PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

Form	990
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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)

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

Department of the Treasury Internal Revenue Service

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



ΑΙ	For th	e 2021 calendar year, or tax year beginning SEP 1, 2021 and e	ending AU	JG 31, 2022				
	Check if applicab	c Name of organization		D Employer identific	cation number			
	Addre	BAY AREA DISCOVERY MUSEUM						
	Name			68-0033227				
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number								
Final EAST FORT BAKER 557 MCREYNOLDS ROAD (415) 339-3900								
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,394,794.			
	Amen return	SAUSALIIO, CA 94905		H(a) Is this a group re	eturn			
	Applie tion pendi	F Name and address of principal officer: REDEL MCRINEE		for subordinates	? Yes 🗴 No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) o	or 527	lf "No," attach a	list. See instructions			
		te: WWW.BAYAREADISCOVERYMUSEUM.ORG		H(c) Group exemption				
		forganization: X Corporation Trust Association Other	L Year of	of formation: 1984	State of legal domicile: CA			
Pa	art I	Summary						
ė	1	Briefly describe the organization's mission or most significant activities:		UL LEARNING				
Governance		EXPERIENCES THAT INSPIRE A PASSION FOR DISCOVERY IN EVERY CHI	-					
ern	2	Check this box if the organization discontinued its operations or disposed in the organization discontinued its operations or disposed in the organization discontinued its operations of the organization discontits operations of the organization discontits operation		I				
Š	3				29			
		Number of independent voting members of the governing body (Part VI, line 1b)			29			
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		129				
Activities &	6	Total number of volunteers (estimate if necessary)			68 0.			
Act	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			~			
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		3,629,461.	3,734,852.			
an	9			2,964,182.	4,342,721.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-3,176.	0.			
ň	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		134,916.	185,670.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,725,383.	8,263,243.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		٥.	0.			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,808,437.	4,248,835.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		37,179.	27,000.			
<u>e</u>	. ь	Total fundraising expenses (Part IX, column (D), line 25)	389.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,083,983.	3,451,512.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,929,599.	7,727,347.			
	19	Revenue less expenses. Subtract line 18 from line 12		-204,216.	535,896.			
Net Assets or			Beg	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		26,061,863.	25,347,870.			
tAs	21	Total liabilities (Part X, line 26)		3,195,908.	1,946,019.			
ING	22	Net assets or fund balances. Subtract line 21 from line 20		22,865,955.	23,401,851.			
	art II							
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	KELLY MCKINLEY, CEO	KELLY MCKINLEY, CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	07/10/23	rt self-employed P00853132				
Preparer	Firm's name ARMANINO LLP		Firm	's EIN 🕨 94-6214841				
Use Only	Firm's address 🕨 2700 CAMINO RAMON, STE.	300						
	SAN RAMON, CA 94583-5004 Phone no.925							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No				
				- 000 (*****)				

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) BAY AREA DISCOVERY MUSEUM t III Statement of Program Service Accomplishments	68-0033227	Page
a	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	WE CREATE PLAYFUL LEARNING EXPERIENCES THAT INSPIRE A PASSION FOR		
	DISCOVERY IN EVERY CHILD.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L_	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expens	ses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 421,393. including grants of \$) (Rev	ropuo [¢]	83,367.
на	SCHOOL PROGRAMS:	enue \$	
	THE BAY AREA DISCOVERY MUSEUM PROVIDES RESEARCH-BACKED, NGSS AND COMMON		
	CORE ALIGNED PROGRAMS FOR PK-4TH GRADE TEACHERS AND STUDENTS, ALSO		
	SCHOOL AND COMMUNITY LIBRARIANS, ONSITE, ONLINE AND IN SCHOOLS,		
	INCLUDING A MOBILE ENGINEERING LAB. IN FY22, OVER 15,000 STUDENTS AND		
	ADULTS WERE ENGAGED THROUGH THIS PROGRAMMING.		
4b	(Code:) (Expenses \$ 428,057. including grants of \$) (Rev THE DISCOVERY SCHOOL:	renue \$	655,693.
	THE DISCOVERY SCHOOL IS A MUSEUM-BASED PRESCHOOL THAT DEVELOPS		
	INNOVATIVE PRACTICE THAT RESPONDS TO STUDENTS' UNIQUE CURIOSITIES,		
	QUESTIONS, AND INTERESTS. IN FY22, 29 STUDENTS WERE ENROLLED IN THE		
	DISCOVERY SCHOOL.		
			<u> </u>
4c	(Code:) (Expenses \$379,819. including grants of \$) (Rev CAMPS:	renue \$	639,037.
	THE BAY AREA DISCOVERY MUSEUM OFFERS SPRING AND SUMMER CAMPS AS WELL AS		
	CLASSES, WITH RESEARCH-BACKED CURRICULUM THAT IS PROJECT-BASED AND		
	HANDS-ON. IN FY22, OVER 5,000 STUDENTS PARTICIPATED IN CAMPS OR		
	CLASSES.		
	Other program services (Describe on Schedule O.)		
4d	(Expenses \$ 3,673,684. including grants of \$) (Revenue \$	3,101,594.)	
4d		, , ,	
4d 4e	Total program service expenses ► 4,902,953.	ł	orm 990 (2021

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Form	990	(2021)

Part IV Checklist of Required Schedules

BAY AREA DISCOVERY MUSEUM

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	⊢ ≁−		
8				x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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	<u> </u>		
-	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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. See instructions	17	Х	<u> </u>
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X (2021)
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Pa	t IV Checklist of Required Schedules (continued)			ugo -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
06	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X
38		38	x	
Pa		1 00		i
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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68-0033227 Page 4

Form	990 (2021) BAY AREA DISCOVERY MUSEUM 68-003322	7	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 129			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 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		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
122	amounts due or received from them.) [11b] 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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 6	Form	990	(2021)

