## \*\* 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

1.

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



Α	For the	e 2017 calendar year, or tax year beginning JUL 1, 2017 and o	ending J	UN 30, 2018	
В	Check if applicable	e: C Name of organization		D Employer identifi	cation number
	Addres	PACIFIC SCIENCE CENTER FOUNDATION			
	Name change			91-075	0867
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	200 SECOND AVENUE NORTH		. 206-44	3-2001
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	26,105,005.
	Ameno	SEATTLE, WA 98109		H(a) Is this a group re	eturn
	Applic tion	<sup>a-</sup> F Name and address of principal officer:WILL DAUGHERTY		for subordinates	? <b>Yes</b> X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🔽 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a	list. (see instructions)
		e: WWW.PACIFICSCIENCECENTER.ORG		H(c) Group exemptio	n number 🕨
		organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1962	State of legal domicile: WA
P	_	Summary			
e		Briefly describe the organization's mission or most significant activities:	C SCIENCE	CENTER IGNITES	
anc	- I	CURIOSITY IN EVERY CHILD AND FUELS A PASSION FOR DISCOVERY,			
Governance		Check this box 🕨 📖 if the organization discontinued its operations or dispos			
õ					21
<u>مە</u>		Number of independent voting members of the governing body (Part VI, line 1b)			21
ties		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			700
Activities &		Total number of volunteers (estimate if necessary)			1159
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			105,931.
	d	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		
		Contributions and events (Dout ) (III line th)		Prior Year 8,861,801.	Current Year 8,855,376.
anu		Contributions and grants (Part VIII, line 1h)		14,402,351.	14,513,265.
Revenue		Program service revenue (Part VIII, line 2g)		115,346.	85,695.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,259,752.	1,993,094.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,639,250.	25,447,430.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,414,280.	13,689,260.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,111,359.	14,196,016.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,525,639.	27,885,276.
		Revenue less expenses. Subtract line 18 from line 12		-1,886,389.	-2,437,846.
OL	2			ginning of Current Year	End of Year
Net Assets (	20	Total assets (Part X, line 16)		49,817,260.	47,351,369.
ASS	21	Total liabilities (Part X, line 26)		11,760,386.	11,749,483.
Fin	22	Net assets or fund balances. Subtract line 21 from line 20		38,056,874.	35,601,886.
P	art II	Signature Block			

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

		Signature of officer			Date		
Sign		Signature of officer			Dale		
Here		WILL DAUGHERTY, PRESIDENT & CEO					
		Type or print name and title					
	Prir	t/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	SAR	A ELIZABETH J. HYRE	SARA ELIZABETH J. HYRE	9 self-employe	P00235495		
Preparer	Firn	n's name 🍃 CLARK NUBER, PS			Firm's EIN 🕨	91-1194016	
Use Only	Firn	n's address ▶ 10900 NE 4TH STREET, SUI	TE 1400				
		BELLEVUE, WA 98004			Phone no.425-	454-4919	
May the I	RS d	iscuss this return with the preparer shown abo	ove? (see instructions)			X Yes	No
732001 11-2	28-17	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form <b>990</b>	) (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2017) PACIFIC SCIENCE CENTER FOUNDATION	91-0750867	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	PACIFIC SCIENCE CENTER IGNITES CURIOSITY IN EVERY CHILD AND FUELS A		
	PASSION FOR DISCOVERY, EXPERIMENTATION, AND CRITICAL THINKING IN ALL		
	OF US.		
2	Did the organization undertake any significant program services during the year which were not listed	on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes 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 se	rvices, as measured by ex	penses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$10,136,245. including grants of \$	) (Bevenue \$	7,853,184.)
14			<u> </u>
	PACIFIC SCIENCE CENTER IS WASHINGTON'S LEADING INSTITUTION FOR INFORMAL		
	SCIENCE LEARNING FOR PEOPLE OF ALL AGES. GUESTS CAN WANDER AMONG		
	TROPICAL BUTTERFLIES, TOUCH LIVE MARINE ANIMALS, AND EXPLORE SPACE.		
	POPULAR ATTRACTIONS INCLUDE: LIVING EXHIBITS, SCIENCE ON A SPHERE,		
	TINKER TANK, TROPICAL BUTTERFLY HOUSE, PUGET SOUND TIDE POOL,		
	DINOSAURS, AND PROFESSOR WELLBODY'S ACADEMY OF HEALTH & WELLNESS.		
	NEW EXPERIENCES INCLUDE WHAT IS REALITY, A COLLECTION OF VR AND AR		
	EXPERIENCES THAT ALLOW OUR GUESTS TO IMMERSE THEMSELVES IN STORIES, AND		
	THE HIVE - AN INCUBATOR WHERE WE HOST LOCAL TECH STARTUPS WHO INTERACT		
	WITH OUR GUESTS. WE DEVELOPED EXHIBITS ON THE IMPORTANCE OF		
4b	(Code:) (Expenses \$3,485,087. including grants of \$	) (Revenue \$	456,583,)
	OUTREACH		,
	SCIENCE ON WHEELS: SINCE 1973, SCIENCE ON WHEELS HAS BEEN REACHING OUT		
	TO RURAL, SMALL AND UNDERSERVED COMMUNITIES THAT HAVE LIMITED ACCESS TO		
	STEM EDUCATION. LAST YEAR, WE DELIVERED HANDS-ON SCIENCE EDUCATION		
	PROGRAMMING TO 114,873 PEOPLE AT 476 VENUES ACROSS WASHINGTON STATE AND		
	BEYOND, INCLUDING MANY TRADITIONALLY UNDERSERVED COMMUNITIES. OF THE		
	STUDENTS WE SERVED, 53,000 ATTEND TITLE I SCHOOLS. WE PRIORITIZE		
	SERVICE TO THE 300,000 TITLE I STUDENTS IN WASHINGTON BY OFFERING		
	REDUCED OR FREE SCIENCE ON WHEELS VISITS TO LOW-INCOME SCHOOLS,		
	CREATING THE POSITION OF ACCESSIBILITY COORDINATOR TO ASSIST WITH		
	BUILDING PARTNERSHIPS IN THOSE COMMUNITIES, AND ENGAGING IN A 2-YEAR		
	RESEARCH PROJECT WITH A UW GRAD STUDENT TO IDENTIFY COMMUNITIES WITH		
4c	(Code:) (Expenses \$5,011,991. including grants of \$	) (Revenue \$	3,207,397.)
	THEATER AND EVENT OPERATIONS	_ / ``	·
	PACIFIC SCIENCE CENTER IS HOME TO SEATTLE'S ULTIMATE IMAX EXPERIENCE,		
	WHICH OFFER OUR GUESTS THE OPPORTUNITY TO EXPLORE DEEP OCEANS, TRAVEL		
	TO THE FARTHEST REACHES OF OUR UNIVERSE, GO BACK IN TIME TO WORLDS		
	UNDISCOVERED AND IMMERSE THEMSELVES IN A CINEMATIC EXPERIENCE LIKE NO		
	OTHER. FILMS COME TO LIFE IN OUR PACCAR AND BOEING IMAX THEATERS WITH		
	GIANT SCREENS, CRYSTAL CLEAR IMAGES AND 12,000 WATTS OF DIGITAL		
	SURROUND SOUND. BOTH THEATERS SHOW 2D AND 3D FILMS THAT TAKE ADVANTAGE		
	OF OUR STATE-OF-THE-ART IMAX 3D TECHNOLOGY. PACIFIC SCIENCE CENTER'S		
	NEW LASER DOME OPERATES WITH A BRAND-NEW LASER SYSTEM AND IS HOME TO		
	THE MOST FULL-COLOR LASERS PERMANENTLY INSTALLED IN ANY LASER DOME IN		
	AMERICA. THIS NEW SYSTEM USES NINE RAINBOW FX LASER PROJECTORS FOR		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 3,500,323. including grants of \$ ) (Revenue \$	2,996,101.)	
4e	Total program service expenses 22,133,646.		

