** 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)

Yes 🗓 No

No

Yes

for subordinates?

H(b) Are all subordinates included?

nance

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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning JUL 1. 2020 and ending JUN 30, 2021 C Name of organization D Employer identification number Check if applicable: Address change CALIFORNIA ACADEMY OF SCIENCES Name change 94-1156258 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 55 MUSIC CONCOURSE DRIVE (415) 379-5141 1,023,635,591. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return Applica-tion pending SAN FRANCISCO, CA 94118 H(a) Is this a group return

Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.CALACADEMY.ORG H(c) Group exemption number ▶

F Name and address of principal officer: SCOTT SAMPSON

Briefly describe the organization's mission or most significant activities:

SAME AS C ABOVE

K Form of organization: X Corporation Trust Association Other > Year of formation: 1904 M State of legal domicile: CA Part I Summary

SEE SCHEDULE O

=				
Governa	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	42
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
s &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	641
/itie	6	Total number of volunteers (estimate if necessary)	6	200
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	156,031.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	150,031.
			Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)	33,870,305.	47,242,529.
ž	9	Program service revenue (Part VIII, line 2g)	15,835,906.	5,465,890.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,984,122.	42,250,990.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	764,316.	238,417.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,454,649.	95,197,826.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	76,087.	68,622.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ပ္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	48,034,278.	37,735,907.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	386.	122,301.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,217,162.	30,812,201.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,327,913.	68,739,031.
	19	Revenue less expenses. Subtract line 18 from line 12	-19,873,264.	26,458,795.
Sec			Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	804,050,299.	832,230,890.
t As d Ba	21	Total liabilities (Part X, line 26)	317,603,016.	302,173,145.
-Ne:	22	Net assets or fund balances. Subtract line 21 from line 20	486,447,283.	530,057,745.

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

Sign		Signature of officer			Date			
Here		MIKE MCGEE, CFO						
		Type or print name and title						
	Prin	t/Type preparer's name	Preparer's signature	Date		Check	PTIN	
Paid		ZHANG, CPA	Preparer's signature Yorg Zhang	11/01/21	.	it self-employed	P01249785	
Preparer	Firm	's name RSM US LLP			Firm's	EIN ▶ 42	2-0714325	
Use Only	Firm	's address 1861 INTERNATIONAL DRIVE	, SUITE 400					
		MCLEAN, VA 22102			Phone	no.703-33	6-6400	
May the II	RS di	scuss this return with the preparer shown abo	ve? See instructions				X Yes	No

Part II | Signature Block

Pa	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:
	THE CALIFORNIA ACADEMY OF SCIENCES IS DEDICATED TO EXPLORING AND
	EXPLAINING THE NATURAL WORLD AND ADDRESSING THE CHALLENGE OF
	SUSTAINABILITY THROUGH ITS SCIENTIFIC RESEARCH AND EDUCATION
	INITIATIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, 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 \$19,063,690. including grants of \$0. (Revenue \$19,063,498.
	EXHIBITS AND PUBLIC ENGAGEMENT: THE ALL- DIGITAL MORRISON PLANETARIUM
	USES SCIENTIFIC DATA TO SHARE CURRENT DISCOVERIES AND PRESENT IMMERSIVE
	SHOWS THAT ROTATE THROUGHOUT THE YEAR. THE SHARKS EXHIBIT EXPLORES THE
	OFTEN MISUNDERSTOOD BIOLOGY AND HISTORY OF THESE COMPLEX OCEAN
	PREDATORS WITH IMMERSIVE INTERACTIVES AND REAL FOSSILS. GIANTS OF LAND
	AND SEA EXHIBIT CELEBRATES NORTHERN CALIFORNIA'S ICONIC NATURAL
	PHENOMENA LIKE REDWOODS, MARINE MAMMALS, AND FOG. THE COLOR OF LIFE
	EXHIBIT EXPLORES THE ROLE OF COLOR IN THE NATURAL WORLD WITH VIBRANT
	LIVE ANIMALS, SPECIMENS, AND IMMERSIVE INTERACTIVES. GEMS AND MINERALS
	UNEARTHED SHOWCASES SPECIMENS FROM THE ACADEMY'S RENOWNED GEOLOGY
	COLLECTION. BIG PICTURE SHOWCASES WINNING IMAGES FROM THE ACADEMY'S
	ANNUAL, INTERNATIONAL WILDLIFE PHOTOGRAPHY COMPETITION WITH A DISPLAY
4b	(Code:) (Expenses \$14,574,965. including grants of \$47,531.) (Revenue \$317,081.
	BIODIVERSITY SCIENCE AND SUSTAINABILITY: THE CALIFORNIA ACADEMY OF
	SCIENCES' INSTITUTE FOR BIODIVERSITY SCIENCE AND SUSTAINABILITY (IBSS)
	IS HOME TO MORE THAN 100 WORLD-CLASS SCIENTISTS, OVER 100 INTERNATIONAL
	ASSOCIATES, AND MORE THAN 450 DISTINGUISHED FELLOWS WHO GATHER NEW
	KNOWLEDGE ABOUT LIFE'S DIVERSITY AND THE PROCESS OF EVOLUTION AND
	RAPIDLY APPLY THAT UNDERSTANDING TO OUR EFFORTS TO REGENERATE THE
	NATURAL WORLD. THROUGH INNOVATIVE PARTNERSHIPS AND COMMUNITY ENGAGEMENT
	INITIATIVES, THEY ALSO GUIDE CRITICAL CONSERVATION DECISIONS WORLDWIDE,
	INSPIRE AND MENTOR THE NEXT GENERATION OF SCIENTISTS, AND FOSTER
	RESPONSIBLE STEWARDSHIP OF OUR PLANET SO THAT HUMANS AND NATURE CAN
	THRIVE TOGETHER.
4c	(Code:) (Expenses \$10,167,094. including grants of \$0.) (Revenue \$3,751.
	AQUARIUM: THE STEINHART AQUARIUM IS HOME TO 40,000 LIVE ANIMALS FROM
	AROUND THE WORLD AND HOSTS THE LARGEST AND DEEPEST INDOOR CORAL REEF IN
	THE WORLD. THE FOUR-STORY RAINFOREST HAS FREE-FLYING BIRDS AND
	BUTTERFLIES AND EXOTIC REPTILES AND AMPHIBIANS. AFRICAN HALL IS HOME TO
	A COLONY OF AFRICAN PENGUINS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 4,940,619. including grants of \$ 21,091.) (Revenue \$ 4,828,025.)
40	Total program convice expenses 48 746 368

Form 990 (2020) CALIFORNIA ACADEMY OF SCIENCES 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	3			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		***	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
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	L	X

Form 990 (2020) CALIFORNIA ACADEMY OF SCIENCES Part 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		77	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0	38	Х	<u> </u>
rai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 150 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
b	Enter the number of forms wize included in line 1a. Enter 10-11 not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1 1C	X	1

Form 990 (2020) CALIFORNIA ACADEMY OF SCIENCES

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	641			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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	0 .		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign country ► MADAGASCAR					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 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			٥-		х
h	any contributions that were not tax deductible as charitable contributions?			6a		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		Х
			orovided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	, , , , , , , , , , , , , , , , , , , ,			8		
9	Sponsoring organizations maintaining donor advised funds.					
	, , , , , , , , , , , , , , , , , , , ,			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:	10a	1			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
'' a	Gross income from members or shareholders	 11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	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	ı	ı			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	•	44		v
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	me?	16		х
-	If "Yes," complete Form 4720, Schedule O.					
	,			Гант	990	(0000)

Form 990 (2020) CALIFORNIA ACADEMY OF SCIENCES 94-1156258 Pag
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 1a 1a	2						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4	2						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, 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								
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
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					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in 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?							
	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
<u> </u>	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed CA, DC, FL, MA, NC, NY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble				
	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)	-1 C						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cıal					
00	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 MIKE MCGEE - (415) 379-5141							
	55 MUSIC CONCOURSE DRIVE SAN FRANCISCO CA 94118							

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

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

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

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

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

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

(A)	(B)	l ga	inza.)	трогі	our	(D)	(E)	(F)
Name and title	Average hours per	Position (do not check more than one box, unless person is both an compensation						1	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B		Highest compensated A		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ELIZABETH R. PATTERSON	2.00									
CHAIR		Х		Х				0.	0.	0.
(2) MATTHEW BARGER	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) CHARLES MARSHALL	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) TESSA HILL	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) VIRGINIA GOSS TUSHER	2.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(6) JOHN ADAMS	0.50									
TRUSTEE	1 00	Х						0.	0.	0.
(7) ELIZABETH BLACKBURN	1.00								•	•
TRUSTEE	0.50	Х						0.	0.	0.
(8) DAN CARROLL	0.50	.,							0	0
TRUSTEE (9) HUIFEN CHAN	0.50	Х						0.	0.	0.
TRUSTEE	0.50	Х						0.	0.	0
(10) FELICIA CHIU	0.50	Λ						0.	0.	0.
TRUSTEE	0.30	х						0.	0.	0.
(11) GRETCHEN C. DAILY	0.50	Λ						· · · · · · · · · · · · · · · · · · ·	٠.	<u>.</u>
TRUSTEE	- · · · · ·	х						0.	0.	0.
(12) TROY DANIELS	1.00								••	
TRUSTEE	1.00	х						0.	0.	0.
(13) WILLIAM F. DUHAMEL	0.50									
TRUSTEE		х						0.	0.	0.
(14) MARC EBBIN	0.50									
TRUSTEE		х						0.	0.	0.
(15) PETER FENTON	0.50									
TRUSTEE		х						0.	0.	0.
(16) CHRISTOPHER FIELD	1.00									
TRUSTEE		х						0.	0.	0.
(17) JACK FORESTELL	0.50									
TRUSTEE		х						0.	0.	0.