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2021.06000 BAY AREA DISCOVERY MUSEUM 117745_1

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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 29			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 29			
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
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		x
6	Did the organization have members or stockholders?	6		x
	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		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	х	
a L	The governing body? Each committee with authority to act on behalf of the governing body?	8b	x	
о 0		uo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sor	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		А
Jec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Na
40-	Did the exemption have level abortons by a filling a	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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 on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
16a				Х
16a	taxable entity during the year?	16a		
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
	, , ,	<u>16a</u>		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a 16b		
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			
b Sec	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
b Sec 17	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? ction C. Disclosure	16b	availal	ole
b Sec 17	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? Exercise Status with which a copy of this Form 990 is required to be filed CA	16b	availal	ble
b Sec 17	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? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.	16b	availal	ole
b Sec 17 18	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? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)	s only)		ble
b Sec 17 18	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? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	s only)		ole
b Sec 17 18 19	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? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	s only)		ole
b Sec 17 18	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? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	s only)		ble
b Sec 17 18 19	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? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u> 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 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	s only)		ole

Form 990 (2	2021) BAY AREA DISCOVERY MUSEUM	68-0033227	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated							
	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 the instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos	itior		200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee		1033-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHELLE BARERRAS	40.00		_							
HEAD OF SCHOOL						x		104,697.	0.	8,673.
(1) KELLY MCKINLEY	40.00									
СЕО				х				231,306.	0.	5,923.
(2) SOJEILA MARIA SILVA	26.00									
CFO (THROUGH 2/22)				Х				207,194.	0.	0.
(3) JANUS KARCZ	40.00									
DIR. OF MARKETING AND VISITING SERVI						x		114,535.	0.	6,144.
(4) JANINE OKMIN	40.00									
DIR. OF LEARNING AND MUSEUM EXPERIEN						X		104,120.	0.	6,951.
(5) KIMBERLY TAYLOR	40.00									
HR MANAGER						X		102,950.	0.	7,157.
(6) MONICA BONNY	40.00									
CFOO (AS OF 10/21)				Х				23,345.	0.	2,019.
(7) VIJAY MOHAN	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) LAUREN DILLARD	1.00									
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(9) JESSICA FARRON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) RAMEEZ DOSSA	1.00									
TREASURER		х		Х				0.	0.	0.
(11) ALIX ROGERS FLYNN	0.60									
TRUSTEE		х						0.	0.	0.
(12) ALLISON EISENHARDT	0.60									
TRUSTEE		х						0.	0.	0.
(13) ANNA NORDBERG	0.60								_	_
TRUSTEE		х						0.	0.	0.
(14) APRIL KUPPER	0.60								_	_
		х						0.	0.	0.
(15) CAROLINE DEWAR	0.60								_	_
TRUSTEE (THROUGH 12/21)		х				<u> </u>		0.	0.	0.
(16) CATHERINE HALE	0.60									_
TRUSTEE		Х						0.	0.	0. Form 990 (2021)

132007 12-09-21

Form 990 (2021)

16540710 701245 117745

2021.06000 BAY AREA DISCOVERY MUSEUM 117745_1

Form 990 (2021) BAY AREA DISC	COVERY MUSE	UM							68-00	3322	7	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos	ition			Reportable	Reportable		F	timate	h
Name and the	hours per			heck ı ss per				compensation	compensatio			nount	
	week			nd a di				from	from related			other	01
	(list any b			the	organization		com	pensa	tion				
	hours for	direc				5		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	trust	al tru		yee	ampe		1099-NEC)	,	l	Ĭ	d relat	
	below	Individual trustee or director	Institutional trustee	-	m plo	Highest compensated employee	er				orga	anizati	ons
	line)	Indiv	Instit	Officer	Key employee	High	Former						
(17) CRAIG BEACOCK	0.60												
TRUSTEE		Х						0.		0.			0.
(18) DANA MAROHN SPILIOTIS	0.60												
TRUSTEE		Х						0.		0.			0.
(19) EK-ANONG (AEY) PHANACHET	0.60									l			
TRUSTEE		Х						0.		Ο.			Ο.
(20) ISHANAA RAMBACHAN	0.60												
TRUSTEE		х						0.		Ο.			0.
(21) JOSEPH TARTAKOVSKY	0.60												
TRUSTEE		х						0.		Ο.			Ο.
(22) JULIE MCGUIRE	0.60												
TRUSTEE		х						0.		٥.			٥.
(23) KATIE HYDE	0.60												
TRUSTEE		х						0.		Ο.			0.
(24) LAURA NICHOL	0.60												
TRUSTEE		x						0.		Ο.			٥.
(25) LAUREN GROSS BERNSTEIN	0.60												
TRUSTEE		x						0.		0.			٥.
								0.		36	867.		
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		,	0.
								888,147.		0.		36	867.
d Total (add lines 1b and 1c)								,	000 - (50,	007.
2 Total number of individuals (including but n	ot limited to th	ose	liste	a ap	ove) wr	o re	ceived more than \$100,	000 of reportable	3			6
compensation from the organization												Yes	No
												162	
3 Did the organization list any former officer,											•		v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su										l			
and related organizations greater than \$150										·····	4	X	
5 Did any person listed on line 1a receive or a	-				-			-		l			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ıch r	oers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										bensa	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin T	· · · ·	ear.				
(A)	a al al va a a							(B)		~)		
Name and business								Description of s	ervices		compe	Isatio	
PACIFIC STUDIO, INC., 5311 SHILSHOLE	AVE												
NW, SEATTLE, WA 98107-4021								DESIGN/INSTALLATIO	N/PROJ MGMT			367,	160.
GIZMO ART PRODUCTION, INC. FABRICATION & INSTALLATION													
PO BOX 411372, SAN FRANCISCO, CA 94141-1372 SERVICES 283,42									427.				
CELLO & MAUDRU													
2505 OAK STREET, NAPA, CA 94559 CONSTRUCTION 282,901									901.				
SMALL HILL PARTNERS													
619 CLAYTON AVE, EL CERRITO, CA 94530 FINANCE CONSULTING SERVICES 229,067								067.					
MARCI K. DAVIS, 20 CRESTLINE DRIVE SUITE													
#8, SAN FRANCISCO, CA 94131 FINANCE CONSULTING SERVICES 196,331								331.					
2 Total number of independent contractors (including but not limited to those listed above) who received more than													
\$100,000 of compensation from the organiz					8	8							
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form	990 (ž	2021)

