaining Donor Advised Fund | ds or Other Similar Funds | or Accounts. Complete if the |
|-----|---|---------------------------------------|--|
| | organization answered "Yes" on Form 990, Part IV, line 6. | | of the contract complete in the |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | | (4, 20 44 | (b) i and and one decounts |
| 2 | Total number at end of year Aggregate value of contributions to (during year) | | |
| | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | hat the assets hald in dance advi | l and funds |
| 5 | Did the organization inform all donors and donor advisors in writing t | | |
| • | are the organization's property, subject to the organization's exclusive | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors | | |
| | for charitable purposes and not for the benefit of the donor or donor | | |
| Par | impermissible private benefit? † II Conservation Easements. Complete if the organization | | |
| | | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (chec | | |
| | Preservation of land for public use (e.g., recreation or education | · — | storically important land area |
| | Protection of natural habitat | Preservation of a ce | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified con- | servation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | | | |
| С | Number of conservation easements on a certified historic structure in | | |
| d | Number of conservation easements included in (c) acquired after 7/2 | • | I I |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, e | extinguished, or terminated by the | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation easement i | s located | |
| 5 | Does the organization have a written policy regarding the periodic me | onitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling | g of violations, and enforcing con | servation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of \boldsymbol{v} | violations, and enforcing conserva | ation easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy | the requirements of section 170 | (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation ease | ments in its revenue and expense | e statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization's fin | ancial statements that describes | the organization's accounting for |
| _ | conservation easements. | | |
| Par | t III Organizations Maintaining Collections of Art, F | | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Pa | · · · · · · · · · · · · · · · · · · · | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), | | |
| | historical treasures, or other similar assets held for public exhibition, | education, or research in furthera | ance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describes these | se items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), | to report in its revenue statemen | t and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, education | i, or research in furtherance of pu | blic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical treasures, | or other similar assets for financia | al gain, provide |
| | the following amounts required to be reported under SFAS 116 (ASC | 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | |

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

Schedule D (Form 990) 2018

| Par | t III O | rganizations Maintaining C | ollections of Ar | t, Histo | orical Tre | asures, or | Other | Simila | r Asset | s (conti | nued) | |
|-------|--------------|---|------------------------------|--------------|----------------|---------------------|---------------|----------------------|--------------|----------------|---------|-------|
| 3 | Using the | organization's acquisition, accession | on, and other records | s, check | any of the t | ollowing that | are a sigr | nificant | use of its o | collection | items | |
| | (check all | that apply): | | | | | | | | | | |
| а | Pul | olic exhibition | d | | Loan or exc | hange progra | ms | | | | | |
| b | Sch | nolarly research | е | | Other | | | | | | | |
| С | Pre | servation for future generations | | | | | | | | | | |
| 4 | Provide a | description of the organization's co | ollections and explain | how th | ey further th | ne organizatio | n's exem | ot purpo | se in Part | XIII. | | |
| 5 | During th | e year, did the organization solicit o | r receive donations o | of art, his | storical treas | sures, or othe | r similar a | ssets | | | | |
| | | d to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV E | scrow and Custodial Arran | gements. Comple | ete if the | organizatio | n answered " | Yes" on F | orm 99 | 0, Part IV, | line 9, or | | |
| | re | ported an amount on Form 990, Pai | t X, line 21. | | | | | | | | | |
| 1a | Is the org | anization an agent, trustee, custodi | an or other intermed | iary for c | contribution | s or other ass | ets not in | cluded | | _ | | _ |
| | on Form 9 | 990, Part X? | | | | | | | | Yes | | No |
| b | | explain the arrangement in Part XIII | | | | | | | | | | |
| | | | | | | | | | | Amoun | t | |
| С | Beginning | g balance | | | | | | 1c | | | | |
| d | Additions | during the year | | | | | | 1d | | | | |
| е | Distribution | ons during the year | | | | | | 1e | | | | |
| f | | alance | | | | | | 1f | | | | |
| 2a | Did the o | rganization include an amount on Fe | orm 990, Part X, line | 21, for e | escrow or cu | ıstodial accou | unt liability | y? | <u></u> | Yes | | No |
| | | explain the arrangement in Part XIII. | | | | | | | | | | |
| Pai | t V E | ndowment Funds. Complete i | f the organization an | swered | "Yes" on Fo | rm 990, Part | IV, line 10 |). | | | | |
| | | | (a) Current year | (b) P | rior year | (c) Two year | s back (| d) Three | years back | (e) Fou | r years | back |
| 1a | Beginning | g of year balance | | | | | | | | | | |
| b | Contribut | ions | | | | | | | | | | |
| С | Net inves | tment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or | scholarships | | | | | | | | | | |
| е | Other exp | penditures for facilities | | | | | | | | | | |
| | and progi | rams | | | | | | | | | | |
| f | Administr | rative expenses | | | | | | | | | | |
| g | End of ye | ar balance | | | | | | | | | | |
| 2 | Provide the | ne estimated percentage of the curr | ent year end balance | e (line 1g | g, column (a |) held as: | | | | | | |
| а | Board de | signated or quasi-endowment | | _% | | | | | | | | |
| b | Permane | nt endowment | % | | | | | | | | | |
| С | | rily restricted endowment 🕨 | | | | | | | | | | |
| | | entages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3а | Are there | endowment funds not in the posse | ssion of the organiza | tion that | t are held ar | nd administere | ed for the | organiz | ation | | | |
| | by: | | | | | | | | | | Yes | No |
| | | ated organizations | | | | | | | | 3a(i) | | |
| | | | | | | | | | | 3a(ii) | | |
| | | n line 3a(ii), are the related organiza | | | | | | | | 3b | | |
| Do: | | in Part XIII the intended uses of the and, Buildings, and Equipm | | wment f | unds. | | | | | | | |
| Fai | | , | | | | - aaa | 5 | 40 | | | | |
| | | omplete if the organization answered | | | | | | | . 1 | | | |
| | | Description of property | (a) Cost or o basis (investn | | | or other (other) | ` ' | cumulat reciation | | (d) Boo | k valu | e |
| 1a | Land | | | | | | | | | | | |
| b | | | | | | | | | | | | |
| С | | d improvements | | | 17 | ,817,736. | 1 | 2,567 | ,655. | 5 | ,250, | 081. |
| d | | nt | | | | 433,010. | | | ,202. | | 119, | |
| | | | | | | ,383,843. | | | ,353. | | ,052, | |
| Total | I. Add lines | s 1a through 1e. <i>(Column (d) must</i> e | qual Form 990, Part | X, colum | nn (B), line 1 | 0c.) | | <u></u> | . ▶ | 10 | ,422, | 379. |
| | | | | | | | | | | | | |

Schedule D (Form 990) 2018

| Part VII Investments - Other Securities. | | | | |
|--|-----------------------|------------------------------|----------------------|----------------------|
| Complete if the organization answered "Yes" of | on Form 990, Part IV, | line 11b. See Form 990, Par | t X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valu | ation: Cost or end- | of-year market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, | line 11c. See Form 990, Par | t X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valu | ation: 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, Par | t X, line 15. | |
| (a) | Description | | | (b) Book value |
| <u>(1)</u> | | | | |
| (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" of | on Form 990, Part IV, | line 11e or 11f. See Form 99 | 00, Part X, line 25. | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) DEPOSITS | | 67,750. | | |
| (3) OUTSTANDING GIFT CERTIFICATES | | 6,675. | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

74,425.