032007 12-23-20 Form **990** (2020)

FOIII 990 (2020) CILITI OIII	IN MEMBER OF B	СТП	исы						74 113023	· raye •
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	and	Hiç	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) LAURA E. FURSTENTHAL	0.50									
TRUSTEE		Х						0.	0.	0.
(19) ADAM GAZZALEY TRUSTEE	1.00	x						0.	0.	0.
(20) NICK GIOVANNI	0.50									
TRUSTEE		х						0.	0.	0.
(21) KEVIN HARTZ	0.50									
TRUSTEE		Х						0.	0.	0.
(22) NAUREEN HASSAN	0.50									
TRUSTEE		Х						0.	0.	0.
(23) DAN JANNEY	0.50									
TRUSTEE		Х						0.	0.	0.
(24) JAY KAHN TRUSTEE	0.50	х						0.	0.	0.
(25) DAVID M. KENNEDY	0.50									
TRUSTEE		х						0.	0.	0.
(26) SALMAN KHAN	0.50									
TRUSTEE		х						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Pa								3,990,794.	0.	559,403.
d Total (add lines 1b and 1c)	<u>.</u>						_	3,990,794.	0.	559,403.
2 Total number of individuals (including	but not limited to th	ose	liste	d ah	OVE) wh	o re	ceived more than \$100	000 of reportable	

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

102

			162	NO
3	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	3		X
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х
_				

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
RON FOTH RETAIL, INC.	Bessingtion of solviess	Componication
8100 NORTH HIGH STREET, COLUMBUS, OH 43260	ADVERTISING SERVICES	2,228,580.
ONERHYTHM LLC		
414 1ST ST E #6, SONOMA, CA 94576	MARKETING SERVICES	346,234.
GCI, INC.		
875 BATTERY STREET, SAN FRANCISCO, CA 94111	BUILDING MAINTENANCE	344,102.
GRANDE PLANET SHARK PTY LTD.		
ACN 166 772 952, BLACK ROCK, AUSTRIA 3193	EXHIBIT RENTAL	232,500.
OTIS ELEVATOR COMPANY		
DEPT. LA 21684, PASADENA, CA 91185	MAINTENANCE SERVICES	225,606.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	21	
GDD DADW WITH GDGDTON A GOVERNMAN MICH. GWDDDG		- 000

1 01111 000	ACADEMY OF S	CIE	NCE	۵					94-1156	236
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(D)	(E)	(F)							
Name and title	(B) Average		(C		1		Reportable	Reportable	Estimated	
, tame and the	hours	(c		all t			ly)	compensation	compensation	amount of
	per					ΓĖ	ľ	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				l od ma		organization	(W-2/1099-MISC)	from the
	hours for	or director	9			ated 6		(W-2/1099-MISC)		organization
	related	ustee	truste		e e	suadi				and related
	organizations below	ual tr	tional		ploye	tcom	_			organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEFFREY KOSEFF	1.00	 -	-		_	<u> </u>	_			
TRUSTEE	1.00	x						0.	0.	0.
(28) ZACHARY LARA	0.50	 							••	<u> </u>
TRUSTEE	0.30	x						0.	0.	0.
(29) REBECCA LIN	0.50							0.	· ·	· ·
TRUSTEE	0.30	x						0.	0.	0.
(30) MARIE O'GARA LIPMAN	0.50	_						0.	0.	٠.
TRUSTEE	0.30	x						0.	0.	0.
(31) LAWRENCE MIAO	0.50	_						0.	0.	0.
TRUSTEE	0.30	x						0.	0.	0.
(32) MICHAEL MILLMAN	0.50	1						0.	· ·	••
TRUSTEE	0.30	x						0.	0.	0.
(33) DEREK MITCHELL	0.50	1						0.	· ·	••
TRUSTEE	0.30	x						0.	0.	0.
(34) HAROLD A. MOONEY	1.00	1						0.	· ·	••
TRUSTEE	1.00	x						0.	0.	0.
(35) JOSEPH O'DONNELL	0.50	1						0.	· ·	••
TRUSTEE	0.30	x						0.	0.	0.
(36) KIRSTEN RHODES	0.50							· · · · · · · · · · · · · · · · · · ·	· ·	
TRUSTEE	0.30	x						0.	0.	0.
(37) MARTA SALAS-PORRAS	0.50	^						0.	0.	0.
TRUSTEE	0.50	x						0.	0.	_
(38) ADAM SAVAGE	0.50	^						0.	0.	0.
TRUSTEE	0.50	x						0.	0.	_
(39) ANDREW J. SCHWAB	0.50	^	\vdash					0.	0.	0.
TRUSTEE	0.50	х						0.	0.	_
(40) NICHOLAS SIMON	0.50	^	\vdash					0.	0.	0.
TRUSTEE	0.30	x						0.	0.	0.
(41) GARY STEELE	0.50	^						0.	0.	0.
TRUSTEE	0.30	x						0.	0.	0.
(42) WILLIAM H. YOUNGER, JR.	0.50	^						0.	0.	0.
TRUSTEE	0.30	x						0.	0.	0.
(43) RON ZEFF	0.50	^						0.	0.	0.
TRUSTEE	0.50	x						0.	0.	0.
(44) SCOTT D. SAMPSON	40.00	^	\vdash					0.	· ·	ļ
	40.00	1		х				530 276	0.	220 451
EXECUTIVE DIRECTOR (45) MIKE MCGEE	40.00	<u> </u>	\vdash	^				539,276.	· ·	229,451.
CHIEF FINANCIAL OFFICER	40.00	1		х				200 262	0.	12 500
	40.00	 	\vdash	^		\vdash		398,362.	· ·	42,680.
(46) MELISSA FELDER	40.00	1						375 500		40 306
CHIEF REVENUE & MARKETING OFFICER		<u> </u>			Х			375,509.	0.	40,306.
T										
Total to Part VII, Section A, line 1c								1		

Form 990 CALIFORNIA AC	CADEMY OF S	CIE	NCE	5					94-11562	258
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd F	lighe	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per	<u> </u>				Ė	<u> </u>	from	from related	other
	week					ee/		the	organizations	compensation
	(list any	ctor				oldu		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted er		(W-2/1099-MISC)		organization
	related	tee o	uste			eusa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	itutio	cer	em b	hest	Former			
	line)	Indi	Inst	Officer	Key	Hig	Fon			
(47) ELIZABETH BABCOCK	40.00									
CHIEF PUBLIC ENGAGEMENT OFFICER					Х			343,356.	0.	28,883.
(48) SHANNON BENNETT	40.00									
CHIEF OF SCIENCE & SUSTAIN					Х			299,253.	0.	22,518.
(49) ISAAC KWON	40.00									
COO & AND HEAD OF GOVERNMENT					х			282,342.	0.	27,426.
(50) RAUL DEL BARCO	40.00									
CHIEF HUMAN RESOURCES OFFICER					х			236,609.	0.	16,031.
(51) REBECCA SCHUETT	40.00									
DIR OF PHILANTHROPY					х			171,703.	0.	21,186.
(52) MARY NEMEROV	40.00									
CHIEF PHILANTHROPY OFFICER					Х			161,814.	0.	102.
(53) LUIZ ROCHA	40.00									
ASSOCIATE CURATOR, ICTHYOL						х		237,750.	0.	35,564.
(54) RYAN WYATT	40.00									
SR. DIR MORRISON PLANETARIUM						х		231,556.	0.	17,036.
(55) MICHAEL COSTANZO	40.00									
GENERAL COUNSEL AND DIRECTOR OF SECU						Х		229,565.	0.	33,922.
(56) WILLIAM SHEPHERD III	40.00									
SR. DIR OF STEINHART AQUARIUM						х		218,642.	0.	38,117.
(57) DEBRA TROCK	40.00									
DIRECTOR OF SCIENCE COLLECTIONS						х		265,057.	0.	6,181.
		ł								
-										
		-			\vdash	\vdash		+		
		1								
	<u> </u>	l	I	I	<u> </u>		<u> </u>			
Total to Part VII, Section A, line 1c								3,990,794.		559,403.
TOTAL TO FAIT VII, OCCION A, III E TO								1 2,330,,34.		235, 100.

Form 990 (2020) CALIFORNIA
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	4,392,028.				
جَ ۾		Fundraising events 1c	1,087,690.				
fts,		Related organizations 1d					
ig ig		Government grants (contributions) 1e	21,335,639.				
Sin		All other contributions, gifts, grants, and					
ē Ħ	'		20,427,172.				
흡환	_	similar amounts not included above 1f	841,137.				
o d	_	Noncash contributions included in lines 1a-1f	011,137.	47,242,529.			
Oa	n	Total. Add lines 1a-1f	Business Code	47,242,323.			
	•	ADMISSIONS	900099	4,610,980.	4,610,980.		
<u>i</u>	2 a		900099	854,910.	854,910.		
er v	р	AUXILIARY ACTIVITIES	- 900099	034,910.	654,910.		
n S	С		-				
<u>ra</u>	d		-				
Program Service Revenue	е		-				
Д.	f	All other program service revenue		F 465 000			
	g	Total. Add lines 2a-2f		5,465,890.			
	3	Investment income (including dividends, inte					
		other similar amounts)		6,560,052.		156,031.	6,404,021.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties		189,631.	162,196.		27,435.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 964,061,53	7.				
	b	Less: cost or other basis					
e		and sales expenses	9.				
/en	С	Gain or (loss) 7c 35,690,938	3.				
ther Revenue		Net gain or (loss)		35,690,938.			35,690,938.
ē	8 a	Gross income from fundraising events (not					
₹		including \$1,087,690. of					
		contributions reported on line 1c). See					
		Part IV, line 18	38,678.				
	b		8b 67,166.				
		Net income or (loss) from fundraising events		-28,488.			-28,488.
		Gross income from gaming activities. See					
)a				
	b	I)b				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		-	0a 2,269.				
	b		0b 0.				
		Net income or (loss) from sales of inventory		2,269.	2,269.		
\neg		versi, manufacture of misoritory	Business Code		,		
Snc	11 a	CAFE COMMISSIONS	900099	75,005.			75,005.
Miscellaneous Revenue	b			•			,
ella	c						
<u>Š</u> Č		All other revenue					
Σ		Total. Add lines 11a-11d		75,005.			
	12	Total revenue. See instructions	>	95,197,826.	5,630,355.	156,031.	42,168,911.

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).

Do 1	Check if Schedule O contains a respons not include amounts reported on lines 6b,		(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	68,622.	68,622.		
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	4,550,197.	1,472,675.	2,722,716.	354,806
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	25,529,589.	19,919,154.	3,504,967.	2,105,468
8	Pension plan accruals and contributions (include	, , ,	, ,	, ,	, ,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,442,119.	3,870,269.	1,126,730.	445,120
10	Payroll taxes	2,214,002.	1,574,531.	458,384.	181,087
11	Fees for services (nonemployees):	, , ,	, , ,	, -	,
	Management				
b	Legal	150,197.	36,879.	112,972.	346
	Accounting	260,042.	817.	259,217.	8
	Lobbying	123,337.		123,337.	
	Professional fundraising services. See Part IV, line 17	122,301.			122,301
f	Investment management fees	2,212,036.		2,212,036.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	3,121,052.	2,004,440.	875,345.	241,267
12	Advertising and promotion	2,524,458.	2,514,639.	2,878.	6,941
13	Office expenses	1,629,291.	1,361,993.	191,177.	76,121
14	Information technology	846,616.	570,890.	249,171.	26,555
15	Royalties	23,913.	25,131.	-2,516.	1,298
16	Occupancy	2,689,827.	2,194,645.	471,847.	23,335
17		93,906.	70,199.	17,167.	6,540
18	Payments of travel or entertainment expenses	,	,===•		-,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,765.	5,882.	-2,252.	135
20	lata and t	1,541,928.	1,167,754.	362,594.	11,580
20 21	Payments to affiliates	-,,	-,,	,	22,200
22	Depreciation, depletion, and amortization	12,786,648.	10,439,540.	2,242,995.	104,113
23	I	666,354.		666,354.	, _ , ,
23 24	Other expenses. Itemize expenses not covered	, , , , , ,		, , , , , ,	
27	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) EQUIPMENT	1,193,456.	787,506.	372,245.	33,705
b	PARTICIPANT SUPPORT	279,753.	236,054.	43,693.	6
C	ANIMAL SUPPORT	277,921.	277,127.	759.	35
d	FUNDRAISING EXPENSES	-67,166.	,	, , , ,	-67,166
	All other expenses	454,867.	147,621.	267,379.	39,867
е 25	Total functional expenses. Add lines 1 through 24e	68,739,031.	48,746,368.	16,279,195.	3,713,468
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,:->,	2-,:-0,000	,,=,	-,.20,200
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2020)
Part X Balance Sheet