PACIFIC SCIENCE CENTER FOUNDATION

Forn	1990 (2017) PACIFIC SCIENCE CENTER FOUNDATION 91-0750867		Р	age 3
	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	u		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
.e 14a		14a		x
b				
~	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		x
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	115		
	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			<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47		10		<u> </u>
	-1 in the ordenization report a total of more than $(1, 1)$ in the openede for protectional tundrale indication convicted on Part is			1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
17	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		x	x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 18	x	X

Form **990** (2017)

Form	990 (2017) PACIFIC SCIENCE CENTER FOUNDATION 91-075086	7	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		Х	
	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		x
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2017)

Form	990 (2017)         PACIFIC SCIENCE CENTER FOUNDATION         91-0750867		P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 127			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 700			
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 in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account 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
b	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	77	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	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	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
b 11				
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
a b	Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1			
b				
120	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?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
ы 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		
а	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
u	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
	in roo, has a new a rom rzo to roport these payments in roo, provide an explanation in concedue o			

Form	990 (2017) PACIFIC SCIENCE CENTER FOUNDATION		91-0750867		Pa	age <b>6</b>
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	rough 7b be	low, and for a	'No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See instruc	ctions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
2	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the			-		
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	-		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			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 ap					
74	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			74		
b				7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		**
			÷	8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
-				uo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O	cheu al the		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wonuo Cod	·····	3		
000	tion B. Toncies (This Section B requests information about policies not required by the internal re	evenue Cou	e.)		Vaa	Ne
10-	Did the extension have least charters, branches, or effiliates?		I	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		1	iua		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before fillin	ig the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	to conflicto?		12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done		е	100	х	
10				12c	X	
13	Did the organization have a written whistleblower policy?			13 14	X	
14	Did the organization have a written document retention and destruction policy?			14	л	
15	Did the process for determining compensation of the following persons include a review and approve	u by maepe	nuent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0	v	
	The organization's CEO, Executive Director, or top management official			15a	X X	
a	Other officers or key employees of the organization			15b	Λ	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			10		v
	taxable entity during the year?		1	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		pation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			101		
<u></u>	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed <b>ID</b> , OR, WA	(0 II = -				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 50	ו (c)(3)s only) a	vailab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X     Own website     Another's website     Y     Upon request     Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	ntlict of inte	rest policy, and	finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and rec	ords: 🕨			
	BECKY STERRETT - 206-443-2929					
	200 SECOND AVE N, SEATTLE, WA 98109					

Section A	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Check if Schedule O contains a response or note to any line in this Part VII		. Х
	Employees, and Independent Contractors		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
Form 990		91-0750867	Page 7

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle	ess pe	more erson	1 e than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ADRIANE BROWN	1.00	4								_
CHAIR		X		x		<u> </u>		0.	0.	0.
(2) NORMAN HUBBARD	1.00	4							_	
TREASURER		X		x				0.	0.	0.
<pre>(3) DIANA BIRKETT RAKOW SECRETARY</pre>	1.00	x		x				0.	0.	0.
(4) CHRISTOPHER ACKERLEY	1.00									
DIRECTOR		x						0.	0.	Ο.
(5) TOM ALBERG	1.00									
DIRECTOR		х						0.	0.	Ο.
(6) SHERILYN ANDERSON	1.00									
DIRECTOR		x						0.	0.	Ο.
(7) ASH AWAD	1.00									
DIRECTOR		х						0.	Ο.	Ο.
(8) HANS BISHOP	1.00									
DIRECTOR		Х						0.	0.	Ο.
(9) CURTIS BLAKE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DR. STEVEN BUCHSBAUM	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TIMOTHY COPES	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ED FRIES	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BARBARA HULIT	1.00	1								
DIRECTOR		X						0.	0.	0.
(14) STAN MCNAUGHTON	1.00	1								
DIRECTOR		X						0.	0.	0.
(15) DR. SANFORD MELZER	1.00	4								
DIRECTOR		х	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(16) NATHANIEL MILES	1.00							_	_	_
DIRECTOR		х	<u> </u>	<u> </u>	<u> </u>	_		0.	0.	0.
(17) EDWARD MILLET	1.00	ł								
DIRECTOR		X						0.	0.	0.

Form 990 (2017) PACIFIC SCIEN									91-0750	3867		P	'age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	(do box offi	not c	Pos heck ss pe	<b>c)</b> ition more rson		one h an	<b>(D)</b> Reportable	<b>(E)</b> Reportable compensatio from related	on		<b>(F)</b> stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fi org an	pensa rom th anizat d relat anizat	ie tion ted
(18) ROB SHURTLEFF	1.00												
DIRECTOR		X						0.		0.			0.
(19) MIA TUAN	1.00												
DIRECTOR	1 0 0	X						0.		0.			0.
(20) JESSIE WOOLLEY-WILSON DIRECTOR	1.00	x						0.		Ο.			0
(21) GRACE YUAN	1.00	^						0.		0.			0.
DIRECTOR	1.00	x						0.		Ο.			Ο.
(22) WILL DAUGHERTY	50.00												••
PRESIDENT & CEO				x				374,965.		0.			615.
(23) CHRIS WHEATON	50.00												
COO & CFO		1		x				192,701.		Ο.		16	,388.
(24) ELEANOR BRADLEY	50.00							,					,
CCO FROM 04/18		1		х				0.		Ο.			Ο.
(25) ELLEN LETTVIN	50.00												
NOYCE FELLOW						Х		210,617.		0.		17	,805.
(26) APRIL COLLIER	50.00												
SR. VP FOR DEVELOPMENT						X		180,378.		0.			,685.
1b Sub-total								958,661.		0.			,493.
c Total from continuation sheets to Part VI								322,106.		0.			,382.
d Total (add lines 1b and 1c)								1,280,767.		0.		54	,875.
2 Total number of individuals (including but n compensation from the organization	ot limited to tr	iose	liste	ed al	bov	e) wr	סר no r	received more than \$100	0,000 of reportab	le			7
												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3		x
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual			4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services	i -			
rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	-									npens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi		year.				
(A) Name and business	address							<b>(B)</b> Description of s	ervices	С	י) ompe	<b>C)</b> nsatic	n
THE FRANKLIN INSTITUTE							-						
222 N. 20TH STREET, PHILADELPHIA, PA	19103							EXHIBIT - TERRA CO	TTA WARRIORS			778	,035.
WALT DISNEY STUDIOS MOTION PICTURES,	13497												
COLLECTIONS CENTER DRIVE, CHICAGO, II	L							FILM STUDIO				570	,259.
WARNER BROTHERS DISTRIBUTING INC.													
4000 WARNER BLVD, BURBANK, CA 91522								FILM STUDIO				465	,772.
SHAANXI CULTURAL HERITAGE PROMO CTR													
NO 29, NANXIN STREET, XI'AN, CHINA 71								EXHIBIT - TERRA CO	TTA WARRIORS			450	,000.
IMAX CORPORATION, 2525 SPEAKMAN DRIVE	Ξ,												
MISSISSAUGA, ON, CANADA L5K 1B1							_	FILM STUDIO				342	,080.
2 Total number of independent contractors (i	-	ot li	mite	d to			steo	d above) who received n	nore than				
\$100,000 of compensation from the organized	zation 🕨				2	2							

