** 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u> F	or the	2023 calendar year, or tax year beginning J	UL 1, 2023 and	ending J	UN 30, 2024					
	heck if pplicable	C Name of organization			D Employer ide	entific	ation number			
Х	Addres	PACIFIC SCIENCE CENTER FOUNDATION	ī							
F	Name change	DAGTETO GOTENOE			91-0750)750867				
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	F Telephone nu	Telephone number				
F	Final	200 SUE BIRD COURT NORTH	involved to otheor address)	Troom, suite	206-443-2					
	∟return/ termin- ated		7IP or foreign postal code		G Gross receipts \$		21,650	997.		
	Ameno		Zii di leleigii pedial dede		H(a) Is this a gro	nin re				
	Application		DAUGHERTY		for subordir			No		
	pendin	SAME AS C ABOVE			H(b) Are all subordin			No		
1.7	ax-exe	mpt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1		list. See instruction			
	Vebsit		(<u> </u>	H(c) Group exen			_		
			ssociation Other	L Year	of formation: 1962		State of legal domici	le WA		
	rt I	Summary		1 - 100.	or rormanon,	1	. Otato or rogal domino			
	1	Briefly describe the organization's mission or most	significant activities: PACIFI	C SCIENCE	E CENTER IGNIT	ES				
Governance		CURIOSITY IN EVERY CHILD AND FUELS A								
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its ne	et ass	ets.			
Ver	3	Number of voting members of the governing body			3		19			
	4	Number of independent voting members of the go			4		19			
જ જ		Fotal number of individuals employed in calendar y			5		371			
itie		Total number of volunteers (estimate if necessary)				6		36		
Activities &		Total unrelated business revenue from Part VIII, co		7a		0.				
∢	l	Net unrelated business taxable income from Form		7b		0.				
			Prior Year		Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)			9,654,3	31.	8,572	,437.		
	l .				7,391,7	98.	9,436	,445.		
eve	10	nvestment income (Part VIII, column (A), lines 3, 4			-66,3	43.	530	,238.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			613,9	59.	784	,985.		
	l .	Total revenue - add lines 8 through 11 (must equal			17,593,7	45.	19,324	,105.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.		
	14	Benefits paid to or for members (Part IX, column (A			0.		0.			
ý	15	Salaries, other compensation, employee benefits (l	15.	13,473,014.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)			0.		0.		
be	b ·	Total fundraising expenses (Part IX, column (D), lin	e 25) 1,658,	463.						
Û	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		9,021,940.		10,721	,708.		
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		19,633,7		24,194			
	19	Revenue less expenses. Subtract line 18 from line	12		-2,040,0104,870,61					
Net Assets or				Ве	ginning of Current Y	'ear	End of Year			
sets	20	Total assets (Part X, line 16)			42,749,9	39.	37,848	,848.		
t As	21	Total liabilities (Part X, line 26)			13,872,7	_	13,218			
	22	Net assets or fund balances. Subtract line 21 from	line 20		28,877,1	.92.	24,629	,947.		
	art II	Signature Block								
		ties of perjury, I declare that I have examined this return,				of my	knowledge and belief,	, it is		
true	correc	a, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledge.					
		Signature of officer			l Date					
Sig					Dale					
Her	е	WILL DAUGHERTY, PRESIDENT & CEO Type or print name and title								
		** .	<u> </u>	Ti	Date Che	ok F	PTIN			
D. '		Print/Type preparer's name	Preparer's signature		- (0- (0-					
Paid		MEGAN R. RYAN	MEGAN R. RYAN	μ		-employe				
-	arer	Firm's name CLARK NUBER, PS	E 1400		Firm's Elf	N 2	91-1194016			
use	Only	Firm's address 10900 NE 4TH STREET, SUIT BELLEVUE, WA 98004	E 1400		Discourse	125	- 151 <u>-</u> 1010			
	. Ale - 17	· · · · · · · · · · · · · · · · · · ·			Phone no	.425-	-454-4919	٦		
ıvıa\	, τηe IF	S discuss this return with the preparer shown abo	ve: See instructions				X Yes	No		