132008 12-09-21

Form 990 BAY AREA D	68-0033227									
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(Cl	(check all that apply)		compensation from	compensation from related	amount of other			
	per week					e		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted er		(W-2/1099-MISC)		organization
	related	stee o	truste		Ð	pensa				and related
	organizations below	ual tru	ional 1		ploye	tcom				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(26) LIAN EOYANG	0.60		_			_				
TRUSTEE		х						0.	0.	0.
(27) LINDSAY BROWN	0.60									
TRUSTEE		х						0.	0.	0.
(28) NICOLE ELLIOTT-KARVOSKY	0.60									
TRUSTEE		х						0.	0.	0.
(29) PABLO CAGNONI	0.60									
TRUSTEE		х						0.	0.	0.
(30) RACHEL TEMPLETON	0.60									
TRUSTEE		Х						0.	0.	0.
(31) SAM SELLERS	0.60									
TRUSTEE		Х						0.	0.	0.
(32) SUDARSHAN JAIN	0.60									
TRUSTEE		Х						0.	0.	0.
(33) TIFFANY JACKSON	0.60									
TRUSTEE		х						0.	0.	0.
(34) TINA BOU-SABA	0.60									
TRUSTEE		х						0.	0.	0.
(35) TOBY BROWN TRUSTEE	0.60	x						0	0	0
(36) TODD FOX	0.60	^						0.	0.	0.
TRUSTEE	0.00	x						0.	0.	0.
		л						0.	••	0.
		_								
Total to Part VII Section A line 10										
Total to Part VII, Section A, line 1c	<u></u>							1		

132201 04-01-21

Par	t VII	Statement of Re	ven	ue						-
		Check if Schedule O	conta	iins a respo	onse	or note to any line			(2)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax unc
										sections 512 -
nts		Federated campaigns								
Inol		Membership dues								
Аm		Fundraising events				65,385.				
ilar		Related organizations				000 510				
Sim		Government grants (contr				999,510.				
er	f	All other contributions, gifts,				2 660 057				
0th		similar amounts not included			•	2,669,957.				
and Other Similar Amounts	-					121,752.	3,734,852.			
Ø	n	Total. Add lines 1a-1f				Business Code	5,754,652.			
	• •	MEMBERSHIP DUES				713990	1,496,308.	1,496,308.		
	2 a b	ADMISSIONS				713990	1,428,554.	1,428,554.		
ue		PROGRAM FEES				713990	1,417,859.	1,417,859.		
ven	C A					/15550	1,417,000.	1,117,000.		
Řevenue	d e									
		All other program service	rovo							
	g						4,342,721.			
	3	Investment income (includ					, , ,			
	Ū	other similar amounts)	Ŭ							
	4	Income from investment of								
	5	Royalties		•	•	· F				
	-			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	10,2	200.					
		Less: rental expenses	6b		0.					
		Rental income or (loss)	6c	10,3	200.					
		Net rental income or (loss					10,200.			10,2
		Gross amount from sales of	/	(i) Securi	ties	(ii) Other	· · · · · ·			
		assets other than inventory	7a							
	b	Less: cost or other basis								
e		and sales expenses	7b							
enue	с	Gain or (loss)	7c							
	d	Net gain or (loss)								
ē		Gross income from fundraisi								
5		including \$	65,	385. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	91,983.				
	b	Less: direct expenses			8b	53,483.				
	с	Net income or (loss) from	fund	raising ever	nt <u>s</u>	►	38,500.			38,5
	9 a	Gross income from gamin	ng ac	ivities. See	,					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gami	ng activitie	s	►				
	10 a	Gross sales of inventory,	less r	eturns						
		and allowances			10a	215,038.				
	b	Less: cost of goods sold			10b	78,068.				
	с	Net income or (loss) from	sales	of invento	ry	🕨	136,970.	136,970.		
						Business Code				
Revenue	11 a									
nue	b					ļ ļ				
eve	с					ļ ļ				
æ	d	All other revenue								
		Total. Add lines 11a-11d				►				
	12	Total revenue. See instruction					8,263,243.	4,479,691.	0.	48,7

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 486,919 66,436. 328,721 91,762. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 3,182,420. 2,134,617. 617,535 430,268. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 233,738 147,402 52,315 34,021. 9 Other employee benefits 345,758 209,387 86,787 49,584. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 29,870, 29,870 С Accounting d Lobbying 27,000. 27,000. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 647,987 117,351 520,093 10,543. column (A), amount, list line 11g expenses on Sch 0.) 170,175 146,803, 14,924 8,448. Advertising and promotion 12 583,629. 465,614. 57,938. 60,077. 13 Office expenses _____ Information technology 14 Royalties 15 321,883 262,801. 43,597 15,485. 16 Occupancy 23,477 22,663, 640 174. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,919. 9,554 3,986. Conferences, conventions, and meetings 21,459. 19 20 Interest Payments to affiliates 21 1,164,543 1,002,730. 102,729 59,084. 22 Depreciation, depletion, and amortization 71,273 71,273 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) **REPAIRS & MAINTENANCE** 294.787. 254,426, 25,550 14,811. а EQUIPMENT RENTAL 44,164 572. 13,273. 30,319 b PRINTING & PUBLICATIONS 39,903. 37,362, 482 2,059. С MISCELLANEOUS 34,712. 11,571. 22,412 729. d 3,650, 2,598 266 786. All other expenses е 7,727,347 4,902,953 2,015,005 809,389. Total functional expenses. Add lines 1 through 24e 25 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)