(A)       (B)       (C)       (D)       (E)       (F)         Name and title       Average hours per week (list any hours for related organizations below line)       Average hours per week (list any hours for related       Average hours per week (list any hours for related       Position (check all that apply)       Reportable compensation from the organizations (W-2/1099-MISC)       Reportable compensation from related organizations (W-2/1099-MISC)       Estimated amount of other compensation from the organization and related organizations         27) DIANA JOHNS       50.00       50.00       X       114,959.       0.       5,75         28) ROBERT WISEMAN       50.00       X       X       104,463.       0.       5,53         29) DIANE CARLSON       50.00       0       X       104,463.       0.       5,53	Form 990 PACIFIC SCIE Part VII Section A. Officers, Directors, Tr	rustees, Key Ei	mplo	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
Name and title       Average hours per week (list any hours for related organizations below line)       Position       Reportable compensation from the organizations (W-2/1099-MISC)       Reportable compensation from related organizations and related organizations the organization set organizati		1		-			-				(F)
per week (list any hours for related organizations below line)per week (list any hours for related organizations below line)from the organization (W-2/1099-MISC)from related organizations (W-2/1099-MISC)other compensation from the organizations (W-2/1099-MISC)27) DIANA JOHNS P OF EXHIBITS AND LIFE SCIENCES50.00111							ı				
week (list any hours for related organization below line)organization and related organization below line)organization and related organization below line)organization and related organization below below line)organization and related organization and related organization below below line)organization and related organization and related organization and related organization and related organization and related organization and related 			(c	hecł	< all	that	app	ly)			amount of
(list any hours for related organizations below line)100 and related organizations below line)100 and related organizations below line)100 and related organizations and related organizations27) DIANA JOHNS P OF EXHIBITS AND LIFE SCIENCES50.00		per							from	from related	other
27) DIANA JOHNS50.00x114,959.5,75P OF EXHIBITS AND LIFE SCIENCES50.00x114,959.0.5,7528) ROBERT WISEMAN50.00x104,463.0.5,5329) DIANE CARLSON50.004445,53			Ι.				oyee				compensation
27) DIANA JOHNS50.00x114,959.5,75P OF EXHIBITS AND LIFE SCIENCES50.00x114,959.0.5,7528) ROBERT WISEMAN50.00x104,463.0.5,5329) DIANE CARLSON50.004445,53			ector				am plc			(W-2/1099-MISC)	
27) DIANA JOHNS50.00x114,959.5,75P OF EXHIBITS AND LIFE SCIENCES50.00x114,959.0.5,7528) ROBERT WISEMAN50.00x104,463.0.5,5329) DIANE CARLSON50.004445,53			or dir	e.			ated 6		(W-2/1099-MISC)		
27) DIANA JOHNS50.00x114,959.5,75P OF EXHIBITS AND LIFE SCIENCES50.00x114,959.0.5,7528) ROBERT WISEMAN50.00x104,463.0.5,5329) DIANE CARLSON50.004445,53			stee	ruste			pens				
27) DIANA JOHNS50.00x114,959.5,75P OF EXHIBITS AND LIFE SCIENCES50.00x114,959.0.5,7528) ROBERT WISEMAN50.00x104,463.0.5,5329) DIANE CARLSON50.004445,53		-	al tru	onal 1		oloye	com				organizations
27) DIANA JOHNS50.00x114,959.5,75P OF EXHIBITS AND LIFE SCIENCES50.00x114,959.0.5,7528) ROBERT WISEMAN50.00x104,463.0.5,5329) DIANE CARLSON50.004445,53			lividu	stituti	ficer	y em	ghest	rmer			
P OF EXHIBITS AND LIFE SCIENCESX114,959.0.5,7528) ROBERT WISEMAN50.00X104,463.0.5,750IR. OF INDIVIDUAL GIVINGX104,463.0.5,5329) DIANE CARLSON50.004444	(02) 20002		Ĕ	<u> </u>	5	Ře	Ξ	9			
28) ROBERT WISEMAN         50.00         x         104,463.         0.         5,53           29) DIANE CARLSON         50.00         0         0         5,53		50.00					v		11/ 050	0	5 757
VIR. OF INDIVIDUAL GIVING         X         104,463.         0.         5,53           29) DIANE CARLSON         50.00              5,53		50.00	-			-	^		114,959.	0.	5,151
29) DIANE CARLSON 50.00		50.00					x		104 463.	0.	5 539
		50.00								- •	-,
	VP OF THEATERS & IND. CONTRACTOR		1				x		102,684.	0.	3,086
			1								
			_								
			$\vdash$	$\left  \right $	$\vdash$		$\vdash$				
			1								
			$\vdash$								
			$\vdash$				$\vdash$				
							<u> </u>				

m 990	<u> </u>			TER FOUNDATIO	N		91-0750867	Page
art VI								
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	<u> </u>
					Total revenue	Related or	Unrelated	(D) Revenue excluded from tax under
						exempt function	business	sections 512 - 514
			1.1	00.550		revenue	revenue	512 - 514
- 1		Federated campaigns		28,759.				
5 k		Membership dues		2,564,174.				
	С	Fundraising events		766,324.				
	d	Related organizations	1d					
6	е	Government grants (contribut	ions) <b>1e</b>	1,689,332.				
f f	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abor	ve 1f	3,806,787.				
g g	g	Noncash contributions included in lines	1a-1f: \$	44,088.				
3 ł	h	Total. Add lines 1a-1f		🕨	8,855,376.			
				Business Code				
2 8	а	EXHIBITS		712110	8,158,102.	8,158,102.		
, k	b	THEATER & EVENT OPS		512131	3,219,472.	3,219,472.		
	с	SCIENCE EDUCATION		712110	2,637,777.	2,637,777.		
	d	OUTREACH EDUCATION		712110	456,583.	456,583.		
	e	SCIENCE IN SOCIETY		712110	41,331.	41,331.		
f	-	All other program service reve	nue		, -	, -		
		Total. Add lines 2a-2f			14,513,265.			
3		Investment income (including		1	,,			
		· · ·			79,654.			79,65
		other similar amounts)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4		Income from investment of tax		F				
5		Royalties						
		- ·	(i) Real	(ii) Personal				
		Gross rents	181,088.					
		Less: rental expenses	0.	·				
		Rental income or (loss)	181,088.					
		Net rental income or (loss)			181,088.			181,08
7 a	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	30,084.	7,000.				
k		Less: cost or other basis						
		and sales expenses	31,043.					
0	С	Gain or (loss)	-959.	. 7,000.				
0	d	Net gain or (loss)		🕨	6,041.			6,04
8 8	а	Gross income from fundraisin	g events (not					
		including \$ 766	,324. of					
		contributions reported on line	1c). See					
		Part IV, line 18	а	51,000.				
k		Less: direct expenses		108,733.				
		Net income or (loss) from fund			-57,733.			-57,73
		Gross income from gaming ac						
		Part IV, line 19						
l t		Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		1,384,753.				
		Less: cost of goods sold		517,799.				
		Net income or (loss) from sale			866,954.			866,95
	<u> </u>			1				
44		Miscellaneous Revenu PARKING GARAGE	C	Business Code 812930	706,205.		105,931.	600 27
11 8							102,921.	600,27
	-	GIFT SHOP COMMISSION		453220	240,513.			240,51
	-	VENDING		900099	45,182.			45,18
		All other revenue		900099	10,885.			10,88
6		Total. Add lines 11a-11d			1,002,785.			
		Total revenue. See instructions.			25,447,430.	14,513,265.	105,931.	1,972,85

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Pa	rt IX Statement of Functional Expens	es			
Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All otl	her organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	632,499.		632,499.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,113,268.	8,679,490.	1,672,539.	761,239
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	902,434.	739,432.	106,932.	56,070
10	Payroll taxes	1,041,059.	823,305.	158,452.	59,302
11	Fees for services (non-employees):	000 000	=1.050	1.55 0.05	
	Management	236,867.	71,860.	165,007.	
	Legal	7,442.		7,442.	
	Accounting	148,813.	102.000	148,813.	
	Lobbying	103,298.	103,298.		
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		1,835,731.	1,779,229.	4,514.	51 0.85
40	column (A) amount, list line 11g expenses on Sch 0.)	1,073,707.	1,065,479.	4,514.	51,988
12 12	Advertising and promotion	1,455,590.	1,310,003.	40,226.	105,363
13	Office expenses	468,586.	175,864.	199,449.	93,273
14 45	Information technology	3,388,069.	3,340,693.	47,376.	55,215
15 16	Royalties	1,711,859.	1,296,049.	393,920.	21,890
16 17		258,413.	235,251.	13,089.	10,073
17 10	Payments of travel or entertainment expenses	250,415.	235,251.	13,005.	10,073
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	88,303.	32,137.	49,614.	6,552
20		366,464.	267,714.	78,891.	19,859
20 21	Payments to affiliates	,-•**			,001
22	Depreciation, depletion, and amortization	2,667,326.	1,948,570.	574,214.	144,542
23	Insurance	, , , -	, , , -	, -	,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	EVENT EXPENSE	158,268.	157,378.	890.	
b	TRAINING, EMP. RELATION	143,766.	24,380.	119,011.	37
с	BAD DEBT EXPENSE	82,158.	82,158.		
d					
е	All other expenses	1,356.	1,356.		
25	Total functional expenses. Add lines 1 through 24e	27,885,276.	22,133,646.	4,412,878.	1,338,752
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			ı – – – – – – – – – – – – – – – – – – –		