91-0750867

Pai	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
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?	10
	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?	Ю
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$9,985,770. including grants of \$) (Revenue \$\$	•)
	EXHIBITS - PACIFIC SCIENCE CENTER IS WASHINGTON'S LEADING INSTITUTION	_
	FOR HANDS-ON, INFORMAL SCIENCE LEARNING FOR PEOPLE OF ALL AGES. IN	
	2024, 493,664 GUESTS IGNITED THEIR CURIOSITY WHILE VISITING OUR ICONIC	_
	SEVEN-ACRE CAMPUS. PACSCI PROVIDES THE ONLY OPPORTUNITY IN WASHINGTON	_
	STATE TO EXPERIENCE A TROPICAL BUTTERFLY HOUSE AND IMAX THEATER, THE	_
	LARGEST DOMED LASER THEATER IN THE WORLD, AND ONE OF THREE PLANETARIUM	_
	EXPERIENCES IN KING COUNTY. GUESTS ENGAGE IN HANDS-ON EXHIBITS.	_
	TOUCHING LIVE MARINE ANIMALS, TRYING HANDS-ON ENGINEERING CHALLENGES,	_
	EXPLORING THE DEPTHS OF OUTER SPACE, AND MORE. 3,557 HOUSEHOLDS WHO	_
	RECEIVE PUBLIC ASSISTANCE OR HOST FOSTER OR UNHOUSED YOUTH PARTICIPATED	_
	IN THE ACCESS MEMBERSHIPS PROGRAM, WHERE THEY RECEIVE DEEPLY DISCOUNTED	_
	OR FREE MEMBERSHIPS THAT PROVIDE UNLIMITED ACCESS FOR ONE YEAR.	—
4b	(Code:) (Expenses \$ 4 ,531 ,738 . including grants of \$) (Revenue \$ 2 ,352 ,556	
TIJ.	EDUCATION PROGRAMS - FOR DECADES PACSCI HAS EXPANDED ACCESS TO HIGH	<u>.</u> ,
	IMPACT, HANDS-ON STEM LEARNING IN SCHOOLS AND COMMUNITY CENTERS. IN	—
	2024, PACSCI SERVED 143,362 CURIOUS MINDS, WITH 64% OF THOSE SERVED	—
	FROM LOW-INCOME COMMUNITIES OR SCHOOLS WHERE PROGRAMS WERE PROVIDED FOR	—
	FREE. SCHOOL FIELD TRIPS TO PACSCI'S ICONIC CAMPUS ARE A TIME HONORED	—
	TRADITION. SCIENCE ON WHEELS TRAVELING WORKSHOPS REACH STUDENTS IN	—
	EVERY CORNER OF THE STATE. LIVE VIRTUAL STEM LEARNING WORKSHOPS DEEPEN	—
	IN-PERSON LEARNING EXPERIENCES. IN 2024, SUMMER CAMPS FOR CURIOUS MINDS	—
	HOSTED 4,177 CAMPERS, AND AWARDED 327 FULL SCHOLARSHIPS TO OUR	—
	AWARD-WINNING, HANDS-ON CAMP PROGRAMS AT SIX LOCATIONS IN KING COUNTY.	—
	PACSCI'S DISCOVERY CORPS YOUTH DEVELOPMENT PROGRAM PROVIDED 17 TEENS	—
	PAID OPPORTUNITIES TO BUILD LEADERSHIP SKILLS.	—
4-	(Code:) (Expenses \$ 3,650,004. including grants of \$) (Revenue \$ 2,534,449.	
4c	THEATERS - PACIFIC SCIENCE CENTER IS HOME TO SEATTLE'S ULTIMATE IMAX	<u>·</u>)
	EXPERIENCE, WHICH OFFERS GUESTS THE OPPORTUNITY TO EXPLORE DISTANT	—
	MAGICAL WORLDS LIKE ANTARCTICA, TRAVEL BACK IN TIME TO WHEN DINOSAURS	—
	ROAMED THE EARTH, JOURNEY TO THE FARTHEST REACHES OF THE UNIVERSE, AND	—
	IMMERSE THEMSELVES IN A CINEMATIC EXPERIENCE LIKE NO OTHER. FILMS COME	—
	TO LIFE IN BOTH 2D AND 3D IN PACSCI'S PACCAR AND BOEING IMAX THEATERS	—
	WITH GIANT SCREENS, CRYSTAL CLEAR IMAGERY, AND 12,000 WATTS OF DIGITAL	—
		—
	SURROUND SOUND. PACSCI'S LASER DOME IS HOME TO THE MOST FULL-COLOR	—
	LASERS PERMANENTLY INSTALLED IN ANY LASER DOME IN AMERICA AND OFFERS	—
	GUESTS A WIDE VARIETY OF EXCITING MUSICAL PROGRAMMING EXPERIENCES DAY	
	AND NIGHT.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4</u> e	Total program service expenses 18,167,512.	

Form 990 (2023) PACIFIC SCIENCE CENTER FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	\vdash
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			۱
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			۱
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			۱
	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			l
	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?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			۱
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			۱
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	3			۱
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			۱
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			•
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	y	1
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	1000 (2020)	750867	Р	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	_{bd}		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	I		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	·	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		х	╁
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		+
30		30		x
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
31 32	Did the organization requidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			+
32	•	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		1 00	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		+-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05 -	Part V, line 1	ا م	X	+
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_ A	+-
D	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	•		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	<u>36</u>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			١
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T -	┯
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	55		

			_		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	55			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		

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023) PACIFIC SCIENCE CENTER FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 371			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		Х
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 Ac	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	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				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	· ·			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	dana amandalah dan dan aman 0	_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a	X	
b			7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	- .		X
لم	to file Form 8282?	7d	7c		A
d	If "Yes," indicate the number of Forms 8282 filed during the year	•	7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7.1		
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the agree of the control of the control of the distribution and the distribution of the distribution o		9a		
b	Did the constraint of the control of the first test of the control		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا بم			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		Х
14a			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the exception subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	If "Yes," complete Form 4720, Schedule O.		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069				

Form 990 (2023) PACIFIC SCIENCE CENTER FOUNDATION 91-0750867 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This dection b requests information about policies not required by the internal nevertue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OR, WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	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 books and records			
	MADCHEN BELTRIE - 206-443-2001			
	200 SIE BIDD COURT MODERN SEATHTE WA 98109			