68-0033227

| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | | | | 12,776,121. |
|----------|--|----------------------|--------------------------|---------------|-----------------|
| 1 | | | | 1 | 12,770,121. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | اما | 944 | | |
| a | Net unrealized gains (losses) on investments | | -8 44. 93,697. | - | |
| b | Donated services and use of facilities | | 93,097. | - | |
| C | Recoveries of prior year grants | | | - | |
| d | Other (Describe in Part XIII.) | • | | - | 02 853 |
| e | Add lines 2a through 2d | | | 2e 3 | 92,853, |
| 3 | Subtract line 2e from line 1 Amounts included on Form 990. Part VIII. line 12. but not on line 1: | | | 3 | 12,003,200 |
| 4 | , | 45 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | - | |
| b | Other (Describe in Part XIII.) | | | 4. | 0 . |
| c | Add lines 4a and 4b | | | 4c | 12,683,268 |
| 5 Pai | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Sta |) atements With F | ynansas nar F | 5 Return | 12,003,200 |
| ı a | Complete if the organization answered "Yes" on Form 990, Part IV, lin | | .xperises per i | ictuiii. | |
| _ | | | | | 8,537,439. |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 0,337,433 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | ا مو ا | 93,697. | | |
| a | Donated services and use of facilities | | 23,037. | - | |
| b | Prior year adjustments | | | - | |
| C | Other losses | | | - | |
| d | Other (Describe in Part XIII.) | | | - 0- | 93,697 |
| e | Add lines 2a through 2d | | | 2e | 8,443,742 |
| 3 | Subtract line 2e from line 1 | | | 3 | 0,445,742 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 45 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | - | |
| b | Other (Describe in Part XIII.) | | | 4. | 0 |
| c | Add lines 4a and 4b | | | 4c 5 | 8,443,742 |
| 5 Pai | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. | 8.) | | 5 | 0,445,742. |
| lines | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a T X, LINE 2: | | | , rait A, III | ile 2, Fail Ai, |
| THE | MUSEUM IS A QUALIFIED CHARITABLE ORGANIZATION EXEMPT FROM | M FEDERAL | | | |
| INCO | OME AND CALIFORNIA FRANCHISE TAXES UNDER THE PROVISIONS OF | F SECTIONS | | | |
| 501 | (C)(3) OF THE INTERNAL REVENUE CODE AND 23701(D) OF THE CA | ALIFORNIA | | | |
| REVE | ENUE AND TAXATION CODE, RESPECTIVELY. | | | | |
| | | | | | |
| THE | MUSEUM HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CO | ONCLUDED THAT | | | |
| AS C | OF AUGUST 31, 2019, THE MUSEUM DOES NOT HAVE ANY SIGNIFICA | ANT UNCERTAIN | | | |
| TAX | POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY. | | | | |
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| Schedule D (Form 990) 2018 | BAY AREA DISCOVERY MUSEUM | 68-0033227 | Page 5 |
|--|--------------------------------|------------|--------|
| Schedule D (Form 990) 2018 Part XIII Supplemental Info | rmation _(continued) | | |
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SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

| name of the organization BAY AREA D | ISCOVERY MUSEUM | | | | | 68-003322 | ntification number 7 | | |
|--|--|--|--------------------------------------|---|---------|-----------------------------------|-------------------------|---|---|
| | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, I | ine 17 | 7. Form 990-EZ | filers are not | | |
| required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations | ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr | ion of ion of fundra (includ | non-g gover ising of ing of | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | | | |
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| Total 3 List all states in which the organization | n is registered or licensed to solicit o | | ıtions | or has been notified | it is 4 | evemnt from red | nistration | | |
| or licensing. | This registered of meetised to solicit o | | | or has been notified | 11 13 0 | zvembr nom reć | gistration | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

| Pa | | of fundraising Events . Complete if the | - | | | |
|-----------------|------|--|----------------------------|--|--------------------|---|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| | | | CREATIVITY FORUM | GOBLIN | 1 | col. (c) |
| υ | | | (event type) | (event type) | (total number) | COI. (C)) |
| Revenue | 1 | Gross receipts | 509,426. | 118,258. | 121,947. | 749,631. |
| | 2 | Less: Contributions | 508,551. | 33,659. | | 542,210. |
| | 3 | Gross income (line 1 minus line 2) | 875. | 84,599. | 121,947. | 207,421. |
| | 4 | Cash prizes | | | | |
| σ | 5 | Noncash prizes | | | | |
| kpense | 6 | Rent/facility costs | 11,351. | 21,733. | | 33,084. |
| Direct Expenses | 7 | Food and beverages | 88,740. | 5,333. | | 94,073. |
| 의 | 8 | Entertainment | 7,097. | 36,397. | | 43,494. |
| | 9 | Other direct expenses | 45,230. | 10,650. | | 55,880. |
| | 10 | Direct expense summary. Add lines 4 through | 9 in column (d) | | > | 226,531. |
| | 11 | Net income summary. Subtract line 10 from li | | | | -19,110. |
| Pa | rt I | | answered "Yes" on Form | 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | T | T | | T |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c) |
| | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expens | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % No | Yes % No | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | |
| а | ls t | ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain: | ctivities in each of these | | | Yes No |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | year? | Yes No |
| | _ | L03_18 | | | | rm 990 or 990-F7) 2018 |