Check here

\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

#### PACIFIC SCIENCE CENTER FOUNDATION

		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
			÷		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,826.	1	5,428.
	2	Savings and temporary cash investments	1,286,528.	2	2,057,854.		
	3	Pledges and grants receivable, net	358,731.	3	620,965.		
	4	Accounts receivable, net	1,317,701.	4	664,285.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employ	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(	9) voluntary			
ts		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net			400,000.	7	385,429.
<	8	Inventories for sale or use			36,989.	8	35,934.
	9	Prepaid expenses and deferred charges			1,736,592.	9	561,683.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	64,829,044.			
	b	Less: accumulated depreciation	10b	31,419,939.	35,488,864.	10c	33,409,105.
	11	Investments - publicly traded securities			104,678.	11	108,357.
	12	Investments - other securities. See Part IV, line 1	1		7,613,032.	12	7,686,747.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			199,947.	14	506,436.
	15	Other assets. See Part IV, line 11			1,270,372.	15	1,309,146.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		49,817,260.	16	47,351,369.
	17	Accounts payable and accrued expenses	2,297,361.	17	2,089,824.		
	18	Grants payable		18			
	19	Deferred revenue			2,673,730.	19	2,316,114.
	20	Tax-exempt bond liabilities	2,147,381.	20	2,019,050.		
	21	Escrow or custodial account liability. Complete I	Part IV of S	chedule D		21	
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee	es, and disc	qualified persons.			
iab.		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated third p	arties	4,398,847.	23	4,806,891.
	24	Unsecured notes and loans payable to unrelated	d third part	ies		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	; 17-24). Co	omplete Part X of			
		Schedule D			243,067.	25	517,604.
	26	Total liabilities. Add lines 17 through 25			11,760,386.	26	11,749,483.
		Organizations that follow SFAS 117 (ASC 958		ere 🕨 🔯 and			
ces		complete lines 27 through 29, and lines 33 an			05 111 014		00 886 680
lan	27	Unrestricted net assets			27,111,914.	27	23,776,673.
Ba	28	Temporarily restricted net assets		Г	8,763,091.	28	9,638,344.
Net Assets or Fund Balances	29				2,181,869.	29	2,186,869.
гF		Organizations that do not follow SFAS 117 (A	50 958), C				
S S		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds		30			
As	31	Paid-in or capital surplus, or land, building, or ec		F		31	
Net	32	Retained earnings, endowment, accumulated in			20 056 074	32	35 601 006
	33	Total net assets or fund balances			38,056,874.	33	35,601,886.
	34	Total liabilities and net assets/fund balances	49,817,260.	34	47,351,369.		

91-0750867

Form **990** (2017)

Form 990 (2017)
Part X Balance Sheet

Form	990 (2017) PACIFIC SCIENCE CENTER FOUNDATION	91-0750867		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25	,447	,430.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27	,885	,276.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,437,846		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38		,874.
5	Net unrealized gains (losses) on investments	5		91	,677.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-108	,819.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	35	,601	,886.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a	Х	<b> </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2017)

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

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

OMB No. 1545-0047
2017
Open to Public Inspection

## Name of the organization

Nam	e of t	he organization						Employer	identification number
			C SCIENCE CENTE						1-0750867
Pai	tl	Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The c	rgan	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	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	name, city	y, and state o	f the colleg	je or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusion	ively to test for public sa	afety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusion	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section &	509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must c		• • • •					
b		<b>Type II.</b> A supporting org	-		tion with if	s support	ed organizatio	on(s), by ha	aving
		control or management o					-		-
		organization(s). You mus			·			0 1	
с		] Type III functionally inte			in connec	tion with.	and functiona	llv integrat	ed with.
		its supported organization						, ,	,
d		] Type III non-functionally						rted organi	ization(s)
		that is not functionally int						-	
		requirement (see instruct		• •	-		-		
е		Check this box if the orga		-				II. Type III	
		functionally integrated, or					··· )  ·, · )	··, · <b>,</b> - ···	
f	Ente	er the number of supported of		, ,	0 0				
		vide the following informatior							· •
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

## Schedule A (Form 990 or 990-EZ) 2017 PACIFIC SCIENCE CENTER FOUNDATION

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

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,709,499.	14,366,833.	8,927,443.	8,842,924.	8,845,861.	49,692,560.
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	8,709,499.	14,366,833.	8,927,443.	8,842,924.	8,845,861.	49,692,560.
	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)						3,180,401.
6	Public support. Subtract line 5 from line 4.						46,512,159.
	tion B. Total Support	l	I				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	8,709,499.	14,366,833.	8,927,443.	8,842,924.	8,845,861.	49,692,560.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	124,103.	197,697.	289,581.	312,883.	260,742.	1,185,006.
9	Net income from unrelated business	,		,		,	. ,
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						50,877,566.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	75,151,494.
	First five years. If the Form 990 is for						, , , , , , , , , , , , , , , , , , , ,
	organization, check this box and <b>stop</b>				-		
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11. co	olumn (f))		14	91.42 %
	Public support percentage from 2016					15	91.34 %
	33 1/3% support test - 2017. If the o					nore. check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2017

91-0750867

## Schedule A (Form 990 or 990-EZ) 2017 PACIFIC SCIENCE CENTER FOUNDATION

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

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

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		() 0010	(1) 0044	() 0015	( 1) 0010	() 0017	(0.7.1.1
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest,						
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization?	s first, second, thir	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ						
15	Public support percentage for 2017 (	line 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2016					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20					17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2017. If the	-					
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
k	<b>33 1/3% support tests - 2016.</b> If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	nization qualifies a	as a publicly supp	orted organization	• <b>•</b>
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2017

1

2

3a

Yes

No

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	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
a b	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a government entity (see ins	truction	-)	
с 2	Activities Test. Answer (a) and (b) below.	liucions	y. Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NU
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2	2017	PACIFIC	SCIENCE	CENTER	FOUNDATION	

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
e	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrat	ed Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	r ugo r
Secti	ion D - Distributions		(00//////00/	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			(Form 000 or 000 E <b>Z</b> ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 PACIFIC SCIENCE CENTER FOUNDATION	91-0750867	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section Secti	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C.
	(See instructions.)		

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Department of the Treasury Internal Revenue Service
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Schedule B

(Form 990, 990-F7.

or 990-PF)

#### Name of the organization

PAG	CIFIC SCIENCE CENTER FOUNDATION	91-0750867
Organization type (check o	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 or 990-EZ), 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, II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page **2** 

Employer identification number

PACIFIC SCIENCE CENTER FOUNDATION

|--|

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	al spa	ace is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$	1,011,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	<u> </u>	Total contributions	Type of contribution
2		\$	595,021.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	<u> </u>	Total contributions	Type of contribution
3		\$	500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
4		\$	474,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$	Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
	Name, address, and ZIP + 4	\$	Total contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

Page 3

Employer identification number

91-0750867

PACIFIC SCIENCE CENTER FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Page	4
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Name of orga	anization		Employer identification number			
NOTETO O	CIENCE CENTER FOUNDATION		91-0750867			
Part III	Exclusively religious, charitable, etc., contr	ibutions to organizations described	1 in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follo , charitable, etc., contributions of \$1,000 o	Wing line entry. For organizations			
	Use duplicate copies of Part III if additiona	Il space is needed.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I		(0) 000 01 gift				
·						
		(e) Transfer of git	ft			
-	Transferee's name, address, an		Relationship of transferor to transferee			
· · · ·						
(a) No.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
· · · ·						
		· · - · · · · ·	-			
	(e) Transfer of gift					
	Transferee's name, address, an	d 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			
I ·						
-		(e) Transfer of git	ft			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
		[				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(-)	(-) 3	(,			
-						
·						
Ľ						
	(e) Transfer of gift					
	Transforação nome address ar		Polationship of transferor to transferor			
⊢	Transferee's name, address, an	u <b>∠ir'</b> + 4	Relationship of transferor to transferee			