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (D) (F) (B) (C) (E) Position Name and title Reportable Reportable Average Estimated (do not check more than one compensation compensation amount of hours per box, unless person is both an officer and a director/trustee) week from from related other director (list any the organizations compensation (W-2/1099-MISC/ hours for organization from the lighest compensated mployee ndividual trustee or Institutional trustee (W-2/1099-MISC/ 1099-NEC) related organization (ey employee 1099-NEC) organizations and related below organizations line) (1) WILL DAUGHERTY 50.00 PRESIDENT & CEO 0.00 0 Х 462,340 14,274. MADCHEN BELTRIE 50.00 VP OF FINANCE & OPERATIONS 0.00 Х 210,769 0 8,429. DIANA JOHNS 50.00 VP OF EXHIBITS, EDUCATION & OUTREACH 0.00 0 X 8,955. 173,572. PAUL CHIOCCO 50.00 VP OF DEVELOPMENT 0.00 X 153,457 0 27,620. LIISA O'NEIL 50 00 VP OF MARKETING & COMMUNICATIONS 0.00 X 149,258 0 8,181. COLETTE SANGERMAN 50.00 VP OF HUMAN RESOURCES 0.00 134,317. Х 0 8,827. JASON GREEN 50.00 DIRECTOR OF FACILITIES 0.00 Х 130 480 0 . 10,269. AMY ZARLENGO 50.00 DIR. OF CORP. FDN & GOVT RELATIONS 0.00 X 128,271. 0. 8,926. 50.00 REGINA FORD SVP OF PEOPLE & CULTURE 0.00 Х 136,769 0 141. (10) SARAH BUHAYAR 1.00 BOARD CHAIR 0.00 X 0 0 . 0. (11) JEMBAA MAI 1.00 SECRETARY 0.00 X X 0 0 . 0. (12) JOSH BINDER 1.00 TREASURER 0.00 Х 0 0. 0. Х (13) BRANDON BRAY 1.00 DIRECTOR 0.00 Х 0 0 0. (14) DAVID BROWDY 1.00 0.00 DIRECTOR X 0 0 0. (15) DAWN TRUDEAU 1.00 0.00 DIRECTOR Х 0 0 0. (16) DOUG BOWSER 1.00 DIRECTOR 0.00 Х 0 0 0. (17) EDWARD WU 1.00 0.00 DIRECTOR Х 0 0.

332007 12-21-23 Form **990** (2023)

Form 990 (2023) PACIFIC SCIEN	NCE CENTER	FOU	NDA	TIO	N				91-075086	7 Page 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)				C)			(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of		
	week (list any		Cei ai		liecto	Tri us	(66)	from the	from related	other		
	hours for	directo				_		organization	organizations (W-2/1099-MISC/	compensation from the		
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	ndividual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related		
	below	vidual	itution	cer	Key employee	hest c	Former			organizations		
	line)	Indi	Inst	Officer	Key	High	Fon					
(18) ELLA DILLON	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(19) ERIKA SANCHEZ	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(20) ERIN OKUNO	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(21) JASON BARNWELL	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(22) JILL SINGH	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(23) JORDON VOSS	1.00							_	_	_		
DIRECTOR	0.00	Х						0.	0.	0.		
(24) KIRSTEN PAUST	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(25) LEVIX LIANG	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(26) NEAL BLACK	1.00								_	_		
DIRECTOR	0.00	X					<u> </u>	0.	0.	0.		
1b Subtotal								1,679,233.	0.	95,622.		
c Total from continuation sheets to Part VI	,							1.670.222	0.	0.		
d Total (add lines 1b and 1c)								1,679,233.	0.	95,622.		

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

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

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

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

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SCHEMATA WORKSHOP INC		
1720 12TH AVENUE, SEATTLE, WA 98122	MANAGEMENT CONSULTING	497,507.
CAS CONSTRUCTIONS SOLUTIONS LLC, 14205 SE		
36TH STREET, SUITE 100-581, BELLEVUE, WA	CONSTRUCTION	154,665.
TRI-MECHANICAL, INC., 1824 130TH AVENUE		
NE, SUITE 1, BELLEVUE, WA 98005	BUILDING REPAIRS	127,314.
CAMPBELL & COMPANY, 109 SOUTH LASALLE		
STREET, SUITE 2875, CHICAGO, IL 60603	EXECUTIVE SEARCH	125,391.
MIQ DIGITAL USA INC		
261 FIFTH AVENUE, NEW YORK, NY 10016	ADVERTISING	101,195.
2 Total number of independent contractors (including but not limited t	o those listed above) who received more than	
\$100,000 of compensation from the organization	5	
GER DARM VIT GEGETON A GOVERNMANTON GURRENG		- 000 ()

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Form 990 PACIFIC SCIEN	NCE CENTER	FOU	NDA	TIO	N				91-07508	367
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position					Reportable	Reportable	Estimated	
	hours	(cl		ck all that			ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old we		organization	(W-2/1099-MISC)	from the
	hours for	ordi	9			ated 6		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee		gy.	Highest compensated employee				and related
	organizations	ual trı	ional		Key employee	tcom				organizations
	below line)	divid	stitut	Officer	sy em	ghes	Former			
(05)	· · · · · ·	드	드	0	3	王	F			
(27) SHERILYN ANDERSON	1.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(28) WEI GAO	1.00	ł							_	_
DIRECTOR	0.00	Х						0.	0.	0.
(29) FREEDA WARREN	50.00									
CHIEF ADV. OFFICER FROM 06/24	0.00			Х				0.	0.	0.
		ŀ								
_										
		1								
-										
Total to Part VII, Section A, line 1c										
Total to Falt VII, Decilot A, IIIle 10								l		