| Sch | edule G (Form 990 or 990-EZ) 2018 BAY AREA DISCOVERY MUSEUM | 0033227 | Page 3 |
|-----|--|-------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b | olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$ | | |
| С | : If "Yes," enter name and address of the third party: | | |
| | Name | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | Gaming manager compensation \$ | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | O No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year ▶ \$ | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | art III, lines 9, | 9b, 10b, |
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| Schedule G | G (Form 990 or 990-EZ) | BAY AREA DISCOVERY MUSEUM | 68-0033227 | Page 4 |
|------------|--|---------------------------|------------|--------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Infor | mation (continued) | | |
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

BAY AREA DISCOVERY MUSEUM

Employer identification number

68-0033227

| Pa | rt I Questions Regarding Compensation | | | |
|------------|---|----|-----|----|
| | · | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | a | l | l |

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

Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------|------|--------------------------|--|-----------------|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Base (iii) Bonus & (iii) Other reportable compensation compensation | | compensation | Derients | (6)(1)-(0) | reported as deferred on prior Form 990 |
| (1) KARYN FLYNN | (i) | 214,418. | 0. | 0. | 0. | 384. | 214,802. | 0. |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) BRANDY VAUSE | (i) | 158,702. | 0. | 0. | 0. | 314. | 159,016. | 0. |
| DEPUTY DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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Schedule J (Form 990) 2018

| 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. | | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

BAY AREA DISCOVERY MUSEUM

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

Inspection Employer identification number

68-0033227

| Pai | rt I Types of Property | | | | | | | | |
|-----|---|------------------|----------------------------|---|----------|------------------|------------|--------|-------|
| | | (a) | (b) | (c) | | (d) | | | |
| | | Check if | Number of contributions or | Noncash contributi | | Method of de | | | |
| | | applicable | | amounts reported of Form 990, Part VIII, lir | | noncash contribu | tion an | nounts | 3 |
| 4 | Art Works of art | | Terrio certificatea | r orrir ood, r are viii, iii | io ig | | | | |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | X | 5 | 109, | 685.FM | V | | | |
| 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 | | | | | | | | |
| | Real estate - Commercial | | | | | | | | |
| 16 | | | | | | | | | |
| 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 (ADVERTISING) | X | 1 | | 814.FM | | | | |
| 26 | Other (EVENT FOOD) | X | 1 | 1, | 500.FM | V | | | |
| 27 | Other • () | | | | | | | | |
| 28 | Other () | | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | ation during | the tax year for co | ontributions | | | | | |
| | for which the organization completed Form 828 | 33, Part IV, [| Donee Acknowledg | jement 29 | | | | | |
| | | | | | • | | | Yes | No |
| 30a | During the year, did the organization receive by | contributio | n anv property rep | orted in Part I. lines 1 t | hrough 2 | 28. that it | | | |
| | must hold for at least three years from the date | | | | | | | | |
| | exempt purposes for the entire holding period? | | • | | | | 30a | | Х |
| h | If "Yes," describe the arrangement in Part II. | | | | | | 000 | | |
| 31 | | | | | | 31 | | Х | |
| | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | | |
| uza | | | | | | 222 | | х | |
| L | Och i buttono | | | | | | | | |
| | b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, | | | | | | | | |
| 33 | * | Diumn (C) foi | a type of property | ior which column (a) is | з спеске | u, | | | |
| | describe in Part II. | ula a la company | | | | 0.1 1 | / F | . 000; | 00.10 |
| LHA | For Paperwork Reduction Act Notice, see | tne instruct | tions for Form 990 | J. | | Schedule M | (Forn | 1 99U) | 2018 |