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047		
(Form 990 or 990-EZ)	Form 990 or 990-EZ)				2017			
	For Organizations Exempt From Income Tax Under section 501(c) and section 527				LUIT			
Department of the Treasury Internal Revenue Service					Open to Public Inspection			
f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then								
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations: Com	plete Parts I-A and B. Do not cor	nplete Part I-C.					
• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.								
<ul> <li>Section 527 organization</li> </ul>	Section 527 organizations: Complete Part I-A only.							
If the organization ans	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, lir	ne 47 (Lobbying Ac	tivities),	then		
• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.								
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations that I	nave NOT filed Form 5768 (election	on under section 501(h	)): Complete Part II-I	3. Do no	t complete Part II-A.		
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	/ Tax) (see separate ir	nstructions) or Forr	n 990-E	Z, Part V, line 35c (Proxy		
Tax) (see separate inst	ructions), then							
	), or (6) organizat	ions: Complete Part III.						
Name of organization					Employ	ver identification number		
		ENCE CENTER FOUNDATION				91-0750867		
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section $\$$	527 org	ganization.		
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities ir	n Part IV.				
2 Political campaign	activity expendit	ures			▶\$_			
3 Volunteer hours for	political campai	gn activities						
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(	3).				
		incurred by the organization unde						
2 Enter the amount o	f any excise tax	incurred by organization manage	rs under section 4955		►\$_			
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?			Yes		
4a Was a correction m	ade?					Yes No		
b If "Yes," describe in	n Part IV.							
Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section	501(c)	)(3).		
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt functi	ion activities	►\$_			
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for se	ction 527				
exempt function ac	tivities				►\$_			
		. Add lines 1 and 2. Enter here ar						
line 17b					►\$_			
4 Did the filing organi	zation file <b>Form</b>	1120-POL for this year?				Yes No		
5 Enter the names, a	ddresses and en	nployer identification number (EIN	l) of all section 527 pol	itical organizations t	o which	the filing organization		
	•	tion listed, enter the amount paid						
		omptly and directly delivered to a			separate	e segregated fund or a		
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part I	V.				
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political		
				filing organizatio		contributions received and promptly and directly		
				funds. If none, ent	.er -0	delivered to a separate		
						political organization.		
						If none, enter -0		
					$ \longrightarrow $			

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

Schedule C (	(Form 990 or 990-EZ	2017	PACIFIC	SCIENCE	CENTER	FOINDATION
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Pa		on is exempt under section 501(c)(3) and file	ed Form 5768 (el	ection under
A C	section 501(h)).	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
BC	heck 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	103,298.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	103,298.	
d			28,517,329.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	28,620,627.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	1		250,000.	
h	Subtract line 1g from line 1a. If zero or less, e		0.	
i		nter -0-	0.	
j		er line 1h or line 1i, did the organization file Form 4720	F	
	reporting section 4911 tax for this year?		L	Yes No

#### 4-Year Averaging Period Under section 501(h)

## (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

## See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					6,000,000.
c Total lobbying expenditures	76,000.	75,600.	61,200.	103,298.	316,098.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(I	o)
of th	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	and 2 (see	

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

91-0750867

Department of the Treasury Internal Revenue Service

(Form 9	90)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the organization			Employer identification number
Der	PACIFIC SCIENCE CENTER FOUN			91-0750867
Par			unds of Ace	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		(1-)	
		(a) Donor advised funds	(0)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in dono	r advised funds	
	are the organization's property, subject to the organization's	s exclusive legal control?		YesNo
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds of	can be used onl	У
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other pu	Irpose conferrin	g
				Yes No
Par	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form	n 990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all th <u>at a</u> pply).		
	Preservation of land for public use (e.g., recreation or	education) Preservation of	a historically in	portant land area
	Protection of natural habitat	Preservation of	a certified histo	pric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the	e form of a co <u>ns</u>	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired	I after 7/25/06, and not on a historic	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated	by the organiza	ation during the tax
	year 🕨			
4	Number of states where property subject to conservation ea	asement is located 🕨		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handli	ing of	
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcin	ng conservation	easements during the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing co	nservation ease	ments during the year
	\$			
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section	on 170(h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and ex	kpense stateme	nt, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that des	cribes the orgar	nization's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures,	or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form	m 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue	statement and	balance sheet works of art,
	historical treasures, or other similar assets held for public ex	whibition, education, or research in fu	urtherance of pu	Iblic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stat	tement and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance	e of public servi	ce, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		1	\$
				▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for fi	nancial gain, pr	ovide
	the following amounts required to be reported under SFAS <sup>-</sup>	116 (ASC 958) relating to these item	IS:	
а	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			► \$

Sche		ENCE CENTER FOU				-0750867		Page <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Ot	her Similar	Assets(con	tinued)	)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	a significant us	e of its collect	ion iter	ns
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co					e in Part XIII.		
5	During the year, did the organization solicit of						_	_
	to be sold to raise funds rather than to be ma					L Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes"	on Form 990, F	Part IV, line 9,	or	
			ion (for contribution		aticaludad			
1a	Is the organization an agent, trustee, custod							
h	on Form 990, Part X?					Yes		_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				unt	
~	Paginning balance				1c	Amou	1111	
	Beginning balance							
	Additions during the year							
f	Ending balance				16 1f			
2a	Did the organization include an amount on F				·····	Yes		No
	If "Yes," explain the arrangement in Part XIII.						Ē	
Par								
		(a) Current year	(b) Prior year	(c) Two years back		rs back (e) Fo	our years	s back
1a	Beginning of year balance	749,705.	421,241.				1,280	
	Contributions	281,126.	299,135.	316,956	. 87	7,000.		
	Net investment earnings, gains, and losses	21,390.	29,329.	-11,406	. 11	194.	18	,596.
	Grants or scholarships							
	Other expenditures for facilities							
	and programs			21,776	•		1,250	,000.
f	Administrative expenses				5	5,176.	4	,635.
g	End of year balance	1,052,221.	749,705.	421,241	. 137	7,467.	44	,449.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	.00	%					
b	Permanent endowment 52.61	%						
с	Temporarily restricted endowment	47.39 %						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	r the organizat	ion		
	by:						Yes	+
	(i) unrelated organizations						-	X
	(ii) related organizations							X
	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm				V 15 - 10			
	Complete if the organization answere					(-1) D		
	Description of property	(a) Cost or of basis (investment)		. ,	Accumulated lepreciation	( <b>a</b> ) Bo	ook valu	Je
10	Land		,	,230,000.			4 220	,000.
	Land			,362,836.	25,758,34	14	4,230	,
	Buildings Leasehold improvements		40	,	23,130,34		2,004	, = , 2 .
	Equipment		10	,910,944.	4,424,84	15.	6 486	,099.
	Other			,325,264.	1,236,75		,	,514.
	Add lines 1a through 1e. (Column (d) must e			, ,	_,,*		3,409	,
			.,		So	hedule D (Fo	,	,
								,

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#### PACIFIC SCIENCE CENTER FOUNDATION Schedule D (Form 990) 2017 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) CHARITABLE REMAINDER TRUST 7,686,747. END-OF-YEAR MARKET VALUE (B) (C) (D) (E) (F) (G) (H) 7,686,747. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4)

(7) (8) (9)

(5) (6)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	TRADEMARK LICENSE OBLIGATIONS	517,604.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	517,604.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII L

(b) Book value

Sche	dule D (Form 990) 2017 PACIFIC SCIENCE CENTER FOUNDA			91-0750867	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financia	al Statements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Par	rt IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	nts		1	26,173,023.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	91,677.		
b	Donated services and use of facilities	2b	7,384.		
с	Recoveries of prior year grants				
d					
е	Add lines <b>2a</b> through <b>2d</b>			2e	99,061.
3	Subtract line 2e from line 1			3	26,073,962.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-626,532.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-626,532.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I			5	25,447,430.
Pa	t XII Reconciliation of Expenses per Audited Financ			Return.	
	Complete if the organization answered "Yes" on Form 990, Par	rt IV, line 12a.			
1	Total expenses and losses per audited financial statements			1	28,628,011.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	7,384.		
b	Prior year adjustments				
с	Other losses				
d			735,351.		
	Add lines <b>2a</b> through <b>2d</b>		,	2e	742,735.
3	Subtract line 2e from line 1			3	27,885,276.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I			5	27,885,276.
_	t XIII Supplemental Information.	,			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4 <sup>.</sup> Part IV lines 1b	and 2b <sup>.</sup> Part V line	4. Part X line :	2 <sup>.</sup> Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			i, i ale x, iiio i	_, + arc / a,
	$2\alpha$ and $4\beta$ , and $1\alpha$ $(7,0)$ into $2\alpha$ and $4\beta$ . Also complete this part to pre-				
PART	V, LINE 4:				
	.,				
то т	ROVIDE A DEPENDABLE AND GROWING SOURCE OF FUNDING FO	R THE OPERATION			
		a mil or married,			
SPE	IAL PROGRAMS, AND CAPITAL IMPROVEMENT REQUIREMENTS O	F ТНЕ РАСТЕТС			
SCIE	INCE CENTER.				
סגסי	YI LINE AR - OTHER ADJIIGTMENTS.				
IAN	XI, LINE 4B - OTHER ADJUSTMENTS:				
COG	OF GOODS SOLD REPORTED ON PART VIII	-517 700			
CU31	OF GOODS BOUD REFORTED ON PART VIII	-517,799.			
g D T /	TAL EVENT EXDENCE REDODTED ON DADT VITT	-108 733			
2550	IAL EVENT EXPENSE REPORTED ON PART VIII	-108,733.			
ͲᢕͲរ	L TO SCHEDULE D, PART XI, LINE 4B	-626,532.			