132010 12-09-21

12 2021.06000 BAY AREA DISCOVERY MUSEUM 117745_1

Form 990 (2021)

Form 990 (
Part X	Balance	Sheet

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га		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,550,010.	1	1,522,797.
	2	Savings and temporary cash investments			579,785.	2	986,350.
	3	Pledges and grants receivable, net			887,064.	3	741,139.
	4	Accounts receivable, net		722,646.	4	1,629,752.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			26,681.	8	45,504.
As	9	B · · · · · · · · · · ·			139,979.	9	103,903.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	34,278,182.			
	b	Less: accumulated depreciation		13,964,757.	21,150,698.	10c	20,313,425.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		5,000.	15	5,000.	
	16	Total assets. Add lines 1 through 15 (must ed			26,061,863.	16	25,347,870.
	17	Accounts payable and accrued expenses			1,049,477.	17	960,437.
	18	Grants payable				18	
	19	Deferred revenue	763,479.	19	933,669.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet				21	
ŝ	22	Loans and other payables to any current or fo	rmer office	er, director,			
litie		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th	ese perso	ns		22	
	23	Secured mortgages and notes payable to unre	d parties	1,299,491.	23	0.	
	24	Unsecured notes and loans payable to unrelat	ed third p	arties		24	
	25	Other liabilities (including federal income tax,)	bayables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			83,461.	25	51,913.
	26	Total liabilities. Add lines 17 through 25			3,195,908.	26	1,946,019.
		Organizations that follow FASB ASC 958, cl	neck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			21,867,743.	27	22,354,500.
Ba	28		<u> </u>	998,212.	28	1,047,351.	
pur		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📃			
Net Assets or Fund Balances		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current func			29		
se	30	Paid-in or capital surplus, or land, building, or	F		30		
tAŝ	31	Retained earnings, endowment, accumulated				31	
Ne.	32	Total net assets or fund balances			22,865,955.	32	23,401,851.
	33	Total liabilities and net assets/fund balances			26,061,863.	33	25,347,870. Form 990 (2021)

Form **990** (2021)

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Form	990 (2021) BAY AREA DISCOVERY MUSEUM	68-0033227	,	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	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	8,	263,	243.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,	727,	347.
3	Revenue less expenses. Subtract line 2 from line 1	3		535,	896.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,	865,	955.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	23,	401,	851.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	·····	2b	Х	
	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				
	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 on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047	
2021	

Inspection

Name of the organization

Name	ame of the organization Employer identification number										
			EA DISCOVERY MU						68-0033227		
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	rgani	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1 [A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).				
2 [A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)						
З [A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5 [An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6 [A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7 [Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
_		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
		university:									
10		An organization that norma									
		activities related to its exem		-					-		
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.		
г		See section 509(a)(2). (Con									
11 [An organization organized a	-	•	•						
12 [An organization organized a	-	-	-			•			
		more publicly supported or	-						Check the box on		
		lines 12a through 12d that	• •		-			-			
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting		
		organization. You must o	-								
b		Type II. A supporting org	-				-		•		
		control or management o			ame persoi	ns that co	ntrol or manaç	ge the supp	ported		
		organization(s). You mus									
С		Type III functionally inte						ly integrate	d with,		
		its supported organization		-							
d		Type III non-functionally						-			
		that is not functionally int	•		-		-	an attentiv	/eness		
-		requirement (see instructi		•							
е		Check this box if the orga functionally integrated, or					турет, турет	п, туре п			
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
		vide the following information	•	d organization(s)							
9_		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Total											

Schedule A (Form 990) 2021

BAY AREA DISCOVERY MUSEUM

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Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	7,029,649.	8,274,824.	7,353,386.	3,629,461.	3,734,852.	30,022,172.			
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	7,029,649.	8,274,824.	7,353,386.	3,629,461.	3,734,852.	30,022,172.			
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)						1,938,374.			
6	Public support. Subtract line 5 from line 4.						28,083,798.			
	ction B. Total Support						, ,			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	7,029,649.	8,274,824.	7,353,386.	3,629,461.	3,734,852.	30,022,172.			
	Gross income from interest,	,		. ,						
-	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	42,439.	29,017.	19,101.	10,214.	10,200.	110,971.			
9	Net income from unrelated business									
5	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	•									
	or loss from the sale of capital	299,726.	207,421.	93,084.	97,751.	91,983.	789,965.			
44	assets (Explain in Part VI.)	255,720.	207,421.	55,004.	57,751.	51,505.	30,923,108.			
	Total support. Add lines 7 through 10	ata (aga inatrustia	(mo)			12	19,371,074.			
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th			outh or fifth toy y			19,371,074.			
13	-	•								
Ser	organization, check this box and stop ction C. Computation of Publi									
	Public support percentage for 2021 (li			olump (f))		14	90.82 %			
	Public support percentage from 2021 (II					15	91.39 %			
15	33 1/3% support test - 2021. If the c						/0			
108	stop here. The organization qualifies									
h	33 1/3% support test - 2020. If the c						······································			
	and stop here. The organization quali									
170						and line 14 is 1004				
178	10% -facts-and-circumstances test	-								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
C		•					1070 01			
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization									
10	-									
18	Private foundation. If the organizatio	THUIL HOL CHECK & I		i, 100, 178, 01 170	, check this box a		(Form 990) 2021			
						Scheuule A	1 JIII 330/ 202 I			

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

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

Section A. Public Support		-				
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
• …						<u> </u>
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
· · · · · · · · · · · · · · · · · · ·						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
						>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17 _			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	▶□
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organiza	ation ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
132023 01-04-22					Sche	dule A (Form 990) 2021
		17	1			