Pa	IL A	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any li	ine in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			23,749.	1	34,855.
	2	Savings and temporary cash investments			4,308,845.	2	2,650,322.
	3	Pledges and grants receivable, net	6,885,654.	3	24,192,156.		
	4	Accounts receivable, net			845,269.	4	646,515.
	5	Loans and other receivables from any current			·		,
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	60,724.	5	29,692.		
	6	Loans and other receivables from other disqu	=				,
		under section 4958(f)(1)), and persons describ	=	·		6	
"	7	Notes and loans receivable, net			324,471.	7	244,271.
Assets	8	Inventories for sale or use			34,178.	8	33,865.
Ass	9	Prepaid expenses and deferred charges			1,040,871.	9	1,145,720.
		Land, buildings, and equipment: cost or other				,	
	loa	basis. Complete Part VI of Schedule D		497,581,225.			
	h	Less: accumulated depreciation		196,012,822.	311,917,022.	10c	301,568,403.
	11	Investments - publicly traded securities	325,930,392.	11	349,056,375.		
	12	Investments - other securities. See Part IV, lin	105,714,839.	12	134,372,127.		
	13	Investments - other securities. See Part IV, III	100,711,000.	13	131,372,127,		
					14		
	14	Intangible assets	46,964,285.	15	18,256,589.		
	15	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)			804,050,299.	16	832,230,890.
	16 17				5,724,243.	17	5,794,301.
		Accounts payable and accrued expenses	3,721,213,	18	3,751,301.		
	18 19	Grants payable			4,642,249.	19	5,395,550.
	20	Deferred revenue			279,425,999.	20	279,505,376.
	21	Tax-exempt bond liabilities			2,3,123,333,	21	275,505,570,
		Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or for					
ĕ		trustee, key employee, creator or founder, sul				22	
Lia I	00	controlled entity or family member of any of the				23	
	23 24	Secured mortgages and notes payable to unr				24	
		Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lir					
		of Schedule D	les 17-24). C	Joinplete Part A	27,810,525.	25	11,477,918.
	26				317,603,016.	26	302,173,145.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c		N X	317,003,010.	20	302,173,113,
S			HECK HELE				
ű	27	and complete lines 27, 28, 32, and 33.			351,796,948.	27	366,539,211.
aa	27 28	Net assets with donor restrictions			134,650,335.	28	163,518,534.
B	20	Net assets with donor restrictions Organizations that do not follow FASB ASC			101,000,000.	20	100,010,001;
Ë		and complete lines 29 through 33.	956, Check	K flere			
<u>5</u>	20		40			20	
əts	29	Capital stock or trust principal, or current fund				29	
\ss(30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			486,447,283.	31	530,057,745.
ž	32	Total net assets or fund balances			804,050,299.	32	832,230,890.
	33	Total liabilities and net assets/fund balances			00=,030,233.	33	032,230,090.

Form **990** (2020)

consolidated basis, or both: X Separate basis

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

-0 "	990 (2020) CALIFORNIA ACADEMY OF SCIENCES	9.4	-1156258	D,	age 1 2
	n 990 (2020) CALIFORNIA ACADEMY OF SCIENCES rt XI Reconciliation of Net Assets		1130230	Pa	age ••
	Check if Schedule O contains a response or note to any line in this Part XI	···········	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)		9	5,197	826.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,739	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,458	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		, 5,447	
5	Net unrealized gains (losses) on investments	5		5,392	
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		759	,443.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	53	0,057	,745.
Pa	rt XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII				Х
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
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				
	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				

Both consolidated and separate basis

Form 990 (2020)

2c

За Х

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public

Inspection
Employer identification number

CALIFORNIA ACADEMY OF SCIENCES 94-1156258 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	42,064,076.	46,599,481.	32,916,896.	33,870,305.	47,242,529.	202,693,287.
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	42,064,076.	46,599,481.	32,916,896.	33,870,305.	47,242,529.	202,693,287.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,259,718.
	Public support. Subtract line 5 from line 4.						198,433,569.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	42,064,076.	46,599,481.	32,916,896.	33,870,305.	47,242,529.	202,693,287.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	7 702 076	0 300 730	10 210 460	0 410 272	6 421 456	45 227 005
	and income from similar sources	7,793,976.	9,380,728.	12,312,462.	9,419,273.	6,431,456.	45,337,895.
9	Net income from unrelated business						
	activities, whether or not the					151,031.	151 031
40	business is regularly carried on					131,031.	151,031.
10	Other income. Do not include gain						
	or loss from the sale of capital	997,686.	1,251,577.	1,279,345.	700,283.	113,683.	4,342,574.
44	assets (Explain in Part VI.)	337,000.	1,231,377.	1,275,545.	700,203.	113,003.	252,524,787.
	Total support. Add lines 7 through 10	oto (ooo inatruotia	no)			12	99,372,302.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•		ourth or fifth tax v			33,372,302.
13	organization, check this box and stor	_					ightharpoonup
Sec	etion C. Computation of Publi		centage				
	Public support percentage for 2020 (I			olumn (f))		14	78.58 %
	Public support percentage from 2019					15	77.61 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						. 77
b	33 1/3% support test - 2019. If the o		~				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu		·		•		>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	n, 16b, 17a, or 17b	, check this box a	nd 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	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						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
	40		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Oh		
	9b		
	9с		
	10a		
	10b		
_			

Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?	1	+
	A family member of a person described in line 11a above?)	_
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	;	
Sec	tion B. Type I Supporting Organizations		_
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>			Τ
	Mars a majority of the averagization's divertors by twisters during the tay year along majority of the divertors	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). 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	163	INO
•	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?		
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).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in 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.		\perp
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.		_
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.		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
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		
c	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 integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		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 2020 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-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
<u>d</u>	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
CAFE COMMISSIONS	
2016 AMOUNT: \$ 997,686.	
017 AMOUNT: \$ 1,000,310.	
018 AMOUNT: \$ 1,035,775.	
019 AMOUNT: \$ 606,083.	
020 AMOUNT: \$ 75,005.	
PUNDRAISING	
2017 AMOUNT: \$ 251,267.	
2018 AMOUNT: \$ 243,570.	
2019 AMOUNT: \$ 94,200.	
2020 AMOUNT: \$ 38,678.	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

CA	CALIFORNIA ACADEMY OF SCIENCES 94-1156258				
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from			
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a gethe year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	ientific,			
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>			
but it must answer "No" o	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fother filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, , , , , , , , , , , , , , , , , , , ,			

Name of organization

Employer identification number

CALIFORNIA ACADEMY OF SCIENCES

94-1156258

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		\$10,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	Total contributions \$ 4,629,663.	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
3		\$2,500,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 1,244,483.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 5	Name, address, and ZIP + 4	\$1,200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Ivallie, audi ess, aliu ZIP + 4	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CALIFORNIA ACADEMY OF SCIENCES

94-1156258

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,461,493. 	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
110.	Nume, dudicess, and Zir + +	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, aud 555, and Zir + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, aud ess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CALIFORNIA ACADEMY OF SCIENCES

94-1156258

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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 o	organization			Employer identification number
CALIFORN	NIA ACADEMY OF SCIENCES			94-1156258
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(c	l) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(c	l) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(c	l) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(c	l) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Occion	00 1(0)(+), (0), 01 (0) 01 garnzat	iono. Compicto i ait iii.			
Name of org	anization			Empl	oyer identification number
		ACADEMY OF SCIENCES			94-1156258
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 org	ganization.
2 Politica	l campaign activity expendit	ation's direct and indirect politicures gn activities		▶\$	
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
2 Enter th 3 If the o 4a Was a	ne amount of any excise tax ne amount of any excise tax rganization incurred a sectio	incurred by the organization un incurred by organization manag n 4955 tax, did it file Form 4720	der section 4955 gers under section 4955 of for this year?	► \$ ► \$	Yes No
Part I-C		anization is exempt und	ler section 501(c).	except section 501(c)(3).
 Enter the exemption Total exemption Did the exemption Enter the made part contribution 	ne amount of the filing organ t function activities xempt function expenditures o filing organization file Form ne names, addresses and en payments. For each organiza utions received that were pro	by the filing organization for section is a section is funds contributed to one. Add lines 1 and 2. Enter here a section is a section in the section listed, enter the amount part of the section is and directly delivered to additional space is needed, pro	ther organizations for seand on Form 1120-POL, IN) of all section 527 point from the filing organizal separate political organizal materials.	section 527 \$ \$ \$ \$ Ilitical organizations to which cation's funds. Also enter the anization, such as a separate	Yes No the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2020	CALIFORNIA ACADEN	MY OF SCIENCES		94-11	156258 Page 2
Part II-A Complete if the org	anization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
			Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying e	•			
B Check 🕨 🔛 if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
	ts on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	grassroots lobbying)		0.	
b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)		123,337.	
c Total lobbying expenditures (add li	nes 1a and 1b)			123,337.	
d Other exempt purpose expenditure				68,615,694.	
e Total exempt purpose expenditure				68,739,031.	
f Lobbying nontaxable amount. Enter				1,000,000.	
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000	` '	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			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	o or less, enter -0			0.	
j If there is an amount other than ze reporting section 4911 tax for this		,	tion file Form 4720		Yes N
(Some organizations the	hat made a section 50	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all c	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	2,905.	30,340.	76,509.	123,337.	233,091
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots labbuing expanditures					

Schedule C (Form 990 or 990-EZ) 2020

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)).