517,799.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII

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Schedule D (Form 990) 2017	PACIFIC SCIENCE CENTE	R FOUNDATION	2	91-0750867	Page <b>5</b>
Schedule D (Form 990) 2017 Part XIII Supplemental Info	rmation (continued)				
SPECIAL EVENT EXPENSE REPORT	TED ON PART VIII	108,73	3.		
PLEDGE WRITE-OFF		108,81	9.		
TOTAL TO SCHEDULE D, PART XI	II, LINE 2D	735,35	1		

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" or rganization entered more than \$1 ▶ Attach to Form 990 ▶ Go to www.irs.gov/Form990	5 Form 5,000 0 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.		(	OMB No. 1545-0047
Name of the organization	1					Employ	er ide	ntification number
		IENCE CENTER FOUNDATION				91-075		
required to	complete this par						990-E2	Z filers are not
<ul> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organizatio key employees lister</li> </ul>	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs	ition of ition of I fundra I (inclu profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or	<b>Yes</b> Yes	
(i) Name and address or entity (fund		(ii) Activity	fùnd have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount to (or retaine fundraise listed in col	d by) er	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit	contrik	oution	s or has been notified	d it is exempt	from re	egistration

Schedule G (Form 990 or 990-EZ) 2017

#### Schedule G (Form 990 or 990-EZ) 2017 PACIFIC SCIENCE CENTER FOUNDATION

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

		of fundraising event contributions and gr	1	· · · · · · · · · · · · · · · · · · ·	<b>e</b> 1	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FOUNDATIONS OF		NONE	
			SCIENCE BREAKFAST	SOLAR ECLIPSE TRIP		(add col. <b>(a)</b> through
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Jevenue	1	Gross receipts	708,074.	109,250.		817,324.
щ			, .	, -		, -
	2	Less: Contributions	708,074.	58,250.		766,324.
	3	Gross income (line 1 minus line 2)		51,000.		51,000.
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs	21,036.			21,036.
Direct Expenses	7	Food and beverages	24,009.	18,345.		42,354.
	8	Entertainment	644.			644.
	9	Other direct expenses	4,833.	39,866.		44,699.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			108,733.
	11	Net income summary. Subtract line 10 from I				-57,733.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
2						
		ere any of the organization's gaming licenses re Yes," explain:		Ũ	year?	Yes No

Sch	edule G (Form 990 or 990-EZ) 2017 PACIFIC SCIENCE CENTER FOUNDATION 91-07	50867		Page 3						
11	Does the organization conduct gaming activities with nonmembers?		Yes	No						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed									
	to administer charitable gaming?		Yes	No No						
13	Indicate the percentage of gaming activity conducted in:									
a	a The organization's facility	13a		%						
	An outside facility			%						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:									
	Name									
	Address									
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	📖	Yes	No No						
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount									
	of gaming revenue retained by the third party  \$									
c	If "Yes," enter name and address of the third party:									
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation 🕨 \$									
	Description of services provided 🕨									
	Director/officer Employee Independent contractor									
17	Mandatory distributions:									
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			<b>—</b>						
	retain the state gaming license?	📖	Yes	└── No						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the									
Do	organization's own exempt activities during the tax year <b>s</b> <b>Int IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	l'	01- 1							
Fd	<b>ITT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	lines 9,	9D, I	JD, 15D,						
	Toc, To, and Trb, as applicable. Also provide any additional information. See instructions.									

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	)47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	
		Compensated Employees		20		
Depa	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Pub	lic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio	n	Employer id	entificati	on nu	mber
		PACIFIC SCIENCE CENTER FOUNDATION	91-075	0867		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
_		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b>	X	
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			x	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?					
-						
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	X Form 990 of c	ther organizations	committee			
4	During the year di	hany parson listed on Form 000. Part VII. Section A line 1a, with respect to the filing				
4	organization or a re	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
2				4a	х	
a b		ceive payment from, a supplemental nonqualified retirement plan?				x
		ceive payment from, an equity-based compensation arrangement?				x
C		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+0		
	In res to any of in					
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
Ŭ	contingent on the		011			
а	°			5a		х
		ration?				x
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
Ŭ	contingent on the					
а				6a	х	
		ration?				x
~		pr 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
•		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
5	•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in		🗸		
		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ile J (Forr	n 990	) 2017

Schedule (Form 990) 2017 PACIFIC	SCII	PACIFIC SCIENCE CENTER FOUNDATION	JNDATION		91-0750867			Pade 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	) oldr	/ees, and Highest (	Compensated Emp	Ioyees. Use duplica	te copies if additional	space is needed.		þ
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.	oe rep orm 99	oorted on Schedule 90, Part VII.	J, report compensa	tion from the organi	zation on row (i) and fr	om related organizatio	ns, described in the ins	itructions, on row (ii).
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	ind	ividual must equal t	he total amount of F	orm 990, Part VII, S-	ection A, line 1a, appli	cable column (D) and	(E) amounts for that inc	lividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	ļ	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denems	(C)-(I)(G)	in column (b) reported as deferred on prior Form 990
(1) WILL DAUGHERTY	Ē	313,712.	61,000.	253.	.0	615,	375,580.	.0
	1	•0	•0	0	0	0	•0	0.
(2) CHRIS WHEATON	:	192,536.	0.	165.	.0	16,388.	209,089.	0.
COO & CFO	E	.0	•0	0.	.0	0	• 0	0.
(3) ELLEN LETTVIN	(i)	151,644.	.0	58,973.	.0	17,805,	228,422.	0.
NOYCE FELLOW	(ii)	.0	•0	.0	.0	.0	• 0	.0
(4) APRIL COLLIER	(i)	179,652.	•0	726.	•0	2 2 6 8 2 '	186,063.	.0
SR. VP FOR DEVELOPMENT	(ii)	.0	•0	.0	.0	.0	• 0	.0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
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							Schedu	Schedule J (Form 990) 2017

732112 10-17-17

Schedule J (Form 990) 2017 PACIFIC SCIENCE CENTER FOUNDATION	91-0750867 Page 3
Part III Supplemental Information	2
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.	lete this part for any additional information.
PART I, LINE 1A:	
ELLEN LETTVIN RECEIVED A HOUSING ALLOWANCE FOR HER WORK IN WASHINGTON DC	
THAT WAS ENTIRELY GRANT FUNDED. THIS WAS TREATED AS TAXABLE COMPENSATION.	
AN OFFICER FLEW FIRST CLASS TO AN OUT OF STATE COMPANY EVENT. THE FLIGHT	
WAS BOOKED FIRST CLASS DUE TO LIMITED AVAILABILITY OF OTHER OPTIONS, AND	
THEREFORE WAS NOT TREATED AS TAXABLE COMPENSATION.	
PART I, LINE 4A:	
\$27,981 WAS PAID TO THE FORMER VP OF THEATERS & MEDIA, DIANE CARLSON,	
DURING CALENDAR YEAR 2017.	
PART I, LINE 6:	
WILL DAUGHERTY (PRESIDENT & CEO) AND CHRIS WHEATON (CFO & COO) RECEIVED	
INCENTIVE COMPENSATION BASED ON A MIX OF TARGETS THAT INCLUDED OPERATING	
INCOME ALONG WITH OTHER MISSION-RELATED OPERATIONAL GOALS.	
	Schedule J (Form 990) 2017