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1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

18

Sche		58-0033227	Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		

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

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

Section C. Type II Supporting Organizations	

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

Section D. All Type III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the or	rganization used to satisfy	the Integral Part Test durin	a the year (see instructions
•	Check the box heat to the method that the of	yanizalion useu lo salisiy	the integral i alt i est during	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI ho	ow you supported a governmental entity (se	e instruction <u>s).</u>
------------	--	---	------------------------	--	--------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2021

1

2

Yes No

V. N

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Sche	dule A (Form 990) 2021 BAY AREA DISCOVERY MUSEUM			68-0033227	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting orga	anization (see	

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Sche	$68 \!-\! 0033227$	Page 7				
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions		·	•	Current Y	/ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5			
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		[10	(iii)	
Secti	(i)(ii)Section E - Distribution Allocations (see instructions)Excess DistributionsPre-2021					able r 2021
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount				-	
<u> i </u>	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
7	Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j					
'	-					
	and 4c.					
8	Breakdown of line 7: Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
				S	chedule A (Form	990) 2021
						,

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

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

2017 AMOUNT: \$	299,726.	 		
2018 AMOUNT: \$	207,421.	 		
2019 AMOUNT: \$	93,084.	 		
2020 AMOUNT: \$	97,751.			
2021 AMOUNT: \$	91,983.			
132028 01-04-22		 	Schedule /	A (Form 990)

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

 $68\!-\!0033227$

	BAY	AREA	DISCOVERY	MUSEUM			
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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

INAILIE OF OF	rganization		mployer identification number
BAY AREA	Contributore (· · · · · · · · ·	68-0033227
(a)	Contributors (see instructions). Use duplicate copies of Part I i (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$85,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$190,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$150,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$145,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$150,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$75,00	Person X Payroll Image: Complete Part II for noncash contributions.) Schedule B (Form 990) (2021

Schedule B (Form 990) (2021)

Page **2**

Schedule B (Form 990) (2021)

25 2021.06000 BAY AREA DISCOVERY MUSEUM 117745_1

	3 (Form 990) (2021)	[-	Page 2
Name of o	rganization	Em	ployer identification number
BAY AREA	DISCOVERY MUSEUM		68-0033227
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,000	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
8		\$1,039,503	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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 noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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 (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	3 (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
BAY AREA	DISCOVERY MUSEUM		68-0033227
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		- - - _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - _ \$	

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Schedule B (Form 990) (2021) 27 2021.06000 BAY AREA DISCOVERY MUSEUM 117745_1

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Schedule B (Form 990) (2021)

lame of or	ganization		Employer identification number
AY AREA	DISCOVERY MUSEUM		68-0033227
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea try. For organizations
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
a) No	Use duplicate copies of Part III if additional	space is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(h) Dumaga of sift		(d) Deceriation of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	+
	Transferee's name, address, a		Relationship of transferor to transferee
F			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			[
	_	(e) Transfer of gif	
╞	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
454 11-11-	-21		Schedule B (Form 990) (2

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28 2021.06000 bay area discovery museum 117745_1

					L OMP No. 1545 (0047
SC	HEDULE D		I Financial Statements		OMB No. 1545-0	0047
(Forn	n 990)	Complete if the orga	nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		202	1
Depart	ment of the Treasury		Attach to Form 990.		Open to Pu	blic
-	I Revenue Service		0 for instructions and the latest information.		Inspection	
Nam	e of the organization	ON BAY AREA DISCOVERY MUSEUM		Employ	/er identification nu 68-0033227	umber
Par	t I Organiza		I Funds or Other Similar Funds or Ac	<u> </u>		
I ai		answered "Yes" on Form 990, Part IV, line		scounts.	Complete li the	
	0.9424.01			(b) Funds	and other accounts	
1	Total number at en	d of year		(12) - 011010		
2		contributions to (during year)				
3		grants from (during year)				
4		end of year				
5			riting that the assets held in donor advised fund	ds		
•	•		exclusive legal control?		Yes	No
6			lvisors in writing that grant funds can be used o			
-			donor advisor, or for any other purpose conferr			
	impermissible priva			0	Yes	No
Par			anization answered "Yes" on Form 990, Part IV			
2	Protection of Preservation	of land for public use (for example, recreat f natural habitat of open space through 2d if the organization held a qualifi	ion or education) Preservation of a histo	ified histor	ic structure	ast
	day of the tax year				ld at the End of the Ta	
а				2a		
b				2b		
с	Number of conserv		cture included in (a)	2c		
d			fter 7/25/06, and not on a historic structure			
	listed in the Nation	al Register		2d		
3			ased, extinguished, or terminated by the organ	ization dur	ing the tax	
	year 🕨					
4	Number of states v	where property subject to conservation ease	ement is located ►			
5	Does the organizat	ion have a written policy regarding the perio	odic monitoring, inspection, handling of			
	violations, and enfo	prcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer	r hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservation	on easeme	nts during the year	
	▶					
7	Amount of expense	es incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation ea	sements d	uring the year	
	▶\$					
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B))(i)		
	and section 170(h)	(4)(B)(ii)?			Yes	No

	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	ıe
	organization's accounting for conservation easements.	