Form 990 (2023) PACIFIC SC. Part VIII Statement of Revenue

		Check if Schedule O	contair	ns a resp	onse (or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lunction revenue	business revenue	sections 512 - 514
ည တ	1 a	Federated campaigns		1a		38,750.				
au nu						1,164,993.				
Ω.Ε		Fundraising events				543,913.				
ifts Ir A						·				
nis G		Government grants (contr				3,238,660.				
Sir		All other contributions, gifts,								
k E	_	similar amounts not included				3,586,121.				
	g				1	153,153.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			14	,	8,572,437.			
						Business Code				
o l	2 a	EXHIBITS				712110	4,549,440.	4,549,440.		
Program Service Revenue	b	munampn c numum ong				712110	2,534,449.	1,429,359.		1,105,090.
Ser	c	GAMDG				712110	2,145,898.	2,145,898.		, , ,
E S	4	EDUCATION & OUTREAC	н			712110	206,658.	206,658.		
gra Re	u ه	e					, -	, -		
Pro	f	All other program service	reveni	IE.						
	,	Total. Add lines 2a-2f					9,436,445.			
	3	Investment income (includ	lina di	vidends	intere	st and	, , -			
	•						372,678.			372,678.
	4	Income from investment of					, -			,
	5	Royalties			Jona p	1000000				
	Ū	noyanio		(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a		,504.	()				
	b		6b		0.					
	c	Rental income or (loss)	6c	468	,504.					
	d	Net rental income or (loss)			<u>, </u>	l	468,504.			468,504.
		Gross amount from sales of	$\overline{}$	(i) Secu	rities	(ii) Other	,			,
		assets other than inventory	ı ⊢	2,143		7,000.				
	h	Less: cost or other basis			,	, -				
<u>o</u>	~	and sales expenses	7b	1,853	539.	139,153.				
eun	c	Gain or (loss)	7c		,713.					
ther Revenue		Net gain or (loss)					157,560.			157,560.
P.		Gross income from fundraising					,			,
€	0 4	including \$								
		contributions reported on								
		Part IV, line 18		•	8a	11,571.				
	b				- 1	118,249.				
		Net income or (loss) from					-106,678.			-106,678.
		Gross income from gamin								
		Part IV, line 19			- 1					
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory, I								
		and allowances			10a	609,312.				
	b	Less: cost of goods sold			- 1					
		Net income or (loss) from					393,361.			393,361.
		, ,				Business Code				
Miscellaneous Revenue	11 a	ANCILLARY				900099	26,298.			26,298.
ane Due	b	anougan guinn				900099	3,500.			3,500.
eke	С									
ļšc B	d	All other revenue			_ 					
2		Total. Add lines 11a-11d					29,798.			
	12	Total revenue. See instruction	ns				19,324,105.	8,331,355.	0.	2,420,313.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	1,013,348.	125,849.	691,363.	196,136.
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	10,389,088.	7,836,994.	1,747,736.	804,358.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,014,375.	796,804.	156,390.	61,181.
10	Payroll taxes	1,056,203.	772,829.	196,470.	86,904.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,990.		3,990.	
С	Accounting	98,700.		98,700.	
d	Lobbying	120,395.			120,395.
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	69,722.		69,722.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,431,726.	1,218,396.	119,996.	93,334.
12	Advertising and promotion	1,056,180.	928,572.		127,608.
13	Office expenses	1,611,214.	1,420,394.	141,890.	48,930.
14	Information technology	700,395.	336,954.	342,862.	20,579.
15	Royalties	1,099,281.	1,099,281.	F1 600	20
16	Occupancy	1,362,783.	1,311,071.	51,682.	30.
17	Travel	153,034.	139,106.	13,909.	19.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	28,641.	6,872.	19,270.	2,499.
19	Conferences, conventions, and meetings	308,680.	232,122.	54,193.	22,365.
20	Interest	303,000.	252,122.	5=,155.	22,303.
21 22	Payments to affiliates	2,126,876.	1,920,357.	159,728.	46,791.
23	I	284,561.	192.	284,369.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	RECRUITING	188,333.	4,136.	184,038.	159.
a b	PROFESSIONAL DUES	35,024.	6,573.	6,556.	21,895.
C	COLLEAGUE RELATIONS	13,290.	769.	12,521.	
d	TRAINING	13,129.	5,722.	7,407.	
e	All other expenses	15,754.	4,519.	5,955.	5,280.
25	Total functional expenses. Add lines 1 through 24e	24,194,722.	18,167,512.	4,368,747.	1,658,463.
26	Joint costs. Complete this line only if the organization	, ,	, ,	. ,	, ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00004	1 12-21-23		,		Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

Pal	rt X	Charlest Cabadula Charlest a vaccana and		. Ilina in this Dest V			
		Check if Schedule O contains a response or	note to any	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			491,042.	1	1,404,346.
	2	Savings and temporary cash investments			4,454,704.	2	257,631.
	3	Pledges and grants receivable, net			99,875.	3	352,392.
	4	Accounts receivable, net			108,678.	4	234,025.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su		' '			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu	ualified per				
		under section 4958(f)(1)), and persons descril	bed in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			34,630.	8	41,758.
As	9				406,972.	9	225,141.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		57,690,400.			
	b			35,816,801.	22,726,006.	10c	21,873,599.
	11	Investments - publicly traded securities			9,579,286.	11	8,271,978.
	12	Investments - other securities. See Part IV, lir			2,938,587.	12	3,303,535.
	13	Investments - program-related. See Part IV, lii				13	
	14	Intangible assets			299,253.	14	220,058.
	15	Other assets. See Part IV, line 11			1,610,906.	15	1,664,385.
	16	Total assets. Add lines 1 through 15 (must equal line 33)			42,749,939.	16	37,848,848.
	17	Accounts payable and accrued expenses	2,341,165.	17	3,001,011.		
	18	Grants payable		18			
	19	Deferred revenue			2,509,307.	19	2,747,832.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
abi		controlled entity or family member of any of t	hese perso	ons		22	
⊐	23	Secured mortgages and notes payable to un	related thir	d parties		23	
	24	Unsecured notes and loans payable to unrela	ated third p	arties	8,700,000.	24	7,250,000.
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D			322,275.	25	220,058.
	26	Total liabilities. Add lines 17 through 25			13,872,747.	26	13,218,901.
"		Organizations that follow FASB ASC 958, or	check here	X			
ĕ		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27				22,796,341.	27	18,537,538.
Ba	28	Net assets with donor restrictions			6,080,851.	28	6,092,409.
š		Organizations that do not follow FASB ASC	C 958, che	ck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
ţ	31	Retained earnings, endowment, accumulated			00 077 400	31	04 600 0:-
Se	32	Total net assets or fund balances			28,877,192.	32	24,629,947.
	33	Total liabilities and net assets/fund balances			42,749,939.	33	37,848,848.