Schedule M (Form 990) 2018

832142 10-18-18 Schedule M (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** BAY AREA DISCOVERY MUSEUM 68-0033227 PART III LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MISSING FROM EARLY LEARNING EXPERIENCES. BADM'S PHYSICAL SPACES ARE DESIGNED TO BRING CREATIVE THINKING TO LIFE FOR ALL AGES. SPECIFIC SITES WITHIN BADM THAT SUPPORT THIS INCLUDE: (1) FAB LAB, A HIGH-TECH MAKER SPACE THAT OPENED IN 2016 (2) DISCOVERY HALL, WHICH HOUSES UP TO THREE SPECIAL EXHIBITS ANNUALLY (3) TOT SPOT, AN INDOOR AND OUTDOOR MULTI-SENSORY EXPERIENCE FOR INFANTS AND TODDLERS (4) ART STUDIOS, WITH FACILITATED ART PROGRAMS AND PROJECTS FOR ALL AGES (5) LOOKOUT COVE, A 2.5-ACRE OUTDOOR SPACE COMPLETE WITH BADM'S OUTDOOR LEARNING LAB (6) BAY HALL, A SIMULATION OF THE SAN FRANCISCO AND OAKLAND PORTS FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES OF THE MUSEUM RECEIVES AND REVIEWS THE FORM 990 BEFORE IT IS FILED, FORM 990, PART VI, SECTION B, LINE 12C: TO ENSURE THE MUSEUM OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS PERIODIC REVIEWS SHALL, AT A MINIMUM, FOLLOWING SUBJECTS: (A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE. BASED ON COMPETENT SURVEY INFORMATION. AND THE RESULT OF ARM'S LENGTH BARGAINING; (B) WHETHER PARTNERSHIPS, JOINT VENTURES AND

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

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

| Name of the organization BAY AREA DISCOVERY MUSEUM | Employer identification number 68-0033227 |
|---|---|
| ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE WRITTEN POLICIES | |
| OF THE MUSEUM, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR | |
| PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT | |
| RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT | |
| TRANSACTION; AND WHETHER THE GOVERNING DOCUMENTS AND POLICIES AND | |
| PROCEDURES OF THE MUSEUM ARE COMPLIANT WITH CURRENT LAWS. | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| A VOTING MEMBER OF THE BOARD WHO RECEIVES COMPENSATION DIRECTLY OR | |
| INDIRECTLY FROM THE MUSEUM FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS | |
| PERTAINING TO THAT MEMBER'S COMPENSATION. | |
| A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION | |
| MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE | |
| MUSEUM FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT | |
| MEMBER'S COMPENSATION. | |
| NO VOTING MEMBER OF THE BOARD OR ANY COMMITTEE WHOSE JURISDICTION INCLUDES | |
| COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY | |
| FROM THE MUSEUM, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM | |
| PROVIDING INFORMATION TO ANY COMMITTEE REGARDING COMPENSATION. | |
| WHEN APPROVING COMPENSATION FOR TRUSTEES, OFFICERS AND EMPLOYEES, | |
| CONTRACTORS AND ANY OTHER COMPENSATION CONTRACT OR ARRANGEMENT, IN ADDITION | |
| TO COMPLYING WITH THE CONFLICT OF INTEREST REQUIREMENTS AND POLICIES, THE | |
| BOARD OR A DULY CONSTITUTED COMPENSATION COMMITTEE OF THE BOARD SHALL ALSO | |
| COMPLY WITH THE FOLLOWING ADDITIONAL REQUIREMENTS AND PROCEDURES; | |