Par	III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	f the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	

of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	(ii) Assets included in Form 990, Part X		\$
			Ψ

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2021.06000 BAY AREA DISCOVERY MUSEUM 117745_1

Sche		SCOVERY MUSEU						033227	Р	age 2
Par	t III Organizations Maintaining C	ollections of <i>l</i>	Art, Hist	orical Tre	easures, or	r Other S	Similar Asse	ets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other reco	ords, check	< any of the t	following that	make sign	ificant use of i	ts		
	collection items (check all that apply):		,	,	0	Ũ				
а	Public exhibition		d 🗌	Loan or exc	hange progra	am				
b	Scholarly research		e 🗌		515					
c	Preservation for future generations									
4	Provide a description of the organization's co	lections and exp	lain how th	nev further th	ne organizatio	n's exemp	t purpose in P	art XIII		
5	During the year, did the organization solicit of	-		-	-	-				
•	to be sold to raise funds rather than to be ma		,		,			Yes		No
Par	t IV Escrow and Custodial Arrange									
	reported an amount on Form 990, Par			organizatio			, in 666, i art i	v, in ic o, oi		
10	Is the organization an agent, trustee, custodia		ediany for	contribution	s or other ass	ets not inc	luded			
Ia								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a									
b	in res, explain the arrangement in Part XIII a	and complete the	lollowing	lable.				Amour	+	
	De sies is a la des se							Amour		
	Beginning balance									
a	Additions during the year						1d			
e	Distributions during the year						1e			
	Ending balance									.
	Did the organization include an amount on Fo						?	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i						. т			h a a la
		(a) Current year	· (0) ·	Prior year	(c) Two year	rs dack (d) Three years ba	ick (e) Fou	r years	DACK
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end bala	nce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organ	ization tha	at are held ar	nd administer	ed for the o	organization			-
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as req	uired on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 9	90, Part I	/, line 11a. S	See Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost o	r other	(b) Cost	t or other	(c) Acc	umulated	(d) Boc	k valu	е
	, , , , , , , , , , , , , , , ,	basis (inve		• •	(other)	• •	eciation	(,		-
1a	Land	<u>`</u>	,							
	Buildings									
	Leasehold improvements			27	,573,324.	13	599,816.	13	,973,	508.
	Equipment				152,514.		26,412.		126,	
				6	,552,344.		338,529.	6	,213,	
	Other		wet V == l				,		, <u>31</u> 3,	
Tota	Add lines 1a through 1e. (Column (d) must e	guai Form 990, Pa	art X, Colur	<u>เเก (B), line 1</u>	<u>UC.)</u>					
							Sched	ule D (Forr	⊓ ສສບ)	2021

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Complete if the organization answered "Yo (a) Description of security or category (including name of security		(c) Method of valuation: Cost or end	of vear market value
			oryear market value
 Financial derivatives Closely held equity interests 			
Closely held equity interests (3) Other			
(A)			
(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 "Ye		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line (a) Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		_	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS			49,530
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (1) Federal income taxes (2) DEPOSITS (3) OUTSTANDING GIFT CERTIFICATES			49,530
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (1) Federal income taxes (2) DEPOSITS (3) OUTSTANDING GIFT CERTIFICATES (4)			49,530
(9) Part X Other Liabilities. Complete if the organization answered "Ye (1) Federal income taxes (2) DEPOSITS (3) OUTSTANDING GIFT CERTIFICATES (4) (5)			49,530
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) OUTSTANDING GIFT CERTIFICATES (4) (5) (6)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Ye (1. (a) Description of liability (1) Federal income taxes (2) DEPOSITS (3) OUTSTANDING GIFT CERTIFICATES (4) (5) (6) (7)			49,530
(9) Part X Other Liabilities. Complete if the organization answered "Ye (1) Federal income taxes (2) DEPOSITS (3) OUTSTANDING GIFT CERTIFICATES (4) (5) (6)			49,530

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

Schedule D (Form 990) 2021

132053 10-28-21

Schedule D (Form 990) 2021 BAY AREA DISC	OVERY MUSEUM			68-0033227	Page 4
Part XI Reconciliation of Revenue per			venue per Re	turn.	
Complete if the organization answered "Y 1 Total revenue, gains, and other support per audi	· · ·			1	8,322,705.
 Total revenue, gains, and other support per audi Amounts included on line 1 but not on Form 990 					0,022,700.
a Net unrealized gains (losses) on investments		2a			
 b Donated services and use of facilities 			68,677.		
c Recoveries of prior year grants					
				2e	68,677.
• • • • • • •				3	8,254,028.
4 Amounts included on Form 990, Part VIII, line 12					,,
a Investment expenses not included on Form 990,		4a			
 b Other (Describe in Part XIII.) 			9,215.		
			,	4c	9,215.
5 Total revenue. Add lines 3 and 4c. (This must eq				5	8,263,243
Part XII Reconciliation of Expenses per			xpenses per F	-	, - , , , , - , - , - , - ,
Complete if the organization answered "Y	es" on Form 990, Part IV, line 1	2a.			
1 Total expenses and losses per audited financial	statements			1	7,786,809.
2 Amounts included on line 1 but not on Form 990), Part IX, line 25:				
a Donated services and use of facilities		2a	68,677.		
b Prior year adjustments					
c Other losses		-			
d Other (Describe in Part XIII.)		2d			
e Add lines 2a through 2d				2e	68,677.
3 Subtract line 2e from line 1				3	7,718,132.
4 Amounts included on Form 990, Part IX, line 25,					
a Investment expenses not included on Form 990,	Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		4b	9,215.		
				4c	9,215.
5 Total expenses. Add lines 3 and 4c. (This must e	equal Form 990. Part I. line 18.)			5	7,727,347.
Part XIII Supplemental Information.	• • • • •				
Provide the descriptions required for Part II, lines 3, 5,	and 9; Part III, lines 1a and 4; P	art IV, lines 1b and	d 2b; Part V, line 4	; Part X, line 2; I	Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also cor	nplete this part to provide any a	additional informat	ion.		
PART X, LINE 2:					
THE MUSEUM IS A QUALIFIED CHARITABLE ORG	ANIZATION EXEMPT FROM F	EDERAL			
INCOME AND CALIFORNIA FRANCHISE TAXES UN	DER THE PROVISIONS OF S	ECTIONS			

501(C)(3) OF THE INTERNAL REVENUE CODE AND 23701(D) OF THE CALIFORNIA

REVENUE AND TAXATION CODE, RESPECTIVELY.