Form **990** (2023)

Pai	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,105.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	,194	,722.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	,877	,192.		
5	Net unrealized gains (losses) on investments	5		623	,372.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	24	,629	,947.		
Pai	t 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 on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

In the second of the latest information in the latest information.

2023

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

PACIFIC SCIENCE CENTER FOUNDATION 91-0750867 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	5,555,768.	7,526,436.	11,900,421.	9,654,331.	8,572,437.	43,209,393.	
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	5,555,768.	7,526,436.	11,900,421.	9,654,331.	8,572,437.	43,209,393.	
	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)						3,195,518.	
6	Public support. Subtract line 5 from line 4.						40,013,875.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	5,555,768.	7,526,436.	11,900,421.	9,654,331.	8,572,437.	43,209,393.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	483,454.	474,449.	706,018.	859,994.	841,182.	3,365,097.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	553,481.		59,249.	150,888.	286,686.	1,050,304.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	14,001.		7,015.	38,155.	29,798.	88,969.	
11	Total support. Add lines 7 through 10						47,713,763.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	26,787,113.	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop							
	tion C. Computation of Publi							
	Public support percentage for 2023 (li					14	83.86 %	
	Public support percentage from 2022					15	84.07 %	
16a	33 1/3% support test - 2023. If the o							
	stop here. The organization qualifies		~					
b	33 1/3% support test - 2022. If the o							
	and stop here. The organization qualifies as a publicly supported organization							
17a	a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts				•	VI how the organiz	ation	
	meets the facts-and-circumstances te	•	•			7		
b	10% -facts-and-circumstances test	-					IU% or	
	more, and if the organization meets th				-			
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n aid not check a b	oox on line 13, 16a	ı, 16b, 1/a, or 17b	, cneck this box ar	na see instructions		

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support		1	Γ		1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, 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 on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					12.47.1/21	
14	First 5 years. If the Form 990 is for the	-					
Sa	check this box and stop here ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			oolumn (f))		15	0/
	Public support percentage from 2022		•	.,,		16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar						7 15 1101
ŀ	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	·	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	FL		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	OI-		
	9b		
	9с		
	10a		
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uit	A ILOUI	いっついり	2023

Pa	rt IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	INO
•	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			.,,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction						
	All other Type III non-functionally integrated supporting organizations mu		•				
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					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
<u>d</u>	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 PACIFIC SCIENCE CENTER FOUNDATION	91-0750867	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	and 2; Part IV, Section (Section B, line 1e; Part/	C, t V,
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
ANCILLARY		
2021 AMOUNT: \$ 3,515.		
2022 AMOUNT: \$ 17,155.		
2023 AMOUNT: \$ 26,298.		
SPONSORSHIP		
2019 AMOUNT: \$ 14,001.		
2021 AMOUNT: \$ 3,500.		
2022 AMOUNT: \$ 21,000.		
2023 AMOUNT: \$ 3,500.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

PACIFIC SCIENCE CENTER FOUNDATION 91-0750867 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

PACIFIC SCIENCE CENTER FOUNDATION

91-0750867

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,025,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$540,143.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$525,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$2,404,291.	Person X Payroll

Name of organization

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PACIFIC SCIENCE CENTER FOUNDATION

91-0750867

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

Name of organization **Employer identification number** PACIFIC SCIENCE CENTER FOUNDATION 91-0750867 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (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, 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 (e) Transfer of gift 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 (e) Transfer of gift 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** PACIFIC SCIENCE CENTER FOUNDATION 91-0750867 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Pa	rt II-A Complete if the org	anization is	exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	Check if the filing organiza expenses, and shar	re of excess lob	bying e	liated group (and list in expenditures).		group member's name	e, address, EIN,
	Limi	ts on Lobbying	Expe		violonio appriy.	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public op	inion (d	grassroots lobbying)		30,099.	
	Total lobbying expenditures to influ			,		90,296.	
	Total lobbying expenditures (add li					120,395.	
	Other exempt purpose expenditure					24,408,527.	
	Total exempt purpose expenditure					24,528,922.	
	Lobbying nontaxable amount. Enter	•		,		1,000,000.	
	If the amount on line 1e, column (a) o			bying nontaxable am	I .		
	not over \$500,000,			the amount on line 1e.			
	over \$500,000 but not over \$1,000			00 plus 15% of the exce	ess over \$500.000.		
	over \$1,000,000 but not over \$1,50	<i>'</i>		00 plus 10% of the exce			
	over \$1,500,000 but not over \$17,0			00 plus 5% of the exces			
	over \$17,000,000,		1,000,	•	, ,		
	Grassroots nontaxable amount (en	iter 25% of line	1 f)			250,000.	
h	Subtract line 1g from line 1a. If zer	o or less, enter	0-			0.	
i	Subtract line 1f from line 1c. If zero	or less, enter -)			0.	
j	If there is an amount other than ze	ro on either line	1h or	line 1i, did the organiza	tion file Form 4720		
	reporting section 4911 tax for this	year?					Yes No
	(Some organizations t	hat made a sec See the	tion 50 separa	ate instructions for lin	nave to complete all ones 2a through 2f.)	of the five columns be	low.
		Lobbying	Expe	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020		(b) 2021	(c) 2022	(d) 2023	(e) Total
_2a	Lobbying nontaxable amount	541	,040.	746,700.	1,000,000.	1,000,000.	3,287,740.
b	Lobbying ceiling amount (150% of line 2a, column(e))						4,931,610.
	Total lobbying expenditures	10	,000.		30,000.	120,395.	160,395.
	Grassroots nontaxable amount	135	,260.	186,675.	250,000.	250,000.	821,935.
	Grassroots ceiling amount (150% of line 2d, column (e))						1,232,903.