| Name of the organization BAY AREA DISCOVERY MUSEUM | Employer identification number |
|---|--------------------------------------|
| (A) THE TERMS OF COMPENSATION SHALL BE APPROVED BY THE BOARD OR | |
| COMPENSATION COMMITTEE PRIOR TO THE FIRST PAYMENT OF COMPENSATION. | |
| (B) ALL MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO APPROVE | |
| COMPENSATION ARRANGEMENTS MUST NOT HAVE A CONFLICT OF INTEREST WITH RESPECT | |
| TO THE COMPENSATION ARRANGEMENT AS SPECIFIED IN IRS REGULATION SECTION | |
| 53.4958-6(C)(III), WHICH GENERALLY REQUIRES THAT EACH BOARD MEMBER OR | |
| COMMITTEE MEMBER APPROVING A COMPENSATION ARRANGEMENT BETWEEN THIS | |
| ORGANIZATION AND A "DISQUALIFIED PERSON" (AS DEFINED IN SECTION 4958(F)(1) | |
| OF THE INTERNAL REVENUE CODE AND AS AMPLIFIED BY SECTION 53.4958-3 OF THE | |
| IRS REGULATIONS): | |
| (1) IS NOT THE PERSON WHO IS THE SUBJECT OF COMPENSATION ARRANGEMENT, | |
| OR A FAMILY MEMBER OF SUCH PERSON; | |
| (2) IS NOT IN AN EMPLOYMENT RELATIONSHIP SUBJECT TO THE DIRECTION OR | |
| CONTROL OF THE PERSON WHO IS SUBJECT OF COMPENSATION ARRANGEMENT; | |
| (3) DOES NOT RECEIVE COMPENSATION OR OTHER PAYMENTS SUBJECT TO APPROVAL | |
| BY THE PERSON WHO IS THE SUBJECT OF COMPENSATION ARRANGEMENT; | |
| (4) HAS NO MATERIAL FINANCIAL INTEREST AFFECTED BY THE COMPENSATION | |
| ARRANGEMENT; AND | |
| (5) DOES NOT APPROVE A TRANSACTION PROVIDING ECONOMIC BENEFITS TO THE | |
| PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT, WHO IN TURN HAS | |
| APPROVED OR WILL APPROVE A TRANSACTION PROVIDING BENEFITS TO THE BOARD OR A | |
| COMMITTEE MEMBER. | |
| (C) THE BOARD OR COMPENSATION COMMITTEE SHALL OBTAIN AND RELY UPON | |
| APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO APPROVING THE TERMS OF | |
| COMPENSATION. APPROPRIATE DATA MAY INCLUDE THE FOLLOWING: | |
| (1) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH | |
| TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS. "SIMILARLY | |
| SITUATED" ORGANIZATIONS ARE THOSE OF A SIMILAR SIZE AND PURPOSE WITH | |
| 832212 10-10-18 | chedule O (Form 990 or 990-F7) (2018 |

| Name of the organization BAY AREA DISCOVERY MUSEUM | Employer identification number 68-0033227 |
|---|---|
| SIMILAR RESOURCES; | |
| (2) THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THIS | |
| ORGANIZATION; | |
| (3) CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; AND | |
| (4) ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE | |
| SERVICES OF THE PERSON WHO IS THE SUBJECT OF THE COMPENSATION ARRANGEMENT. | |
| | |
| AS ALLOWED BY IRS REGULATION 4958-6, IF THIS ORGANIZATION HAS AVERAGE | |
| ANNUAL GROSS RECEIPTS (INCLUDING CONTRIBUTIONS) FOR ITS THREE PRIOR TAX | |
| YEARS OF LESS THAN \$1 MILLION, THE BOARD OR COMPENSATION COMMITTEE WILL | |
| HAVE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY IF IT | |
| OBTAINS AND RELIES UPON DATA ON COMPENSATION PAID BY THREE COMPARABLE | |
| ORGANIZATIONS IN THE SAME OR SIMILAR COMMUNITIES FOR SIMILAR SERVICES. | |
| | |
| (D) THE TERMS OF COMPENSATION AND THE BASIS FOR APPROVING THEM SHALL BE | |
| RECORDED IN WRITTEN MINUTES OF THE MEETING OF THE BOARD OR COMPENSATION | |
| COMMITTEE THAT APPROVED THE COMPENSATION. SUCH DOCUMENTATION SHALL INCLUDE: | |
| (1) THE TERMS OF THE COMPENSATION ARRANGEMENT AND THE DATE IT WAS | |
| APPROVED; | |
| (2) THE MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO WERE PRESENT | |
| DURING DEBATE ON THE TRANSACTION, THOSE WHO VOTED ON IT, AND THE VOTES CAST | |
| BY EACH BOARD OR COMMITTEE MEMBER; | |
| (3) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW THE DATA | |
| WAS OBTAINED; | |
| (4) IF THE BOARD OR COMPENSATION COMMITTEE DETERMINES THAT REASONABLE | |
| COMPENSATION FOR A SPECIFIC POSITION IN THIS ORGANIZATION OR FOR PROVIDING | |
| SERVICES UNDER ANY OTHER COMPENSATION ARRANGEMENT WITH THIS ORGANIZATION IS | |
| HIGHER OR LOWER THAN THE RANGE OF COMPARABILITY DATA OBTAINED, THE BOARD OR | |