THE MUSEUM HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT

As of august 31, 2022, the museum does not have any significant uncertain

TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NON EVENT FUNDRASING EXPENSE

132054 10-28-21

Schedule D (Form 990) 2021

9,215.

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Schedule D (Form 990) 2021 BAY AREA DISCOVERY MUSEUM	68-0033227 Page 5
Schedule D (Form 990) 2021 BAY AREA DISCOVERY MUSEUM Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
NON EVENT FUNDRASING EXPENSE 9,	215.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities o	DMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021	
Department of the Treasury		Attach to Form 990						Open to Public	
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instruction	uction	s and	the latest informati	on.	Employor ida	Inspection ntification number	
BAY AREA DISCOVERY MUSEUM 68-0033									
Part I Fundrais		Complete if the organization answe	red "Y	'es" or	Form 990 Part IV I	ine 1			
	complete this par		iou i	00 01	i i olili 000, i uli i i, i				
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person social 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written c red in Form 990, P		tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	X Yes		
compensated at le				agreei				2	
(i) Name and addres or entity (fund		(ii) Activity	have custody		(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
JAIME TOLLAS - 550	DAVIS		Yes	No					
STREET #43, SAN FR	ANCISCO, CA	DEVELOPMENT		x	<u>٥</u> .		27,000.	-27,000.	
Total		1		•			27,000.	-27,000.	
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	gistration	

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

34 2021.06000 BAY AREA DISCOVERY MUSEUM 117745_1 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
					NONE	(d) Total events
			GOBLIN		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne				(ovone typo)	(total hamber)	
Revenue	1	Gross receipts	157,368.			157,368.
	2	Less: Contributions	65,385.			65,385.
	3	Gross income (line 1 minus line 2)	91,983.			91,983.
	4	Cash prizes				
6	5	Noncash prizes				
Sense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				53,483.
	10	Direct expense summary. Add lines 4 through		•	•	53,483.
	11	Net income summary. Subtract line 10 from li			•	38,500.
Pa	irt I			1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
Ĕ	1	Gross revenue				
s	2	Cash prizes				
nse						
Expenses	3	Noncash prizes				
ш						

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9 a		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
13208		-21-21			Sch	edule G (Form 990) 2021

(F U)

Sch	edule G (Form 990) 2021	BAY AREA DISCOVERY MUSEUM	68-003	322	27	Page	3
11	Does the organization conduct ga	ming activities with nonmembers?			Yes		No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed					
	to administer charitable gaming?		[Yes		No
13	Indicate the percentage of gaming	activity conducted in:					
a	The organization's facility		L	I3a			%
				I3b			%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:					
	Name 🕨						
	Address						
15a	Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?			Yes	1	No
k	If "Yes," enter the amount of gami	ng revenue received by the organization 🕨 💲 and the amour	nt				
	of gaming revenue retained by the	third party ▶\$					
c	If "Yes," enter name and address	of the third party:					
	Name						—
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	► \$					
	5 5 1	·					
	Description of services provided						
	Director/officer	Employee Independent contractor					
17	Mandatory distributions:						
a	Is the organization required under	state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?	·	[Yes		٩V
k		equired under state law to be distributed to other exempt organizations or spent in t					
	organization's own exempt activiti						
Pa		nation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part II	I, lin	ies 9,	9b, 10b	΄,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.					
CC1	יייייייייייייייייייייייייייייייייייייי	LIST OF TEN HIGHEST PAID FUNDRAISERS:					
	EDOIL G, TAKI T, DINE 2D,						
(I)	NAME OF FUNDRAISER: JAIME	TOLLAS					
(+)		0 DAVIS STREET #43, SAN FRANCISCO, CA 94111					
(1)	ADDRESS OF FUNDRAISER: 53	DAVIS SIREEI #43, SAN FRANCISCO, CA 94111					
_							_
1320	83 10-21-21	26	Schedule	G (Form	990) 20)21

Part IV	Supplemental Information	continued)	
			Schedule G (Form 990)
132084 11-18-	-21		

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SC	HEDULE J	Comper	nsation Information	1	OMB No. 1	1545-004	47		
	rm 990)	-	ctors, Trustees, Key Employees, and Highest		20	71			
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23.		20				
Depa	tment of the Treasury		Attach to Form 990.		Open to Public				
Intern	al Revenue Service		990 for instructions and the latest information.		Inspection				
Nam	e of the organization		_	Employer id		on nui	nber		
De		BAY AREA DISCOVERY MUSEUR	И	68-00	33227				
Pa	rt I Question	s Regarding Compensation							
4.			and the following the second second second second	000		Yes	No		
1a			ny of the following to or for a person listed on Form	990,					
			elevant information regarding these items.						
	First-class or c		Housing allowance or residence for perso						
	Travel for com	•	Payments for business use of personal re-						
		ation and gross-up payments	Health or social club dues or initiation fee						
		spending account	Personal services (such as maid, chauffe	ir, chei)					
h	If any of the bayes	on line 12 are checked did the exercited	on follow a written policy regarding payment or						
U	•	· · · · ·	on follow a written policy regarding payment or above? If "No," complete Part III to explain		1b				
2	•	•			UI				
2			ng or allowing expenses incurred by all directors,		2				
	trustees, and onice	s, including the CEO/Executive Director,	regarding the items checked on line 1a?		🔼				
3	Indicate which if a	w, of the following the organization used	to establish the compensation of the organization's						
U			any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but e	, , , ,	51110					
	X Compensation		Written employment contract						
		ompensation consultant	X Compensation survey or study						
		ther organizations	X Approval by the board or compensation c	ommittee					
				Ommittee					
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 re	• •							
а	Receive a severand	e payment or change-of-control payment?	?		4a		х		
b	Participate in or rec	eive payment from a supplemental nonqu	alified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based comp					Х		
	If "Yes" to any of lir	es 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) organizati	ons must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, o	did the organization pay or accrue any compensatio	n					
	contingent on the r	evenues of:							
а	The organization?				. 5a		x		
b	Any related organiz	ation?			. 5b		X		
		r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, c	did the organization pay or accrue any compensatio	'n					
	contingent on the r	et earnings of:							
а	The organization?				6a		X		
b	Any related organiz	ation?			. 6b		X		
		r 6b, describe in Part III.							
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, o	did the organization provide any nonfixed payments						
	not described on lir	les 5 and 6? If "Yes," describe in Part III $$. 7		X		
8			ccrued pursuant to a contract that was subject to th						
	initial contract exce	ption described in Regulations section 53	3.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	d the organization also follow the rebutta	ble presumption procedure described in						
	Regulations section	53.4958-6(c)?			. 9				
LHA		eduction Act Notice, see the Instructior			le J (Forn	n 990)	2021		