Schedule C (Form 990) 2023

7,500.

f Grassroots lobbying expenditures

91-0750867

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)).

r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	(a)		(b)	
f the lobbying activity.		No	Amount		
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?			_		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g 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 not be described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or se	ction		
501(c)(6).					
			Yes	INC	
Were substantially all (90% or more) dues received nondeductible by members?			Yes	NO	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Yes	INC	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section	he prior year? on 501(c)(5	2 3 5), or sec	ction	No	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

PACIFIC SCIENCE CENTER FOUNDATION

Employer identification number

91-0750867

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) 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 w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquire	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation easi		
5	Does the organization have a written policy regarding the peri		Yes No
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landing of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ition easements during the year
-	3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Par	rt III Organizations Maintaining Co	llections of Ar	t, Historical Tre	asures, or Oth	er Si	milar Ass	ets (cor	tinuea)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explair	n how they further th	e organization's ex	kempt p	ourpose in F	art XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be mai	ntained as part of the	ne organization's col	lection?			Yes		No
Par	rt IV Escrow and Custodial Arrang	ements Comple	te if the organization	answered "Yes" o	n Form	n 990, Part I	V, line 9, d	r	
	reported an amount on Form 990, Part		-						
1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for contribution	s or other assets r	ot inclu	uded			
	on Form 990, Part X?						Yes		No
b									
					ſ		Amo	unt	
С	Beginning balance				Γ	1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				[1f			
2a	Did the organization include an amount on Fo				bility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been j	provided in Part XI	ıı			[
Par	rt V Endowment Funds Complete if t	he organization ans	swered "Yes" on For	m 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) i	Three years b	ack (e) F	our yea	rs back
1a	Beginning of year balance	2,087,779.	1,951,625.	2,233,615		821,64	17.	980	,729.
b	Contributions	10,000.		10,000	٠.	1,638,50	3.	151	,653.
С	Net investment earnings, gains, and losses	282,839.	222,438.	-291,990	٠.	52,52	20.	-10	,735.
d	Grants or scholarships								
е									
	and programs	83,525.	86,284.			279,05	55.	300	,000.
f	Administrative expenses								
g	End of year balance	2,297,093.	2,087,779.	1,951,625		2,233,61	.5.	821	,647.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.0000	%						
b	Permanent endowment 96.2460	%	_						
С	Term endowment 3.7540 %	 6							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	ition that are held an	d administered for	the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)	х
	(m) = 1 · · · · · · · · ·						3a(i)	х
b	If "Yes" on line 3a(ii), are the related organizati								
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	rt VI Land, Buildings, and Equipme	ent							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) Accur	nulated	(d) B	ook va	lue
		basis (investr	nent) basis	other)	deprec	iation			
1a	Land		2	,830,000.				2,830	,000.
b	Buildings		43	,034,153.	28,	857,967.	1	4,176	,186.
С	Leasehold improvements								
d	Equipment		4	,502,357.	3,	277,760.		1,224	,597.
_ е	Other		7	323,890.		681,074.		3,642	,816.
	I. Add lines 1a through 1e. (Column (d) must ed	•	X. line 10c. column	(B))					,599.

Part VII Investments - Other Securities Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiza	on Form 990. Part IV line 1	11h Soo Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(4) Eta au del de de de de de	(b) Book value	(c) Medied of Valuation. Cook of Grid	or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) CHARITABLE REMAINDER TRUST	3,303,535.	END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	2 202 525		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	3,303,535.		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(a) Doon value	(c) montes of releasion occurs on a	or your marker raise
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	on Form 000 Dort IV line 1	11d Con Form 000 Dort V line 15	
Complete if the organization answered "Yes" (Description	Tra. See Form 990, Fart A, line 15.	(b) Book value
	Безоприон		(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" (on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	(h) Deele velve
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) TRADEMARK LICENSE OBLIGATIONS			220,058.
\ <u>L</u>)			220,030.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	. (B))		220,058.
2. Liability for uncertain tax positions. In Part XIII, provide			at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	Taxi Reconciliation of Revenue per Audited Financial		venue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part I			1	20,220,867.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	3			20,220,007.
2 a	Net unrealized gains (losses) on investments	2a	623,372.		
b	Donated services and use of facilities		8,911.		
c	Recoveries of prior year grants		,		
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	632,283.
3	Subtract line 2e from line 1			3	19,588,584.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,721.		
b	Other (Describe in Part XIII.)		-334,200.		
С	Add lines 4a and 4b			4c	-264,479.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	19,324,105.
Pai	rt XII Reconciliation of Expenses per Audited Financial	Statements With E	xpenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line 12a.			
1	Total expenses and losses per audited financial statements			1	24,468,112.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	8,911.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		334,200.		
е	Add lines 2a through 2d			2e	343,111.
3	Subtract line 2e from line 1			3	24,125,001.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,721.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	69,721.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ine 18.)		5	24,194,722.
	rt XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			; Part X, li	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional informat	ion.		
חת גם	I V. TIND A.				
PART	'V, LINE 4:				
mur	TWO ENDOWMENT FUNDS SUPPORT SCIENCE EDUCATION AND LEAD	DEDCUTD MDATNING			
Inc	INO ENDOWMENT FUNDS SUFFORT SCIENCE EDUCATION AND LEAS	DERSHIP TRAINING			
ΔMD	DEDATE AND MAINTENANCE OF FIVED ACCETS				
AND	REPAIR AND MAINTENANCE OF FIXED ASSETS.				
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
COST	OF GOODS SOLD REPORTED NET OF REVENUE	-215 951.			
		-215,951.			
SPEC	CIAL EVENT EXPENSES REPORTED NET OF REVENUE	-118,249.			
		-118,249.			
TOTA	AL TO SCHEDULE D, PART XI, LINE 4B	-334,200.			
	, ,	,			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
COST	OF GOODS SOLD REPORTED NET OF REVENUE	215,951.			
SPEC	CIAL EVENT EXPENSES REPORTED NET OF REVENUE	118,249.			