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990.  Go to www.irs.gov/Form990 for instructions and the latest information.	Supplemental Information on Tax-Exempt Bonds organization answered "Yes" on Form 990, Part IV, line 24a. Provide des explanations, and any additional information in Part VI. Go to www.irs.gov/Form990 for instructions and the latest information	ormation on <sup>-</sup> I "Yes" on Form any additional in rm990 for instru	Tax-Exemp 990, Part IV, li formation in F ctions and th	t Bonds ine 24a. Pr art VI. e latest inf	ovide descrip <sup>1</sup> ormation.	tions,			OMB No. 1545-00 2017 Open to Public Inspection	OMB No. 1545-0047 2017 pen to Public spection	0047 ic
Name of the organization PACIFIC SCIENCE	CENTER FOUNDATION	NC						Emplo 91	Employer identification number 91-0750867	entificat 67	ion nui	mber
Part I Bond Issues SEE	SEE PART VI FOR COLUMN	LUMN (F) CONTINUATIONS	NUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	price	(f) Descriptio	(f) Description of purpose	(g) Defe	(g) Defeased (h) On behalf of issuer	) On behå of issuer		(i) Pooled financing
								Yes	No Y	Yes No	Yes	No
WASHINGTON STATE HOUSING FINANCE A COMMISSION	91-1874730	NONE	04/28/15	2,39	PU 397,000.SO	PURCHASE OF HARDWARE AND SOFTWARE; FACILITY IMPROV	OF HARDWARE AND FACILITY IMPRO		x	×	x	
В												
O												
Q												
Part II Proceeds												
			A			В	C			٥		
1 Amount of bonds retired			:	377,950.								
2 Amount of bonds legally defeased			:									
3 Total proceeds of issue			2	,397,000.								
4 Gross proceeds in reserve funds			:									
			:	3,581.								
6 Proceeds in refunding escrows			:									
7 Issuance costs from proceeds			:	3,957.								
8 Credit enhancement from proceeds			:									
9 Working capital expenditures from proceeds			:									
				, 389, 462.								
11 Other spent proceeds			:									
			:	2016								
			Yes	٩	Yes	No	Yes	No	×	Yes	٩	
14 Were the bonds issued as part of a current refunding issue?	funding issue?		:	х								
15 Were the bonds issued as part of an advance refunding issue?	refunding issue?		:	х								
16 Has the final allocation of proceeds been made?	e?		×									
17 Does the organization maintain adequate books and records to support the final allocation of proce	o support the final allocatio	n of proceeds?	×	_			_					
Part III Private Business Use												
			<			<u> </u>	ပ- 					
1 Was the organization a partner in a partnership, or a member of an LLC,	p, or a member of an	LLC,	Yes	°N ⊳	Yes	No	Yes	No	⊁	Yes	٩	
2 Are there any lease arrangements that may result in private business use	sult in private busine	ss use of		;					_	t		
				X								
732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructi	ct Notice, see the In	istructions for Form 990.	m 990.						Schedule K (Form 990) 2017	le K (Fo	nm 990	0) 2017

Schedule K (Form 990) 2017 PACIFIC SCIENCE CENTER FOUNDATION			91-0750867	50867				Page 2
<b>3a</b> Are there any management or service contracts that may result in private	Yes	No	Yes	Ñ	Yes	No	Yes	No
business use of bond-financed property?		Х						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property.								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed proj								
4 Enter the percentage of financed property used in a private business use by								
		.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		.00 %		%		%		%
6 Total of lines 4 and 5		.00 %		%		%		%
7 Does the bond issue meet the private security or payment test?		Х						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		Х						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?		×						
Part IV Arbitrage								
	A			8		0		0
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		Х						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	Х							
b Exception to rebate?		Х						
c No rebate due?		Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	Х							
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
732122 10-18-17						Sch	nedule K (Fo	Schedule K (Form 990) 2017

Schedule K (Form 990) 2017 PACIFIC SCIENCE CENTER FOUNDATION			91-07	91-0750867				Page 3
Part IV Arbitrage (Continued)								
		A		8		0		0
	Yes	°N 🕯	Yes	٩	Yes	٩	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		4						
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	Х							
Part V Procedures To Undertake Corrective Action								
		A		8		0		0
	Yes	No	Yes	٥N	Yes	٩	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X							
mental Information. Provide additional information for resp	on Schedul	e K. See inst	ructions					
ШЩ								
(A) ISSUER NAME: WASHINGTON STATE HOUSING FINANCE COMMISSION								
(F) DESCRIPTION OF PURPOSE:								
PURCHASE OF HARDWARE AND SOFTWARE; FACILITY IMPROVEMENTS.								
732123 10-18-17						Scl	hedule K (Fo	Schedule K (Form 990) 2017

## SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

20

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Open To Public Inspection

Name of the organization

on

Employer	identification	number
91	L-0750867	

PACIFIC SCIENCE CENTER FOUNDATION

Pa	rt I Types of Property				·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported c Form 990, Part VIII, lin	n nonca	<b>(d)</b> lethod of determi ash contribution a	•	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	8	41,	340.FAIR MAR	RET VALUE		
10	Securities - Closely held stock			, ,				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (EXHIBIT MTRLS)	X	3	2,	498.FAIR MAR	RKET VALUE		
26	Other (CRYPTOCURR.)	X	1		250.FAIR MAR	RKET VALUE		
27	Other (							
28	Other  (							
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82						0	
	<b>c</b> .				•		Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	oorted in Part I, lines 1 1	through 28, that	t it		
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard co	ntributions?	31	х	
	Does the organization hire or use third parties							İ
	contributions?		-			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) i	s checked,			
	describe in Part II.	( )		. (	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M (For	m 990)	) 2017

Schedule M (Form 990) 2017 PACIFIC SCIENCE CENTER FOUNDATION	91-0750867	Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 3 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information.	32b, and 33, and whether the orga ad, or a combination of both. Also o	inization
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS		
RECEIVED.		

SCHEDULE O

(Form 990 or 990-EZ)

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



Employer identification number 91-0750867

PACIFIC SCIENCE CENTER FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIMENTATION, AND CRITICAL THINKING IN ALL OF US.

FORM 990, PART I, LINE 6:

AT PACIFIC SCIENCE CENTER WE RELY ON VOLUNTEERS AND INTERNS TO HELP

FULFILL OUR MISSION TO INSPIRE LIFELONG SCIENCE LEARNING WHILE

PROVIDING VITAL ASSISTANCE IN ALL AREAS OF PACIFIC SCIENCE CENTER

OPERATIONS. WHETHER YOU'RE INTERESTED IN HANDS-ON INTERACTION WITH

EXHIBITS AND GUESTS OR SOMETHING BEHIND THE SCENES, WE HAVE

OPPORTUNITIES FOR YOU. WE ARE ESPECIALLY GRATEFUL TO THE MORE THAN

1,100 VOLUNTEERS WHO CONTRIBUTED OVER 40,000 HOURS OF DEDICATED SERVICE

LAST YEAR IN SUPPORT OF OUR MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VACCINATION, LOCAL INNOVATION FOCUSED ON HOMELESSNESS, AND SCIENCE ON A

SPHERE CREATED RAPID RESPONSES TO SEISMIC AND ATMOSPHERIC EVENTS,

INCLUDING VOLCANIC ACTIVITY, SOLAR ECLIPSE AND SUMMER WILDFIRE SMOKE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE HIGHEST NEED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LASER SHOWS THAT FEATURE LIVE AND RECORDED MUSIC.

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

SCIENCE EDUCATION

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization PACIFIC SCIENCE CENTER FOUNDATION	Employer identification number 91-0750867
WE OFFER DOZENS OF EXCITING PROGRAMS AT PACIFIC SCIENCE CENTER, MERCER	
SLOUGH ENVIRONMENTAL EDUCATION CENTER (MSEEC) IN BELLEVUE AND IN	
COMMUNITIES THROUGHOUT WASHINGTON STATE. WE ARE ESPECIALLY PROUD OF THE	
4,173 STUDENTS WHO JOINED OUR SCIENCE-THEMED CAMPS AND THE 92 TEENS WHO	
BUILT LEADERSHIP SKILLS AND STEM LITERACY THROUGH DISCOVERY CORPS AND	
THE LAKE WASHINGTON WATERSHED INTERNSHIP PROGRAM, OUR AWARD-WINNING	
YOUTH PROGRAMS.	
EXPENSES \$ 2,847,024. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,954,770.	
CURRENT SCIENCE	
LAST YEAR, OUR SCIENCE COMMUNICATION FELLOWSHIP PROGRAM AND WORKSHOPS	
TRAINED 45 SCIENTISTS TO SHARE THEIR WORK WITH THE COMMUNITY. THEY	
JOINED HUNDREDS OF SCIENTISTS IN OUR VOLUNTEER CORPS, PRESENTING AT	
CURIOSITY DAYS AND MEET A SCIENTIST EVENTS (ATTENDED BY 125,253	
PEOPLE). IN ADDITION TO OUR REGIONAL EFFORTS, PACIFIC SCIENCE CENTER IS	
A FOUNDING MEMBER OF THE GROWING, NATIONWIDE PORTAL TO THE PUBLIC	
NETWORK, WHICH CONSISTS OF MUSEUMS, UNIVERSITIES, ZOOS AND OTHER	
ORGANIZATIONS THAT HAVE ADOPTED OUR TESTED STRATEGY FOR	
SCIENTIST-AND-PUBLIC ENGAGEMENT. AS PART OF THE SCIENCE COMMUNICATION	
PROGRAM, WE ADDED AN ARTIST-IN-RESIDENCE PROGRAM LAST YEAR AND HOSTED	
TWO ARTISTS WHO EXPLORED THE INTERSECTION OF SCIENCE AND VISUAL ART	
WHILE INTERACTING WITH GUESTS.	
EXPENSES \$ 653,299. INCLUDING GRANTS OF \$ 0. REVENUE \$ 41,331.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED INTERNALLY BY THE DIRECTOR OF FINANCE. THEN IT IS	