During the year, did the filling 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)? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? d 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 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? TIIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (80% 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 the prior year? 3 Intrilli-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." a Current	Yes	No	Ame	ount
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? i Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 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 the prior year? answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year				
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? i Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 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 the prior year? answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year				
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 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bit if "Yes," enter the amount of any tax incurred under section 4912 c 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 filling organization incurred a section 4912 tax, did it file Form 4720 for this year? 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 make only in-house lobbying expenditures of \$2,000 or less? Did the organization argree to carry over lobbying and political campaign activity expenditures from the prior year? 3 purt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." Dues, assessments and similar amounts from members 5 ccton 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible leobbying and political description of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lo				
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 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 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? TITIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 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 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." Dues, assessments and similar amounts from members 5 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues d ff notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the o				
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		2b 2c		
expenditure next year?		2b 2c		
		2b 2c		
Taxable amount of lobbying and political expenditures (See instructions) 5	cal	2b 2c 3		
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	cal	2b 2c 3		
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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 Open to Public Inspection

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number 94 - 1156258

Pa	rt I Organizations Maintaining Donor Advised Funds	s or Other Similar Funds	or Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's exclusive			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	for charitable purposes and not for the benefit of the donor or donor ac			
	impermissible private benefit?			Yes No
Pa		answered "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (for example, recreation or ed	ucation) Preservation of	a historically	important land area
	X Protection of natural habitat	Preservation of	a certified hi	storic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	1
b	Total acreage restricted by conservation easements		2b	3,060.00
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c	0
d	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a historic structu	re	
	listed in the National Register		2d	0
3	Number of conservation easements modified, transferred, released, ex			during the tax
	year ▶0			
4	Number of states where property subject to conservation easement is	located 1		
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing cons	ervation ease	ements during the year
	▶ 0			
7	Amount of expenses incurred in monitoring, inspecting, handling of vice	plations, and enforcing conservat	ion easemen	ts during the year
	▶ \$0.			
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easem	·		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial stateme	ents that desc	cribes the
Da	organization's accounting for conservation easements.	ata di a al Tura a a una a	O::I -	
Pa	T III Organizations Maintaining Collections of Art, Hi	·	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form 990, Par			
1a	If the organization elected, as permitted under FASB ASC 958, not to	•		
	of art, historical treasures, or other similar assets held for public exhibi			public
	service, provide in Part XIII the text of the footnote to its financial state			
b	If the organization elected, as permitted under FASB ASC 958, to repo			
	art, historical treasures, or other similar assets held for public exhibitio	n, education, or research in furth	erance of pu	blic 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 treasures, or		gain, provide	9
	the following amounts required to be reported under FASB ASC 958 re	· ·		•
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990 Part X			«

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, o	Other :	Similar A	ssets	(contir	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	following that	make sigr	nificant use	of its			
	collection items (check all that apply):									
а	X Public exhibition	d	X Loan or exc	hange progra	am					
b	X Scholarly research	е								
С	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exemr	ot purpose i	in Part :	ΧIII		
5	During the year, did the organization solicit o									
J	to be sold to raise funds rather than to be ma							Yes	Х	No
Par	rt IV Escrow and Custodial Arrang									NO
	reported an amount on Form 990, Par		ete ii tile organizatio	ii alisweleu	ies oni	OIIII 990, F	ait iv, ii	ii le 9, 0i		
			ion, for contribution	- or other cor	oto not in	aludad				
та	Is the organization an agent, trustee, custodi							1 v		l
	on Form 990, Part X?						ட	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun [*]		
С	Beginning balance					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	orm 990, Part X, line	21, for escrow or cu	ustodial acco	unt liability	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) Prior year	(c) Two year	rs back (c	d) Three year	s back	(e) Four	years t	oack
1a	Beginning of year balance	190,350,478.	194,490,419.	193,049	579.	175,157	,469.	156,	821,5	589.
b	Contributions	317,512.	249,853.	486	,165.	11,793,083.		2,	010,9	79.
С	Net investment earnings, gains, and losses	49,713,981.	4,635,383.	9,661	.,586.	14,536	,103.	23,	304,1	84.
d	Grants or scholarships									
	Other expenditures for facilities									
_	and programs	17,398,910.	9,025,177.	8,706	5,911.	8,437	.076.	6.	979,2	283.
f	Administrative expenses	, , .	, , .	,	<i>'</i>		,			
g	End of year balance	222 983 061.	190,350,478.	194 490	419.	193 049	579.	175,	157 4	169.
2	Provide the estimated percentage of the curr				,		,			
	Board designated or quasi-endowment	35.0000	%	n neid as.						
a	· · · · · · · · · · · · · · · · · · ·	%								
b	Permanent endowment ► 42.0000 Term endowment ► 23.0000									
С										
_	The percentages on lines 2a, 2b, and 2c show	•								
Зa	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid ar	ia administer	ed for the	organizatio	n	ſ	<u>, </u>	
	by:							- m	Yes	
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o		or other	` '	cumulated		(d) Boo	k value	į.
		basis (investn	nent) basis	(other)	depr	reciation	_			
1a	Land			710,000.					710,0	
b	Buildings			,428,586.		3,190,32		277,	238,2	260.
С	Leasehold improvements		2	,635,380.		1,480,57	1.	1,	154,8	309.
d	Equipment		30	,416,943.	2	4,362,92	9.	6,	054,0)14.
_ е	Other		23	,390,316.		6,978,99	6.	16,	411,3	320.
	I. Add lines 1a through 1e. (Column (d) must e		X. column (R) line 1	0c.)		b	•	301,	568,4	103.
	S (Solumin (a) must c	and i dilli doo, i dit	<u>.,</u>	<u>-</u>					, 000	

Concadio D	(1 01111 000) =0=0	
Dart VII	Investments -	Other Se

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
4) Elemental destruction	(2) = 2211 12121	(-,	,
Closely held equity interests			
3) Other			
(A) EXCHANGE TRADED FUNDS	9,610,735.	END-OF-YEAR MARKET VALUE	
(B) REAL ESTATE & OTHER	723,501.	END-OF-YEAR MARKET VALUE	
(C) INVESTMENTS HELD IN TRUST	6,619,381.	END-OF-YEAR MARKET VALUE	
(D) EQUITY HEDGE FUNDS	20,553,222.	END-OF-YEAR MARKET VALUE	
(E) COMMINGLED FUNDS	67,993,469.	END-OF-YEAR MARKET VALUE	
(F) PRIVATE EQUITY INVESTMENTS	28,871,819.	END-OF-YEAR MARKET VALUE	
(G)	, ,		
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	134,372,127.		
Part VIII Investments - Program Related.	, ,		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	,	.,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990, Part X, line 15.	
·	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	4=)		

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ANNUITIES PAYABLE	2,090,169.
(3)	OTHER LONG-TERM LIABILITIES	169,610.
(4)	PAYABLE FOR INVESTMENTS PURCHASED	1,111,394.
(5)	PAYCHECK PROTECTION PROGRAM LOAN	8,106,745.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,477,918.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

	Complete if the organization answered "Yes" on Form 990, Part IV, line				110,207,784.
1				1	110,207,784.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	16 202 224		
а	Net unrealized gains (losses) on investments		16,392,224.		
b	Donated services and use of facilities		3,101.	-	
C	Recoveries of prior year grants		826,609.	-	
d	Other (Describe in Part XIII.)				17,221,994.
e	Add lines 2a through 2d			2e 3	92,985,790.
3	Subtract line 2e from line 1			3	32,303,730.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,212,036.		
a			2,212,030.	-	
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	2,212,036.
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	95,197,826.
	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	66,597,322.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, , .
a	Donated services and use of facilities	2a	3,161.		
b	Prior year adjustments		,		
c	Other losses				
d	Other (Describe in Part XIII.)		67,166.		
	Add lines 2a through 2d		,	2e	70,327.
3	Subtract line 2e from line 1			3	66,526,995.
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	2,212,036.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	2,212,036.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.			5	68,739,031.
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	and 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X, li	ine 2; Part XI,
				; Part X, li	ine 2; Part XI,
				; Part X, l	ine 2; Part XI,
lines				; Part X, li	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X, l	ine 2; Part XI,
PART	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform		; Part X, li	ine 2; Part XI,
PART	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform		; Part X, I	ine 2; Part XI,
PART THE	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform		; Part X, l	ine 2; Part XI,
PART THE	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION	additional inform		; Part X, l	ine 2; Part XI,
PART THE	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION	additional inform N EASEMENT. THE OPEN		; Part X, li	ine 2; Part XI,
PART THE	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT	additional inform N EASEMENT. THE OPEN		; Part X, I	ine 2; Part XI,
PART THE THE	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT	Additional inform N EASEMENT. THE OPEN ND TO		; Part X, I	ine 2; Part XI,
PART THE THE	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATIO PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A	Additional inform N EASEMENT. THE OPEN ND TO		; Part X, I	ine 2; Part XI,
PART THE THE SPAC	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATIO PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A	Additional inform N EASEMENT. THE OPEN ND TO		; Part X, I	ine 2; Part XI,
PART THE THE SPAC	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR	Additional inform N EASEMENT. THE OPEN ND TO		; Part X, I	ine 2; Part XI,
PART THE THE SPAC	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR	Additional inform N EASEMENT. THE OPEN ND TO		; Part X, I	ine 2; Part XI,
PART THE THE SPAC	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR	Additional inform N EASEMENT. THE OPEN ND TO		; Part X, I	ine 2; Part XI,
PART THE SPAC PREV THOS	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR	Additional inform N EASEMENT. THE OPEN ND TO		; Part X, I	ine 2; Part XI,
PART THE SPAC PREV THOS	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATIO PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR E VALUES. II, LINE 9:	Additional inform N EASEMENT. THE OPEN ND TO OR DEGRADE		; Part X, I	ine 2; Part XI,
PART THE SPAC PREV THOS	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECTE, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR E VALUES.	Additional inform N EASEMENT. THE OPEN ND TO OR DEGRADE		; Part X, I	ine 2; Part XI,
PART THE SPAC THOS PREV THOS	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR E VALUES. II, LINE 9: LAND IS BEING HELD FOR PRESERVATION PURPOSES, THEREFORE, R	Additional inform N EASEMENT. THE OPEN ND TO OR DEGRADE		; Part X, I	ine 2; Part XI,
PART THE SPAC THOS THOS	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATIO PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR E VALUES. II, LINE 9:	Additional inform N EASEMENT. THE OPEN ND TO OR DEGRADE		; Part X, I	ine 2; Part XI,
PART THE SPAC THOS THOS	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR E VALUES. II, LINE 9: LAND IS BEING HELD FOR PRESERVATION PURPOSES, THEREFORE, R RATING ACTIVITIES ARE NOT TAKING PLACE ON THE LAND. THE EX	additional inform N EASEMENT. THE OPEN ND TO OR DEGRADE EVENUE PENSES		; Part X, I	ine 2; Part XI,
PART THE SPAC THOS THOS	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any II, LINE 5: ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT E, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY A ENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR E VALUES. II, LINE 9: LAND IS BEING HELD FOR PRESERVATION PURPOSES, THEREFORE, R	additional inform N EASEMENT. THE OPEN ND TO OR DEGRADE EVENUE PENSES		; Part X, I	ine 2; Part XI,