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer ide	ntification number
PACIFIC SC	IENCE CENTER FOUNDATION					91-075086	7
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais a	e Solicitat g Special or oral agreement with any individual lart VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants rnment grants events fficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

Po	art	of fundraising events. Complete if the offundraising event contributions and gr	-	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.		
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			ANNUAL LUNCHEON	AUTUMN FUNDRAISER		col. (c))		
Φ			(event type)	(event type)	(total number)	(-),		
Revenue	1	Gross receipts	501,201.	54,283.		555,484.		
	2	Less: Contributions	501,201.	42,712.		543,913.		
	3	Gross income (line 1 minus line 2)		11,571.		11,571.		
	4	Cash prizes						
Ø		Noncash prizes						
bense	6	Rent/facility costs	2,411.			2,411.		
Direct Expenses	7	Food and beverages	38,149.	6,378.		44,527.		
Ճ		Entortainment						
	9	Entertainment Other direct expenses		23,511.		71,311.		
	10					118,249.		
	11	Net income summary. Subtract line 10 from	. ,			-106,678.		
Pa	irt	III Gaming. Complete if the organization						
		\$15,000 on Form 990-EZ, line 6a.						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	_ ا	0						
		Gross revenue						
ses	2	Cash prizes						
Expens	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	Ť	Carlor direct expendes	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	□ No			
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)					
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)					
9								
	En	nter the state(s) in which the organization condu	ucts gaming activities: _			Yes No		
а	En Is i		ucts gaming activities: _ ctivities in each of these	states?		Yes No		
а	En Is i	nter the state(s) in which the organization condit the organization licensed to conduct gaming a	ucts gaming activities: _ ctivities in each of these	states?		Yes No		
b	En Is i	nter the state(s) in which the organization condit the organization licensed to conduct gaming a "No," explain:	ucts gaming activities: _ ctivities in each of these	states?				
10a	En Is i	nter the state(s) in which the organization condit the organization licensed to conduct gaming a	ucts gaming activities: _ctivities in each of these :	states?				
10a	En Is i	ther the state(s) in which the organization condition the organization licensed to conduct gaming a "No," explain: ere any of the organization's gaming licenses re	ucts gaming activities: _ctivities in each of these :	states?				

Sch	edule G (Form 990) 2023 PACIFIC SCIENCE CENTER FOUNDATION 93	1-0750867	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es 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?	Ye	es No
13	Indicate the percentage of gaming activity conducted in:		
а	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?	L Ye	es L No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of conduct and their		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
47	Mandatan, diatributiona		
	Mandatory distributions:		
ě	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		es No
	retain the state gaming license?		es NO
L	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dart III lines	0 0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	r art III, III los	3, 35, 105,
	100, 100, 10, and 170, at applicable. Also provide any additional information. Occ instituctions.		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	PACIFIC SCIENCE	CENTER F	OUNDATION		91-0750867	Page 4
Part IV	(Form 990) Supplemental Info	mation (continued)					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

PACIFIC SCIENCE CENTER FOUNDATION

Employer identification number 91-0750867

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

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Regulations section 53.4958-6(c)?

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2023

8

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILL DAUGHERTY	(i)	462,340.	0.	0.	0.	14,274.	476,614.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MADCHEN BELTRIE	(i)	210,769.	0.	0.	0.	8,429.	219,198.	0.
VP OF FINANCE & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DIANA JOHNS	(i)	173,572.	0.	0.	0.	8,955.	182,527.	0.
VP OF EXHIBITS, EDUCATION & OUTREACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAUL CHIOCCO	(i)	153,457.	0.	0.	0.	27,620.	181,077.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LIISA O'NEIL	(i)	149,258.	0.	0.	0.	8,181.	157,439.	0.
VP OF MARKETING & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
REGINA FORD, SVP OF PEOPLE & CULTURE, RECEIVED SEVERANCE OF \$30,769 DURING
2023.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

PACIFIC SCIENCE CENTER FOUNDATION

Inspection
Employer identification number

91-0750867

Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	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	Х	8	146,123.	FAIR MARKET VALU	Ε		
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 (FOOD & DRINKS)	X	5		FAIR MARKET VALU			
26	Other (PRINTS)	X	1	1,424.	FAIR MARKET VALU	Ε		
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz			1 1				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t							
_	exempt purposes for the entire holding period?					30a		Х
	If "Yes," describe the arrangement in Part II.	- I' Al A		of any constant days a contribute	·0		v	
31	Does the organization have a gift acceptance p	•	•	•	lons?	31	Х	
32a	Does the organization hire or use third parties of		•			00-		x
l.	contributions?					32a		
	If "Yes," describe in Part II.	aluman (=\ 5	v a truno of managerit	, for which column (-) is -!	also d			
33	If the organization didn't report an amount in co	olumn (C) fol	a type of property	ior which column (a) is chec	ked,			

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PACIFIC SCIENCE CENTER FOUNDATION