132111 11-02-21

68-0033227

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KELLY MCKINLEY	(i)	231,306.	0.	0.	0.	5,923.	237,229.	0.	
CEO	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(2) SOJEILA MARIA SILVA	(i)	207,194.	0.	0.	0.	0.	207,194.	0.	
CFO (THROUGH 2/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2021 **Open to Public** Inspection

Employer identification number

Name of the organization

BZ	١Y	AREA	DISCOVERY	MUSEUM	

	BAY AREA DISCOVERY	68-0033227							
Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	Method o oncash cont	(d) f determin ribution ar	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	9	121,752.	FMV				
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 $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
<u>28</u>	Other ()	L							
29	Number of Forms 8283 received by the organiz	-						0	
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	ement 29				V.	
<u> </u>	During the upper did the properties the properties to			autodia Daut I. Kasa 4 Mausur	L 00 1	h a t 1t		Yes	No
30a	During the year, did the organization receive by	-	•••••			natit			
	must hold for at least three years from the date	_					200		х
h	exempt purposes for the entire holding period?	۲					<u>30a</u>		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	onliny that re	ouires the review	of any nonstandard contribut	ione?		24		х
31 32a	Does the organization have a gift acceptance p Does the organization hire or use third parties	•	-	-	101131		31		
JZd			•				32a		х
h	contributions? If "Yes," describe in Part II.						JZd		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked				
	describe in Part II.		a type of property		neu,				
						<u> </u>			0004

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

Schedule M (Form 990) 2021

132141 11-17-21

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

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	12	

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42 2021.06000 BAY AREA DISCOVERY MUSEUM 117745_1 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 68-0033227

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

ALL OTHER RELATED PROGRAMS

EXPENSES \$ 3,673,684. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,101,594.

BAY AREA DISCOVERY MUSEUM

FORM 990, PART VI, SECTION A, LINE 4:

THE CHAIR, TREASURER, AND SECRETARY OF THE MUSEUM SHALL BE ELECTED BY THE

BOARD AT ANY TIME FOR A TWO-YEAR TERM AND SHALL SERVE AT THE PLEASURE OF

THE BOARD, SUBJECT TO THE RIGHTS, IF ANY, OF ANY OFFICER UNDER ANY CONTRACT

OF EMPLOYMENT. THE VICE CHAIR SHALL BE ELECTED BY THE BOARD FOR A ONE-YEAR

TERM, WITH THE EXPECTATION THAT THE VICE CHAIR SERVING A ONE-YEAR TERM

CONCURRENT WITH THE CHAIR'S FINAL YEAR WILL SERVE AS THE NEXT CHAIR OF THE

BOARD.

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

THE FULL BOARD OF TRUSTEES OF THE MUSEUM RECEIVES AND HAS THE OPPORTUNITY

TO REVIEW THE FORM 990 BEFORE IT IS FILED.

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

ON AN ANNUAL BASIS, THE ORGANIZATION'S OFFICERS, DIRECTORS, TRUSTEES, AND

KEY EMPLOYEES ARE REQUIRED TO REVIEW AND ACKNOWLEDGE RECEIPT OF THE

CONFLICT OF INTEREST POLICY AND COMPLETE A RELATED DISCLOSURE QUESTIONNAIRE

THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR

FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST, SUCH AS A

LIST OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS, AND

OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS

AND THOSE OF FAMILY MEMBERS. IN SIGNING THE ACKNOWLEDGEMENT FORM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization BAY AREA DISCOVERY MUSEUM	Employer identification number 68-0033227
RESPONDERS COMMIT TO INFORMING THE ORGANIZATION IF THERE IS ANY MATERIAL	
CHANGE IN THEIR DISCLOSURE. IF A CONFLICT OF INTEREST IS BROUGHT TO THE	
ATTENTION OF THE BOARD'S EXECUTIVE COMMITTEE, THE PERSON WITH THE CONFLICT	
WILL BE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS	
AND DECISIONS IN THE TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
FORM 990, FRAT VI, SECTION B, DINE IS:	
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).	
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	
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.

THE TERMS OF COMPENSATION AND THE BASIS FOR APPROVING THEM SHALL BE

132212 11-11-21

Schedule O (Form 990) 2021

Name of the organization BAY AREA DISCOVERY MUSEUM	Employer identification number 68-0033227
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	
COMMITTEE SHALL RECORD IN THE MINUTES OF THE MEETING THE BASIS FOR ITS	
DETERMINATION.	
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	
UPON WRITTEN REQUEST. THE MUSEUM MAKES ITS GOVERNING DOCUMENTS AND CONFLICT	
OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.	
132212 11-11-21 45	Schedule O (Form 990) 2021
2021.06000 BAY AREA DISC	OVERV MIISEIIM 11774

Schedule O (Form 990) 2021

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