Schedule D (Form 990) 2020 CALIFORNIA ACADEMY OF SCIENCES	94-1156258	Page 5
Part XIII Supplemental Information (continued)		
PART III, LINE 1A:		
·		
CONTRIBUTIONS OF LIVING AND OTHER COLLECTIONS HELD AS PART OF A COLLECTION		
- FOR EDUCATION, RESEARCH OR PUBLIC EXHIBITION RATHER THAN FOR SALE - ARE		
NOT RECOGNIZED OR CAPITALIZED. SUCH ITEMS WHICH HAVE BEEN ACQUIRED THROUGH		
PURCHASE HAVE SIMILARLY NOT BEEN CAPITALIZED.		
PART III, LINE 4:		
THE LIBRARY COLLECTION CONSISTS OF RARE BOOKS. CONTRIBUTIONS OF LIVING AND		
OTHER SPECIMENS HELD AS PART OF A COLLECTION - FOR EDUCATION, SCIENCE OR		
PUBLIC EXHIBITION RATHER THAN FOR SALE - ARE NOT RECOGNIZED OR		
CAPITALIZED.		
CIT I TIME BOD.		
PART V, LINE 4:		
THE INTENDED USES OF THE ACADEMY'S ENDOWMENT FUNDS ARE A BALANCE BETWEEN		
PROVIDING CURRENT PURPOSE RESTRICTED PROGRAM FUNDING, CURRENT OPERATING		
FUNDING, AND PRESERVATION OF THE ENDOWMENT TO ENSURE THE AVAILABILITY OF		
FUNDS FOR FUTURE OPERATIONS OF THE ACADEMY.		_
TONDS FOR POTORE OF ERRATIONS OF THE ACADEMY.		
PART X, LINE 2:		
THE ACADEMY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF		
SECTION 501(A) OF THE INTERNAL REVENUE CODE ("IRC" OR "THE CODE") AS AN		
ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3) AND IS NOT CLASSIFIED AS A		
PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ACADEMY IS ALSO A		
THE TOURDANT ON DEATH SUCKEY OF THE COSE, THE HOLDERY TO THESE IT		
PUBLIC-BENEFIT, TAX-EXEMPT CORPORATION UNDER THE LAWS OF THE STATE OF		
CALIFORNIA AND IS THEREFORE EXEMPT FROM CALIFORNIA INCOME AND FRANCHISE		
TAXES ON OPERATIONS RELATED TO ITS EXEMPT PURPOSE AND ANY EXCLUDABLE		
INVESTMENT INCOME.		

THE ACADEMY FILES U.S. EXEMPT ORGANIZATION RETURNS AND, AS APPLICABLE, UNRELATED BUSINESS INCOME TAX RETURNS IN FEDERAL AND STATE JURISDICTIONS.	
UNRELATED BUSINESS INCOME TAX RETURNS IN FEDERAL AND STATE JURISDICTIONS.	
THE ACADEMY'S TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2017, 2018, 2019,	
AND 2020 ARE OPEN FOR POTENTIAL IRS/STATE TAX BOARD EXAMINATION. THE	
PARTNERSHIP FILES U.S. PARTNERSHIP TAX RETURNS AND, AS APPLICABLE, INCOME	
TAX RETURNS IN STATE JURISDICTIONS. THE PARTNERSHIP'S TAX RETURNS FOR THE	
YEARS ENDED DECEMBER 31, 2017, 2018, 2019, AND 2020 ARE OPEN FOR POTENTIAL	
IRS/STATE TAX BOARD EXAMINATION. TO DATE, NEITHER THE ACADEMY NOR THE	
PARTNERSHIP HAVE BEEN NOTIFIED BY TAXING AUTHORITIES OF ANY PENDING	
EXAMINATION.	
THE ACADEMY FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS	
BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, "ACCOUNTING	
FOR UNCERTAINTY IN INCOME TAXES". MANAGEMENT EVALUATED THE ACADEMY'S TAX	
POSITIONS AND CONCLUDED THAT THERE WERE NO MATERIAL UNCERTAINTIES IN	
INCOME TAXES AS OF JUNE 30, 2021 OR 2020.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF INVESTMENTS HELD IN TRUST 759,443.	
FUNDRAISING EVENT EXPENSES 67,166.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D 826,609.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES 67,166.	

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number

94-1156258

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____ Yes ____ No.

2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	ide the
United States.					
3 Activities per Region. (The second	ne following Part (b) Number of offices in the region	I, line 3 table ca (c) Number of employees, agents, and independent contractors in the region	n be duplicated if additional space is n (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	eeded.) (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0		FIELDWORK AND EXAMINE	4,857.
SUB-SAHARAN AFRICA	1	4	PROGRAM SERVICES	FIELDWORK AND EXAMINE SPECIES.	56,089.
EAST ASIA AND THE	0	0		FIELDWORK AND EXAMINE	218.
CENTRAL AMERICA AND THE CARIBBEAN	0	0		FIELDWORK AND EXAMINE	14,761.
NORTH AMERICA	0	0		FIELDWORK AND EXAMINE SPECIES.	2,392.
3 a Subtotal	1	4			78,317.
b Total from continuation		_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	4			78,317.

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

Schedule F (Form 990) 2020

<u>ule F (Form 990) 2020</u>) CALIFORI	NIA ACADEMY OF SCI	ENCES		94-1156	258		Page 2
			Outside the United States. Cated if additional space is nee		ganization answered	"Yes" on Form	990, Part IV, line 15, for	
ame of organization	(b) IRS code section and EIN (if applicable)	I ICI REGION	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	·
3	Enter total number of other organizations or entities	

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

Part III can be duplicated if ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							l

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

Schedule F (Form 990) 2020

Page 5

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 3: THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS. PART I, LINE 3 FOR MORE THAN 160 YEARS, THE ACADEMY HAS TRAVELED THE GLOBE, COLLECTING ALL MANNER OF ROCKS AND ORGANISMS THAT CONTINUALLY TEACH US ABOUT WHERE WE'VE COME FROM AND WHERE WE ARE GOING, DIGGING, DIVING, AND DISCOVERING, ACADEMY SCIENTISTS HAVE LED EXPEDITIONS TO DOCUMENT THE PLANET'S DIVERSE FLORA AND FAUNA. THE MADAGASCAR BIODIVERSITY CENTER (MBC) IS A MALAGASY NGO FUNDED AND MANAGED BY THE CALIFORNIA ACADEMY OF SCIENCES. THE CENTRAL MISSION OF MBC IS TO IMPROVE AND ACCELERATE INDIVIDUAL AND INSTITUTIONAL CAPACITY IN BIODIVERSITY RESEARCH IN MADAGASCAR. THE CENTER INCLUDES TRAINING FACILITIES FOR MALAGASY STUDENTS AND PROVIDES AN ENVIRONMENT WHERE MALAGASY SCIENTISTS CAN PARTICIPATE IN CONSERVATION DECISION-MAKING. MBC HAS ESTABLISHED COLLABORATIONS WITH PARC BOTANIQUE ET ZOOLOGIQUE DE TSIMBAZAZA, ASSOCIATION NATIONALE POUR LA GESTION DES AIRES PROTEGEES AND INTERNATIONAL CONSERVATION AGENCIES IN MADAGASCAR TO ENSURE THAT OUR RESULTS WILL BE CONSIDERED AS THEY DESIGN PRIORITY AREAS, MODEL CLIMATE CHANGE, OR MANAGE LOCAL PARKS.

Schedule F (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

2020

Open to Public Inspection

Employer identification number

CALIFORNIA	ACADEMY OF SCIENCES				94-115625	8
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	sed funds through any of the followin e X Solicitat f X Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
M+R STRATEGIC SERVICES, INC.	DEVELOPMENT PROGRAM REVIEW	Yes	No			
- 1611 TELEGRAPH AVE, SUITE	AND STRATEGIC CONSULTING		Х	0.	122,301.	-122,301.
Total			•		122,301.	-122,301.
List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through SPRING FORWARD SUPERNATURAL col. (c)) (event type) (event type) (total number) 982,086. 144,282. 1,126,368. 1 Gross receipts 2 Less: Contributions 952,262. 135,428. 1,087,690. 3 Gross income (line 1 minus line 2) 29,824. 8,854. 38,678. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 2,665. 2,665. 7 Food and beverages 13,676. 9,130. 22,806. 8 Entertainment 24,866. 16,829. 41,695. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 67,166. -28,488. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 CALIFORNIA ACADEMY OF SCIENCES 94-1	LTD0Z5	18	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
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	s If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, Iir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
/ T \	NAME OF BUNDDATGED, M.D. GEDAMBOTO GEDATGED. THO			
(1)	NAME OF FUNDRAISER: M+R STRATEGIC SERVICES, INC.			
(I)	ADDRESS OF FUNDRAISER:			
161	1 TELEGRAPH AVE, SUITE 900, OAKLAND, CA 94612			
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Schedule G	G (Form 990 or 990-EZ)	CALIFORNIA ACADEMY OF SCIENCES	94-1156258	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2020 Open to Public

Inspection

Name of the organization CALIFORNIA ACA	DEMY OF SCIEN	CES					Employer identification number 94-1156258
Part I General Information on Grants an	ıd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's production 	tance?				-		
Part II Grants and Other Assistance to D					anization answered "\	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	d government org	anizations listed in th	e line 1 table		<u> </u>		>
3 Enter total number of other organizations	listed in the line 1	table					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SSISTANCE TO STUDENTS FOR STUDY AND RESEARCH	33	68,622.	0.		
		,			
Part IV Supplemental Information. Provide the information re	quired in Part I. lin	e 2: Part III. column	(b): and any other ac	dditional information.	
PART I, LINE 2:	,	,			
PARTICIPANTS WORK CLOSELY WITH THEIR DEPARTMENTAL	ADVISER, WHO	IS REQUIRED			
TO SUBMIT REPORTS DESCRIBING PROJECT OUTCOMES THRO	OUGHOUT THE TE	RM OF THE			
SCHOLARSHIP OR ASSISTANCE.					