PRESENTED TO THE BOARD FINANCE COMMITTEE WHO REVIEWS IT WITH THE ACCOUNTING

FIRM, THE PRESIDENT AND DIRECTOR OF FINANCE. LASTLY, THE BOARD FINANCE

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization	Employer identification number
PACIFIC SCIENCE CENTER FOUNDATION	91-0750867

COMMITTEE PRESENTS THE 990 TO THE FULL BOARD INDICATING THEIR

RECOMMENDATIONS AS TO ITS COMPLETENESS AND ACCURACY. ALL BOARD MEMBERS

RECEIVE A COPY OF THE RETURN BEFORE IT IS FILED.

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

ALL BOARD MEMBERS AND OFFICERS ARE REQUIRED TO COMPLETE THE QUESTIONNAIRE

ANNUALLY. MANAGEMENT REVIEWS THE POLICIES AND CONSIDERS THE SOURCE AND

IMPACT OF ANY CONFLICTS. IF A CONFLICT IS FOUND, THAT BOARD MEMBER REFRAINS

FROM DISCUSSING OR VOTING ON THAT PARTICULAR MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

FOR ALL OFFICERS OF THE ORGANIZATION, COMPENSATION IS DETERMINED BY REVIEW

OF DATA FROM LOCAL 990S, SALARY SURVEYS, INPUT FROM HUMAN RESOURCE

PROFESSIONALS AND BOARD MEMBER REVIEW. THE LAST COMPENSATION REVIEW WAS

COMPLETED AUGUST/SEPTEMBER OF 2017.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS

ARE ALSO AVAILABLE ON THE PACIFIC SCIENCE CENTER'S WEBSITE WHICH IS

AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, SECTION A;

ELLEN LETTVIN IS A FELLOW THROUGH THE DEPARTMENT OF EDUCATION. HER

COMPENSATION WAS FULLY FUNDED BY A GRANT FROM THE NOYCE FOUNDATION AND

THE MOTT FOUNDATION.

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

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization PACIFIC SCIENCE CENTER FOUNDATION	N	Employer identification number 91-0750867
PLEDGE WRITE-OFF	-108,819.	

SCHEDULE R (Form 990)	Compl	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.	ons and Unrelated Pal ered "Yes" on Form 990, Part IV, I • Attach to Form 990.	<b>tnerships</b> ne 33, 34, 35b, 3	6, or 37.		OMB No. 1545-0047
Department of the Ireasury Internal Revenue Service		► Go to www.irs.gov/Form990 for instructions and the latest information.	r instructions and the lates	t information.			Inspection
Name of the organization	PACIFIC SCIENCE	CENTER FOUNDATION				Employer identi 91-0750867	Employer identification number 91-0750867
Part I Identificatio	Identification of Disregarded Entities. Complete if the organization	e if the organization answered "Yes" (	answered "Yes" on Form 990, Part IV, line 33				
Name, addre of di	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	ne End-of-year assets		(f) Direct controlling entity
PSC CONCESSIONS LLC 200 SECOND AVENUE NORTH SEATTLE WA 98109	LC NORTH 9	ALCOHOL SALES	WASHINGTON			PACIFIC SC 0.FOUNDATION	SCIENCE CENTER
Part II organizations	Identification of Related Tax-Exempt Organize organizations during the tax year.	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	nswered "Yes" on Form 990	Part IV, line 34, t	ecause it had one	or more related ta	(exempt
Name	(a) Name, address, and EIN of related organization	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Ves No
For Paperwork Reduct	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedu	Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017         PACIFIC         SCIENCE         CENTER         FOUNDATION           Part III         Identification of Related Organizations Taxable as a Partnership         Organizations treated as a partnership during the tax year.	E CENTER FC Is Taxable as a luring the tax y	DUNDATIC a Partner /ear.	on <b>ship.</b> Complete if	the organizat	Complete if the organization answered	"Yes"	on Form 990, Part IV, line	line 34, beca	91-0750867 34, because it had one or more related	50867 r more rel	ated	Page 2
(a) (b) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(b) Primary activity		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or F Dox managing partner? 1016 Ves No	al or Pero er?	(k) Percentage ownership
Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.	<b>is Taxable as</b> a	a Corpora the tax ye		mplete if the	organization a	answered "Yes	" on Form 99(	), Part IV, line	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ad one o	r more i	related
<b>(a)</b> Name, address, and EIN of related organization		Primary	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ng (e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
CHARITABLE REMAINDER UNITRUST (1)	INVE	TNENT	INVESTMENT HOLDING	WA N/A	A,	TRUST					×	
732162 09-11-17	-					-			Sche	Schedule R (Form 990) 2017	orm 99	90) 2017

FOUNDATION	
CENTER	
SCIENCE	
PACIFIC	
chedule R (Form 990) 2017	

91-0750867

Page 3

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

Note: Complete line 1 if any entrity is listed in Darts II. III. or IV of this schedule				>	Vac No
<b>1</b> During the tax year, did the organization engage in any of the following transaction	ns with one or more rel	ansactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>	)		1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				ę	×
(s)				<u>ې</u>	x
d Loans or loan quarantees to or for related organization(s)				ę	X
e Loans or loan guarantees by related organization(s)				- -	X
				2	
f Dividends from related organization(s)				ŧ	X
g Sale of assets to related organization(s)				1g	×
Purchase of assets from related organization(s)				4	X
i Exchange of assets with related organization(s)				÷	×
j Lease of facilities, equipment, or other assets to related organization(s)				÷	X
k Lease of facilities, equipment, or other assets from related organization(s)				¥	X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	X
m Performance of services or membership or fundraising solicitations by related orga	lated organization(s)			1m	Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n	Х
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	х
p Reimbursement paid to related organization(s) for expenses				1p	Х
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	X
r Other transfer of cash or property to related organization(s)				4	X
s Other transfer of cash or property from related organization(s)				1s	Х
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete thi	s line, including covered	lation on who must complete this line, including covered relationships and transaction thresholds.		
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	Ivolved	
(1)					
(2)					
(0)					
(4)					
(5)					
(6)					
732163 09-11-17			Schedule	Schedule R (Form 990) 2017	90) 2017

Page 4		venue)	(k) Percentage ownership					Schedule R (Form 990) 2017
		oss re	(j) General or managing partner?					(Form
867		s or gr	Ger 20 ma 7 pa					
91-0750867		y total assets	(i) Code V-UBI amount in box 20 of Schedule K-1					Sched
		asured b	(h) Dispropor- tionate allocations? Yes No	3				
	37.	nt of its activities (me	(g) Share of end-of-year assets					
	n 990, Part IV, line	re than five percen	(f) Share of total income					
	" on Forr	cted mo	(e) Are all 501(c)(3) orgs.?	3				
	zation answered "Yes'	he organization condu estment partnerships.	(cd) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
<b>VDATION</b>	mplete if the organi	hip through which t ision for certain inve	(c) Legal domicile (state or foreign country)					
PACIFIC SCIENCE CENTER FOUNDATION	<b>ole as a Partnership.</b> Co	intity taxed as a partners tructions regarding exclu	<b>(b)</b> Primary activity					
Schedule R (Form 990) 2017 PACIFIC	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

## Part VII Supplemental Information.

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