| Name of the organization BAY AREA DISCOVERY MUSEUM | Employer identification number 68-0033227 |
|---|---|
| COMMITTEE SHALL RECORD IN THE MINUTES OF THE MEETING THE BASIS FOR ITS | |
| DETERMINATION; | |
| (5) IF THE BOARD OR COMMITTEE MAKES ADJUSTMENTS TO COMPARABILITY DATA | |
| DUE TO GEOGRAPHIC AREA OR OTHER SPECIFIC CONDITIONS, THESE ADJUSTMENTS AND | |
| THE REASONS FOR THEM SHALL BE RECORDED IN THE MINUTES OF THE BOARD OR | |
| COMMITTEE MEETING; | |
| (6) ANY ACTIONS TAKEN WITH RESPECT TO DETERMINING IF A BOARD OR | |
| COMMITTEE MEMBER HAD A CONFLICT OF INTEREST WITH RESPECT TO THE | |
| COMPENSATION ARRANGEMENT, AND IF SO, ACTIONS TAKEN TO MAKE SURE THE MEMBER | |
| WITH THE CONFLICT OF INTEREST DID NOT AFFECT OR PARTICIPATE IN THE APPROVAL | |
| OF THE TRANSACTION (FOR EXAMPLE, A NOTATION IN THE RECORDS THAT AFTER A | |
| FINDING OF CONFLICT OF INTEREST BY A MEMBER, THE MEMBER WITH THE CONFLICT | |
| OF INTEREST WAS ASKED TO, AND DID, LEAVE THE MEETING PRIOR TO A DISCUSSION | |
| OF THE COMPENSATION ARRANGEMENT AND A TAKING OF THE VOTES TO APPROVE THE | |
| ARRANGEMENT); AND | |
| (7) THE MINUTES OF BOARD OR COMMITTEE MEETINGS AT WHICH COMPENSATION | |
| ARRANGEMENTS ARE APPROVED MUST BE PREPARED BEFORE THE LATER OF THE DATE OF | |
| THE NEXT BOARD OR COMMITTEE MEETING OR 60 DAYS AFTER THE FINAL ACTIONS OF | |
| THE BOARD OR COMMITTEE ARE TAKEN WITH RESPECT TO THE APPROVAL OF THE | |
| COMPENSATION ARRANGEMENTS. THE MINUTES MUST BE REVIEWED AND APPROVED BY THE | |
| BOARD AND COMMITTEE AS REASONABLE, ACCURATE AND COMPLETE WITHIN A | |
| REASONABLE PERIOD THEREAFTER, NORMALLY PRIOR TO OR AT THE NEXT BOARD OR | |
| COMMITTEE MEETING FOLLOWING FINAL ACTION ON THE ARRANGEMENT BY THE BOARD OR | |
| COMMITTEE. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE MUSEUM MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS PART | |
| OF ITS ANNUAL REPORT, WHICH IS AVAILABLE FROM THE WEBSITE OF THE MUSEUM OR | |

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|---|---|
| Name of the organization BAY AREA DISCOVERY MUSEUM | Employer identification number 68-0033227 |
| UPON WRITTEN REQUEST. THE MUSEUM MAKES ITS GOVERNING DOCUMENTS AND CONFLICT | |
| OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THIS PROCESS HAS NOT CHANGED FROMTHE PRIOR YEAR. | |
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