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number 94-1156258

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 X Housing allowance or residence for personal use First-class or charter travel X Housing allowance or residence for personal use Payments for business use of personal residence Payments for business use of personal residence Payments for business use of personal residence Personal services (such as maid, chauffeur, chef)	Da	rt I Questions Regarding Compensation	30230		
The Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Travel for companions Payments for business use of personal use leading to the companion of the companions Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 Ib X If any of the boxes, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization or establish compensation or of the CEO/Executive Director, but explain in Part III. Compensation committee If the pendent compensation consultant Approval by the board or compensation committee Divining 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: Receive a severance payment for change-of-control payment? Participate in or receive payment from an equity-based compensation arrangement? Acc Participate in or receive payment from an equity-based compensation arrangement? The organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Approvable lines 5-9. The organization? Approvable provide the applicable amounts for each item in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organizatio	1 6	att Questions negarating compensation		Voc	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal use Taxuel 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)	10	Chack the apprentiate hav/as) if the arganization provided any of the following to or far a pareon listed on Form 990		162	NO
First-class or charter travel X Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Payments for business use of personal residence Pakelth or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)	Ia				
Travel for companions					
Tax indemnification and gross-up payments		:			
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 X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 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 Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 15 Any related organization? 16 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X A Phy related organization? 16 Any related organization? 17 Yes" on line 6 a					
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 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 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. 3 Independent compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 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 X A		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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? 3 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 Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 5 Participate in or receive payment from an equity-based compensation arrangement? 6 Participate in or receive payment from an equity-based compensation arrangement? 7 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 8 Only section 50 1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 1 If "Yes" on line 5 a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 A X 5 A X 5 A X 5 A Y 5 A Y 5 A Y 5 A Y Yes" on line 6 a or 6b, describe in Part III.	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
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? 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 Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5a X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2	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 Compensation committee			2	х	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee A 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: a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5b X c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5a X b Any related organization? 6a X b Any related organization? 6a X b Any related organization? 6a X c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X c For persons listed or 6b, describe in Part III. 6b X c For persons listed or 6b, describe in Part III. C c For persons listed or 6b, describe in Part III. C c For persons listed or 6b, describe in Part III. C c For persons listed or 6b, describe in Part III. C c For persons lis	Ū				
X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X b Any related organization? 6b X					
X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X b Any related organization? 5a X c For persons listed on Form 990, Part VIII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X b Any related organization? 6a X b Any related organization? 6a X c For persons listed on Form 990, Part VIII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X b Any related organization? 6a X c For persons listed on Form 990, Part VIII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X d For persons listed on Form 990, Part VIII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X d For persons listed on Form 990, Part VIII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X d For persons listed on Form 990, Part VIII. Section A, line 1a, did the organization pay or accrue any c					
A 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: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 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 contingent on the revenues of: a The organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III.					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 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 contingent on the revenues of: a The organization? f "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 contingent on the net earnings of: a The organization? f a The organization?		= ·····, ·····,			
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 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 contingent on the revenues of: a The organization? 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 contingent on the net earnings of: a The organization? a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? for Part III.		Approval by the board or compensation committee			
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 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 contingent on the revenues of: a The organization? b Any related organization? f "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 contingent on the net earnings of: a The organization? a The organization? f "Yes" on line 6a or 6b, describe in Part III.	4	During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filing			
a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III.	-				
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 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 contingent on the revenues of: a The organization? b Any related organization? 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 contingent on the net earnings of: a The organization? a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III.	а		4a	х	
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Any related organization? 6 Any related organization? 6 If "Yes" on line 6a or 6b, describe in Part III.	_				Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Any related organization? 6 Any related organization? 6 If "Yes" on line 6a or 6b, describe in Part III.	С		•		Х
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? 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 pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		Out to a 11 to 504(2)(0) 504(2)(4) and 504(2)(00) and a 12 to 12 t			
contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	_				
The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	5				
b Any related organization? 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 contingent on the net earnings of: The organization? Any related organization? B Any related organization? G B X If "Yes" on line 6a or 6b, describe in Part III.			_		
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	a				
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	b		5b		
contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		·			
a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III.	6				
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.					
If "Yes" on line 6a or 6b, describe in Part III.					_
	b		6b		X
		,			
	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
not described on lines 5 and 6? If "Yes," describe in Part III		not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		Х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9				
Regulations section 53.4958-6(c)?		Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

CALIFORNIA ACADEMY OF SCIENCES

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) SCOTT D. SAMPSON	(i)	442,053.	95,000.	2,223.	0.	229,451.	768,727.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIKE MCGEE	(i)	397,131.	0.	1,231.	10,470.	32,210.	441,042.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELISSA FELDER	(i)	373,206.	0.	2,303.	9,726.	30,580.	415,815.	0.
CHIEF REVENUE & MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH BABCOCK	(i)	342,189.	0.	1,167.	4,536.	24,347.	372,239.	0.
CHIEF PUBLIC ENGAGEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHANNON BENNETT	(i)	298,213.	0.	1,040.	7,723.	14,795.	321,771.	0.
CHIEF OF SCIENCE & SUSTAIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ISAAC KWON	(i)	281,287.	0.	1,055.	3,331.	24,095.	309,768.	0.
COO & AND HEAD OF GOVERNMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RAUL DEL BARCO	(i)	235,115.	0.	1,494.	6,152.	9,879.	252,640.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) REBECCA SCHUETT	(i)	171,150.	0.	553.	6,231.	14,955.	192,889.	0.
DIR OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARY NEMEROV	(i)	161,482.	0.	332.	0.	102.	161,916.	0.
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LUIZ ROCHA	(i)	237,213.	0.	537.	6,159.	29,405.	273,314.	0.
ASSOCIATE CURATOR, ICTHYOL	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RYAN WYATT	(i)	230,754.	0.	802.	6,027.	11,009.	248,592.	0.
SR. DIR MORRISON PLANETARIUM	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHAEL COSTANZO	(i)	228,698.	0.	867.	6,434.	27,488.	263,487.	0.
GENERAL COUNSEL AND DIRECTOR OF SECU	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) WILLIAM SHEPHERD III	(i)	217,857.	0.	785.	5,914.	32,203.	256,759.	0.
SR. DIR OF STEINHART AQUARIUM	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DEBRA TROCK	(i)	112,107.	0.	152,950.	2,028.	4,153.	271,238.	0.
DIRECTOR OF SCIENCE COLLECTIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 1A:

HOUSING ALLOWANCE AS A CONDITION OF EMPLOYMENT. THE EXECUTIVE DIRECTOR IS

REQUIRED TO RESIDE ON ACADEMY PROPERTY IN ORDER TO BE AVAILABLE FOR

AFTERHOURS EMERGENCIES AND/OR BUSINESS MEETINGS; TO HOST PUBLIC RELATIONS

EVENTS, AND TO ENTERTAIN POTENTIAL DONORS, PER INTERNAL REVENUE CODE

SECTION 119. THE VALUE OF THIS HOUSING AND ASSOCIATED PERSONAL SERVICES ARE

NOT TREATED AS TAXABLE COMPENSATION TO THE EXECUTIVE DIRECTOR. EMERGENCIES

AND/OR BUSINESS MEETINGS; TO HOST PUBLIC RELATIONS EVENTS. AND TO ENTERTAIN

POTENTIAL DONORS. PER INTERNAL REVENUE CODE SECTION 119. THE VALUE OF THIS

HOUSING AND ASSOCIATED PERSONAL SERVICES ARE NOT TREATED AS TAXABLE

COMPENSATION TO THE EXECUTIVE DIRECTOR.

DURING CALENDAR YEAR 2020, EXECUTIVE DIRECTOR SCOTT SAMPSON RECEIVED

APPROXIMATELY \$200,057 HOUSING ALLOWANCE REPORTED AS A NONTAXABLE BENEFIT

ON SCH J PART II COLUMN (D).

PART I, LINE 4A:

ONE EMPLOYEE WHO RECEIVED A SEVERANCE PAYMENT FROM THE ORGANIZATION

PROPERLY REPORT HER RESPECTIVE COMPENSATION, ON FORM 990, PART VII AND

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
SCHEDULE J, PART II.
THE TERMS AND CONDITIONS OF THE AGREEMENT ARE CONFIDENTIAL AND CAN BE MADE
AVAILABLE TO THE IRS UPON REQUEST. ALL AMOUNTS PAID DURING THE PERIOD
COVERED BY THIS RETURN, ARE APPROPRIATELY INCLUDED IN FORM 990, PART VII,
AND IN SCHEDULE J, PART II AS A PART OF REPORTABLE COMPENSATION REPORTED ON
HER RESPECTIVE FORM W-2.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number 94-1156258

Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	(f) Description	on of purpose	(g) De	feased	(h) On of is		(i) Po	
								Yes	No	Yes	No	Yes	No
CALIFORNIA INFRASTRUCTURE AND													
A ECONOMIC DEVELOPMENT BANK	63-0304653	13034AQ45	06/03/21	70,3	370,000.R	REFINANCING	OF DEBT		Х		Х		Х
CALIFORNIA INFRASTRUCTURE AND													
B ECONOMIC DEVELOPMENT BANK	63-0304653	13034AQ52	06/03/21	70,3	360,000.R	REFINANCING	OF DEBT		Х		Х		Х
CALIFORNIA INFRASTRUCTURE AND													
C ECONOMIC DEVELOPMENT BANK	63-0304653	13034AQ60	06/03/21	6/03/21 70,360,000.RI		REFINANCING	OF DEBT		Х		Х		Х
CALIFORNIA INFRASTRUCTURE AND													
D ECONOMIC DEVELOPMENT BANK	63-0304653	13034AQ78	06/03/21	70,3	360,000.R	REFINANCING	OF DEBT		Х		Х		Х
Part II Proceeds													
			Α			В	С	;			D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue			70	,370,000.		70,360,000.	70	,360,000	70,			,360,000.	
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows			70	,370,000.		70,360,000.	70,360,000.				70,3	,360,	000.
7 Issuance costs from proceeds													
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceed	ds												
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion				2008		2008		2008				2008	
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refundi	ng issue of tax-exempt	bonds (or,											
if issued prior to 2018, a current refunding	issue)?		х		Х		Х			Х			
15 Were the bonds issued as part of a refundi	ng issue of taxable bor	nds (or, if											
issued prior to 2018, an advance refunding	issue)?			Х		Х		Х					X
16 Has the final allocation of proceeds been n	nade?	·····	Х		Х		Х			Х			
17 Does the organization maintain adequate b	ooks and records to su	upport the											
final allocation of proceeds?			Х		Х		х			Х			

Schedule K (Form 990) 2020 CALIFORNIA ACADEMY OF SCIENCES 94-1156258 Page 2

Part III Private Rusiness Use

Par	t III Private Business Use								
			Ą	E	3	(2)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		Х		х		Х
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		Х		Х		X
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х		Х		Х		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х		Х		Х		Х
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х		Х		х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		х		х		Х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		X		X		X	
Par	t IV Arbitrage								
			A	E	3	(Ç)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?	Х		Х		Х		Х	
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?								
b	Exception to rebate?								
С	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		_						
3	Is the bond issue a variable rate issue?	Х		Х		X		X	

Part IV Arbitrage (continued)								
		A		В		С	ſ	D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х		Х		Х
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X		Х		Х	
Part V Procedures To Undertake Corrective Action								
		A	ı	В		<u>c</u>	r	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X		X		х	
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization	
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CALIFORNIA ACADEMY OF SCIENCES

Employer identification number

94-1156258

Part I Excess Benefit T	ransactio	ons (section 50	1(c)(3), secti	on 501(c)(4), and	section 501(c)(29) orga	anizations only).		
					25b, or Form 990-EZ, P			
1	(b) F	Relationship betv		1			(d) Cor	rected?
(a) Name of disqualified persor)	person and or	ganization		(c) Description of trai	Yes	No	
2 Enter the amount of tax incurre	ed by the or	rganization mana	agers or disq	ualified persons	during the year under			
section 4958	•					▶ \$		
3 Enter the amount of tax, if any						> \$		
•	,	•	,					
Part II Loans to and/or	From Inte	erested Pers	ons.					
Complete if the organi	zation answ	vered "Yes" on F	orm 990-EZ,	Part V, line 38a	or Form 990, Part IV, lir	ne 26; or if the org	ganization	
reported an amount or	n Form 990,	, Part X, line 5, 6	, or 22.				-	
	Relationship	(c) Purpose	(d) Loan to or from the	(e) Original	(f) Balance due	(g) In (h) /		Written