Employer identification number 91-0750867

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPERIMENTATION, AND CRITICAL THINKING IN ALL OF US. FORM 990, PART I, LINE 6: PACSCI HAD 19 VOLUNTEER BOARD MEMBERS DURING THE YEAR AS WELL AS 17 VOLUNTEER ASSOCIATE BOARD MEMBERS DURING THE YEAR. EACH BOARD MEMBER VOLUNTEERED AN AVERAGE OF 1 HOUR PER WEEK OF BOARD SERVICE. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED INTERNALLY BY THE CEO AND VP OF FINANCE & OPERATIONS. THEN IT IS PRESENTED TO THE BOARD FINANCE COMMITTEE WHO REVIEWS IT WITH THE ACCOUNTING FIRM, THE CEO AND THE VP OF FINANCE & OPERATIONS. LASTLY, BOARD FINANCE 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: IN 2021. THE BOARD OF DIRECTORS USED 990S. SALARY SURVEYS. AND INPUT FROM HR PROFESSIONALS TO DETERMINE CEO COMPENSATION FOR THE COMING FISCAL YEAR. AS SPECIFIED IN AN EMPLOYMENT AGREEMENT WITH THE CEO EXECUTED IN JULY 2022

Schedule O (Form 990) 2023 Page **2**

Name of the organization PACIFIC SCIENCE CENTER FOUNDATION	Employer identification number 91-0750867
THE BOARD MAKES ANNUAL ADJUSTMENTS TO CEO COMPENSATION BASED ON THE	
CONSUMER PRICE INDEX FOR THE SEATTLE-BELLEVUE-TACOMA REGION AS REPORTED BY	
THE BUREAU OF LABOR STATISTICS. THE CEO USES 990S, SALARY SURVEYS, AND	
INPUT FROM EXECUTIVE SEARCH PROFESSIONALS TO ESTABLISH COMPENSATION FOR	
OTHER EXECUTIVE-LEVEL ROLES.	
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.	
	_

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of	the organization PACIFIC SCIENCE C	ENTER FOUNDATION				E	mployer identific 91-0750867	cation n	ımber
Part I	Identification of Disregarded Entities. Con	nplete if the organization answered "Ye	es" on Form 990, Part IV, line 30	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	or Total inco	me End-of-year		s Direct c	(f) ontrolling atity	3
PSC CO	NCESSIONS LLC								
200 SE	COND AVENUE NORTH						PACIFIC SCI	ENCE CE	INTER
SEATTL	E, WA 98109	ALCOHOL SALES	WASHINGTON	57	570.	2,276	. FOUNDATION		
Part II	Identification of Related Tax-Exempt Orga organizations during the tax year.	inizations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or mor	re related tax-exer	npt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dir	(f) rect controlling entity	cont	g) 512(b)(13) rolled tity?
	3		loreigh country)		501(c)(3))		,	Yes	No

		O 11 '' 1 1 1 1 1 1 1 1	04.1
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 34, because it had one or more related
raitiii	organizations treated as a partnership during the tax year.		

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(j	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Sec 512(b contr enti	o)(13) rolled ity?
		country)		,				Yes	No
	-								
CHARITABLE REMAINDER UNITRUST (1)	INVESTMENT HOLDING	WA	N/A	TRUST				х	
	_								
	-								
								\vdash	
	1								
	=								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Х

Yes No

1a

Part V T	Transactions With Related Organizations.	Complete if the or	rganization answered "Y	es" on Form	1 990, Part IV	, line 34,	, 35b,	or 36.
----------	--	--------------------	-------------------------	-------------	----------------	------------	--------	--------

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) i Exchange of assets to related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) 1 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction Transaction Type (a-s) Amount involved Method of determining amount involved	b	Gift, grant, or capital contribution to related organization(s)				1b	X
d Loans or loan guarantees to or for related organization(s) 1 Dividends from related organization(s) 1 Development of assets or related organization(s) 1 Development, or other assets to related organization(s) 1 Development, or other assets to related organization(s) 1 Development, or other assets from related organization(s) 1 Development of services or membership or fundraising solicitations for related organization(s) 1 Development of services or membership or fundraising solicitations for related organization(s) 1 Development of services or membership or fundraising solicitations for related organization(s) 1 Development of services or membership or fundraising solicitations for related organization(s) 1 Development of services or membership or fundraising solicitations for related organization(s) 1 Development of services or membership or fundraising solicitations for related organization(s) 1 Development of services or membership or fundraising solicitations for related organization(s) 1 Development paid of paid employees with related organization(s) 2 Development paid to related organization(s) for expenses 1 Development paid to relate organization(s) 2 Devel	С	Gift, grant, or capital contribution from related organization(s)				1c	Х
f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) i Exchange of assets with related organization(s) ii III k Lease of facilities, equipment, or other assets from related organization(s) ii III g Performance of services or membership or fundraising solicitations for related organization(s) iii III g Performance of services or membership or fundraising solicitations by related organization(s) iii III g Performance of services or membership or fundraising solicitations by related organization(s) iii III g Performance of services or membership or fundraising solicitations by related organization(s) iii III g Performance of services or membership or fundraising solicitations by related organization(s) iii III g Performance of services or membership or fundraising solicitations by related organization(s) iii III g Performance of services or membership or fundraising solicitations by related organization(s) iii III g Performance of services or membership or fundraising solicitations by related organization(s) iii III g Performance of services or membership or fundraising solicitations by related organization(s) iii III g Performance of services or membership or fundraising solicitations by related organization(s) iii III g Performance of services or membership or fundraising solicitations for related organization(s) iii II g Performance of services or membership or fundraising solicitations for related organization(s) iii II g Performance of services or membership or fundraising solicitations for related organization(s) iii II g Performance of services or membership or fundraising solicitations for related organization(s) iii II g Performance of services or membership or fundraising so						1d	Х
f Dividends from related organization(s)	е	Loans or loan guarantees by related organization(s)				1e	Х
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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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000