(a) Name of interested person	(b) Relationship with organization			(e) Original principal amount	(f) Balance due	(g) In default?		(h) Ap by bo comm	ard or	agreement?		
			То	From			Yes	No	Yes	No	Yes	No
SHANNON BENNETT	CHIEF OF	HOME LOA		Х	133,000.	12,192.		Х	Х		Х	
LUIZ ROCHA	CURATOR	HOME LOA		Х	150,000.	17,500.		Х	Х		Х	
Total	•				> \$	29,692.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2020

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	of (e) Sharing of organization revenues?	
	porcent and the organization	i andadion	inanoastion	Yes	No
					-
Part V Supplemental Information.					<u></u>
	esponses to questions on Schedule L (see in	nstructions).			
COURDY I DADE IT LOANS TO AND TR	ON THEFT DEED DEDGONG				
SCHEDULE L, PART II, LOANS TO AND FR	OM INTERESTED PERSONS:				
(A) NAME OF PERSON: SHANNON BENNETT					
(B) RELATIONSHIP WITH ORGANIZATION:	CHIEF OF SCIENCE				
(C) PURPOSE OF LOAN: HOME LOAN PURCH	TAGE DECCEAM				
(C) FORFOSE OF BOAN: NOME BOAN FORCE	ASE FROGRAM				
(A) NAME OF PERSON: LUIZ ROCHA					
(B) RELATIONSHIP WITH ORGANIZATION:	CURATOR & CHAIR ICTHYOLOGY				
(C) PURPOSE OF LOAN: HOME LOAN PURCH	IASE PROGRAM				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization CALIFORNIA ACADEMY OF SCIENCES Employer identification number 94-1156258

Fai	LI	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 10	(d) Method of de noncash contribu			S
1	Art -	Works of a	art			, , ,				
2			treasures							
			interests							
4			plications							
			ousehold goods							
5			vehicles							
6										
7			nes							
8			perty	X	19	681 /15	FAIR MARKET VALU			
9			olicly traded	^	19	001,413	FAIR MARKET VALU	<u> </u>		
10			sely held stock							
11			tnership, LLC, or							
			scellaneous							
13			ervation contribution -							
		oric structu								
14	Qual	ified conse	ervation contribution - Other							
15			esidential							
16			ommercial							
17	Real	estate - O	ther							
18	Colle	ectibles								
19	Food	l inventory		X	5	7,921	FAIR MARKET VALU	E		
20	Drug	s and med	dical supplies							
21	Taxio	dermy								
22	Histo	orical artifa	cts							
23	Scien	ntific spec	imens	Х	197,349					
24			artifacts							
25	Othe	er 🕨 (COMPUTER EQUI)	X	1	88,000	FAIR MARKET VALU	E		
26	Othe	er 🕨 (LABORATORY SU)	Х	3	63,582	FAIR MARKET VALU	Ε		
27	Othe	er 🕨 (PUBLIC ACCESS)	Х	1	219	FAIR MARKET VALU	E		
28	Othe	er 🕨 ()							
29	Num	ber of For	ms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for w	hich the c	rganization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			4	
									Yes	No
30a	Durir	ng the yea	r, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must	hold for a	at least three years from the date	of the initia	l contribution, and	which isn't required to be u	ised for			
	exem	npt purpos	ses for the entire holding period?	•		·		30a		х
b	If "Ye	es," descri	be the arrangement in Part II.							
31		,	nization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	itions?	31	х	
		-	nization hire or use third parties o	-	•	•				
		ributions?			9	,,		32a		х
b	If "Ye	es," descri	be in Part II.							
33			ion didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	ecked,			
		ribe in Paı	•				<u> </u>			

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

Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number 94-1156258

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO EXPLORE, EXPLAIN, AND SUSTAIN LIFE USING THE RESOURCES OF OUR
RESEARCH INSTITUTE, AQUARIUM, PLANETARIUM, NATURAL HISTORY MUSEUM, AND
RAINFOREST TO SHARE SCIENTIFIC KNOWLEDGE WITH THE PUBLIC.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH EXPEDITIONS AROUND THE GLOBE AND INVESTIGATIONS IN THE LAB,
ACADEMY SCIENTISTS STRIVE TO UNDERSTAND THE EVOLUTION AND
INTERCONNECTEDNESS OF LIFE AND GUIDE CRITICAL CONSERVATION DECISIONS.
THROUGH EXHIBITIONS, EDUCATIONAL PROGRAMS, AND PARTNERSHIPS THAT
ADDRESS THESE SAME TOPICS-ON-SITE, IN THE COMMUNITY, IN BIODIVERSITY
HOTSPOTS AROUND THE WORLD, AND ONLINE-THE ACADEMY AIMS TO IGNITE
CURIOSITY ABOUT THE NATURAL WORLD, INSPIRE AND MENTOR THE NEXT
GENERATION OF SCIENTISTS AND EDUCATORS, CULTIVATE A MORE SCIENTIFICALLY
LITERATE PUBLIC, AND KINDLE A COMMITMENT TO RESPONSIBLE STEWARDSHIP OF
OUR PLANET.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THAT ROTATES ANNUALLY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
EDUCATION AND OUTREACH: THE ACADEMY IS AN INNOVATIVE LEADER IN EFFORTS
TO INCREASE SCIENTIFIC AND ENVIRONMENTAL LITERACY WORLDWIDE. THE MUSEUM
IS HOME TO SCIENCE EDUCATORS AND COMMUNICATORS AS WELL AS MORE THAN

NIGHLY TRAINED DOCENTS WHO ENGAGE PROPLE OF ALL AGRS-BOTH HERE IN CALIFORNIA AND ARGUND THE WORLD-IN THE SCIENTIFIC CONCEPTS AND ISSUES THAT WILL SHAPE OUR PUTURE. THROUGH INTERSIVE PARTHESSHIPS WITH SCHOOLS AND TEACHERS, INNOVATIVE PROGRAMS AND EXHIBITS FOR ALL AGRS, ENGAGING ONLINE LEARNING AND DIGITAL MEDIA OFFERINGS, AND IMMERSIVE SCIENCE VISUALIZATION PRODUCTIONS, ACADEMY EDUCATORS INCREASE THE FUBLIC'S UNDERSTANDING AND AFFRECIATION OF THE NATURAL WORLD AND INSPIRE PARTICIPANTS TO HELF SUSTAIN THE RICH DIVERSITY OF LIFE ON EARTH, VOLUNTEERS HELF SUPPORT THE ACADEMY ANNUALLY AND PROVIDE A CONNECTION BETWEEN THE DIVERSE BAY AREA COMMUNITY AND THE ACADEMY'S WOSEUM, RESEARCH, AND ADMINISTRATION. AS ONE OF THE BAY AREA'S LEADING CULTURAL INSTITUTIONS DEDICATED TO OPENING ITS DOORS TO THE ENTIRE COMMUNITY, THE ACADEMY OFFERS A VARIETY OF FREE AND REDUCED ACMISSION OPPORTUNITIES AND ACCESS PROGRAMS TO SERVE ALL VISITORS. EXPENSES 2,862,083. INCLUDING GRANTS OF \$21,091. REVENUE \$217,045. MEMBERSHIP: THE ACADEMY'S MEMBERSHIP PROGRAM PROVIDES YEAR ROUND ACCESS TO OUR OPPERINGS TO NEARLY 30,080 HOUSEHOLDS, THROUGH THEIR MONTHLY AND ANNUAL GIPTS, MEMBERS SUPPORT THE ACADEMY'S MISSION TO EXPENSE. EXPLAINS AND EXPLAIN LIFE ON BRATH, ON AVERAGE, ACADEMY MEMBERS VISIT RETWEEN TWO AND THREE TIMES A YEAR, PARTICIPATING IN OUR PUBLIC PROGRAMS, EXPLORING THE ICONIC EXHIBITS, SUCH AS THE STEINHART AQUARIUM AND RAINFORMST, ATTENDING MORESHOPS AND LECTURES, AND SHARING THE EXPERIENCE WITH THEIR PRIBNDS AND FAMILIES. A SIGNIPICANT NUMBER OF THE ACADEMY'S MEMBERS HAVE BEEN A PART OF THE ACADEMY "PANILY" FOR MANY GENERATIONS. EXPENSES \$ 2,078,536. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
CALIFORNIA AND AROUND THE WORLD-IN THE SCIENTIFIC CONCEPTS AND ISSUES THAT WILL SHAPE OUR PUTURE. THROUGH INTENSIVE PARTNERSHIPS WITH SCHOOLS AND TEACHERS, INNOVATIVE PROGRAMS AND EXHIBITS FOR ALL AGES, ENGAGING ONLINE LEARNING AND DIGITAL MEDIA OPPERINGS, AND IMMERSIVE SCIENCE VISUALIZATION PRODUCTIONS, ACADEMY EDUCATORS INCREASE THE PUBLIC'S UNDERSTANDING AND APPRECIATION OF THE NATURAL WORLD AND INSPITE PARTICIPANTS TO HELP SUSTAIN THE RICH DIVERSITY OF LIFE ON EARTH, VOLUMPEERS HELP SUPPORT THE ACADEMY ANDUALLY AND PROVIDE A CONNECTION BETWEEN THE DIVERSE BAY AREA COMMUNITY AND THE ACADEMY'S MUSEUM, RESEARCH, AND ADMINISTRATION, AS ONE OF THE BAY AREA'S LEADING CULTURAL INSTITUTIONS DEDICATED TO OPENING ITS DOORS TO THE EMPIRE COMMUNITY, THE ACADEMY OFFERS A VARIETY OF FREE AND REDUCED ADMISSION OPPORTUNITIES AND ACCESS PROGRAMS TO SERVE ALL VISITORS. EXPENSES S 2,862,883, INCLUDING GRANTS OF S 21,091, REVENUE \$ 217,045, MEMBRESHIP: THE ACADEMY'S MEMBRESHIP FROGRAM PROVIDES YEAR ROUND ACCESS TO OUR OFFERINGS TO NEARLY 30,000 HOUSEHOLDS, THROUGH THEIR MONTHLY AND ANNUAL GIFTS, MEMBRES SUPPORT THE ACADEMY'S MISSION TO EXPLORE, EXPLAIN AND EXPLAIN LIFE ON EARTH, ON AVERAGE, ACADEMY MEMBERS VISIT BETWEEN TWO AND THREE TIMES A YEAR, PARTICIPATING IN OUR FUBLIC PROGRAMS, EXPLORING THE ICONIC EXHIBITS, SUCH AS THE STEINHART AQUARIUM AND RAINFORST, ATTENDING WORSHOPS AND LECTURES, AND SHARING THE EXPERIENCE WITH THEIR PRIENDS AND FAMILIES. A SIGNIFICANT NUMBER OF THE EXPERIENCE WITH THEIR PRIENDS AND FAMILIES. A SIGNIFICANT NUMBER OF THE EXPERIENCE WITH THEIR PRIENDS AND FAMILIES. A SIGNIFICANT NUMBER OF THE EXPERIENCE WITH THEIR PRIENDS AND FAMILIES. A SIGNIFICANT NUMBER OF THE EXPERIENCE WITH THEIR PRIENDS AND FAMILIES. A SIGNIFICANT NUMBER OF THE EXPERIENCE WITH THEIR PRIENDS AND FAMILIES. A SIGNIFICANT NUMBER OF THE	CABIFORNIA ACADEMI OF SCIENCES	74 1130230
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CONNECTION BETWEEN THE DIVERSE BAY AREA COMMUNITY AND THE ACADEMY'S MUSEUM, RESEARCH, AND ADMINISTRATION. AS ONE OF THE BAY AREA'S LEADING CULTURAL INSTITUTIONS DEDICATED TO OPENING ITS DOORS TO THE ENTIRE COMMUNITY, THE ACADEMY OFFERS A VARIETY OF FREE AND REDUCED ADMISSION OPPORTUNITIES AND ACCESS PROGRAMS TO SERVE ALL VISITORS. EXPENSES \$ 2,862,083. INCLUDING GRANTS OF \$ 21,091. REVENUE \$ 217,045. MEMBERSHIP: THE ACADEMY'S MEMBERSHIP PROGRAM PROVIDES YEAR ROUND ACCESS TO OUR OFFERINGS TO NEARLY 30,000 HOUSEHOLDS. THROUGH THEIR MONTHLY AND ANNUAL GIFTS, MEMBERS SUPPORT THE ACADEMY'S MISSION TO EXPLORE, EXPLAIN AND EXPLAIN LIFE ON EARTH. ON AVERAGE, ACADEMY MEMBERS VISIT BETWEEN TWO AND THREE TIMES A YEAR, PARTICIPATING IN OUR PUBLIC PROGRAMS, EXPLORING THE ICONIC EXHIBITS, SUCH AS THE STEINHART AQUARIUM AND RAINFOREST, ATTENDING WORKSHOPS AND LECTURES, AND SHARING THE EXPERIENCE WITH THEIR FRIENDS AND FAMILIES. A SIGNIFICANT NUMBER OF THE ACADEMY'S MEMBERS HAVE BEEN A PART OF THE ACADEMY "FAMILY" FOR MANY GENERATIONS.	PARTICIPANTS TO HELP SUSTAIN THE RICH DIVERSITY OF LIFE ON	
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GENERATIONS.	EXPERIENCE WITH THEIR FRIENDS AND FAMILIES. A SIGNIFICANT NUMBER OF THE	
	ACADEMY'S MEMBERS HAVE BEEN A PART OF THE ACADEMY "FAMILY" FOR MANY	
EXPENSES \$ 2,078,536. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	GENERATIONS.	
	EXPENSES \$ 2,078,536. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	

Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
ADMISSIONS	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,610,980.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY RSM US LLP ("RSM"), BASED ON INFORMATION	
PROVIDED BY THE ORGANIZATION'S STAFF. PRIOR TO FILING WITH THE IRS, THE	
FORM 990 IS DISTRIBUTED TO THE TRUSTEES FOR THEIR REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
PERSONS COVERED: THE CODE OF CONDUCT, CONFLICT OF INTEREST AND	
CONFIDENTIALITY POLICY SHALL APPLY TO THE CONDUCT OF ANY "INTERESTED	
PERSON," AND ANY TRANSACTION OR ARRANGEMENT WITH AN "INTERESTED PERSON."	
AN "INTERESTED PERSON" IS A TRUSTEE, AN OFFICER, AN EXECUTIVE DIRECTOR, A	
HIGHLY COMPENSATED EMPLOYEE, A SUBSTANTIAL CONTRIBUTOR OR A MEMBER OF A	
COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT	
"FINANCIAL INTEREST". DETERMINATION OF CONFLICTS: ANY QUESTIONS WITH REGARD	
TO A PARTICULAR CIRCUMSTANCE OR OCCURRENCE SHOULD BE ADDRESSED TO THE CHAIR	
OF THE AUDIT COMMITTEE, WHO MAY CONSULT WITH LEGAL COUNSEL AS APPROPRIATE.	
ACTUAL CONFLICTS REVIEWED: AS SOON AS IS PRACTICABLE AFTER DETERMINING THAT	
A POTENTIAL CONFLICT OF INTEREST EXISTS, THE BOARD SHALL DELIBERATE THE	
MATTER, AND THE POTENTIALLY INTERESTED PERSON, AFTER SUPPLYING SUCH	
INFORMATION AS THE BOARD SHALL REQUEST, SHALL RECUSE HIMSELF OR HERSELF.	
RESTRICTIONS IMPOSED: REQUIRE THAT THE INTERESTED PERSON LEAVE THE MEETING	
DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT	
THAT MAY CREATE THE CONFLICT OF INTEREST.	

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
CALIFORNIA ACADEMY OF SCIENCES	94-1156258
THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION IS REVIEWED ANNUALLY.	
INCREASES IN PAY ARE RECOMMENDED CONSISTENT WITH GUIDELINES FOR ALL STAFF.	
THE CHAIRMAN OF THE BOARD RECOMMENDS AN INCREASE FOR THE EXECUTIVE	
DIRECTOR. THIS RECOMMENDATION IS BASED ON COMPENSATION DATA PREPARED BY THE	
ORGANIZATION'S ATTORNEYS. COMPENSATION DATA MAY INCLUDE A COMPENSATION	
SURVEY BY THE HAY GROUP AND 990 ORGANIZATIONS.	
THE PERFORMANCE AND COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY	
EMPLOYEES ARE REVIEWED ANNUALLY. THE EXECUTIVE DIRECTOR RECOMMENDS	
INCREASES THAT ARE CONSISTENT WITH THE GUIDELINES FOR THE REST OF STAFF AND	
REVIEWS THESE RECOMMENDATIONS WITH THE CHAIRMAN OF THE BOARD. COMPENSATION	
STUDIES FOR THESE POSITIONS MAY BE CONDUCTED BY THE HAY GROUP TO PROVIDE	
SUPPORT FOR RECOMMENDATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE	
ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR	
	
THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF INVESTMENTS HELD IN TRUST 759,443.	
·	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	

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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	CALIFORNIA ACADEMY OF	SCIENCES					94-1156258		
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes	" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco			sets Direct co		9
Part II	Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	or more	related tax-exe	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) Direct controlling entity		g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No
		I .		ı	1				1

		0 11 10 1	"'' " " " " " " " " " " " " " " " " " "	D 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
n	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 34. b	ecause it had one or	more related
				,,		
	organizations treated as a partnership during the tax year.					
	organizations treated as a partitoronip during the tax year.					

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(h)		(h)		(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?				allocations?			managi partne	or Percentage ownership		
		country)		sections 512-514)	sections 512-514)		Yes	No	K-1 (Form 1065)	Yes N	0						
CALIFORNIA ACADEMY OF																	
SCIENCES ENDOLITH ENDOWMENT			CALIFORNIA														
FUND, LP - 47-2271303, C/O]		ACADEMY OF														
HALL CAPITAL, ONE MARITIME	INVESTMENT	CA	SCIENCES	INVESTMENT	18,372,163.	188,690,215.		x	41,510.	x	100%						
	1																
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		l .	I.			l	L	I									

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)	(i	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		tion b)(13) rolled tity?	
		country)		ŕ				Yes	No	
	1									
	1									
	I .	1				1	1			

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

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 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	у				1a		X
					1b	Х	
c Gift, grant, or capital contribution from related organization(s)					1c		Х
d Loans or loan guarantees to or for related organization(s)					1d		Х
e Loans or loan guarantees by related organization(s)					1e		Х
f Dividends from related organization(s)					1f		Х
g Sale of assets to related organization(s)					1g		Х
h Purchase of assets from related organization(s)					1h		Х
i Exchange of assets with related organization(s)					1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)					1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)					1k		X
I Performance of services or membership or fundraising solicitations for related organ					11		<u>X</u>
m Performance of services or membership or fundraising solicitations by related organ					1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization					1n		X
Sharing of paid employees with related organization(s)					10		Х
					_		77
p Reimbursement paid to related organization(s) for expenses					1 p		X
q Reimbursement paid by related organization(s) for expenses					1q		X
					4		Х
					1r 1s	х	
 S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on w 					IS	21	
·	· ·		elationships and transact				
(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of	(d) determining amount inv	olved		
	type (a-s)			· ·			
(1) CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP	В	4,700,550.	GAAP				
(2) CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP	S	4,777,062.	GAAP				
(3)							
(4)							
(4)							
(E)							
(5)							
(6)							
032163 10-28-20	1	I	l	Schedule	R (Forn	n 9901	2020
				222.410		,	

Schedule R (Form 990) 2020 CALIFORNIA ACADEMY OF SCIENCES 94-1156258 Page 4

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Form	990-T	E	Exempt Organization Business Income Tax Return	-	OMB N	No. 1545-0047		
		_	(and proxy tax under section 6033(e))		7	020		
		For ca	lendar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 2021	- ·		UZU		
Depart Interna	ment of the Treasury Il Revenue Service	•	 Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 	ŀ	Open to Public Inspection for 501(c)(3) Organizations Only			
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identi	ification number		
B Ex	cempt under section	Print	CALIFORNIA ACADEMY OF SCIENCES		94-1156258			
X] 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 55 MUSIC CONCOURSE DRIVE		exemptions nstructions	on number s)		
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94118	F	Chec	k box if		
		С Во	bok value of all assets at end of year		an an	nended return.		
G (Check organization t	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust A	oplicat	ole reins	surance entity		
H (Check if filing only to	▶	Claim credit from Form 8941 Claim a refund shown on Form 2439					
l (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation					
J E	nter the number of	attach	ed Schedules A (Form 990-T)		7			
K [During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	>	Yes	X No		
ľ	f "Yes," enter the na	ame an	d identifying number of the parent corporation.					
	he books are in car			115)	379-51	141		
Pa	rt I Total Unr	elate	d Business Taxable Income					
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see					
	instructions)			1	<u> </u>	151,031.		
2	Reserved			2				
3	Add lines 1 and 2			3	<u> </u>	151,031.		
4			(see instructions for limitation rules)	4	<u> </u>	0.		
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	 	151,031.		
6		•	ng loss. See instructions	6	 			
7			ss taxable income before specific deduction and section 199A deduction.			454 004		
	Subtract line 6 from			7		151,031.		
8			rally \$1,000, but see instructions for exceptions)	8	 	1,000.		
9			duction. See instructions	9				
10	Total deductions.			10	 	1,000.		
11		ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,			150 021		
Pa	enter zero rt II Tax Com	nutat	ion	11		150,031.		
				_		31,507.		
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1		31,307.		
2	Part I, line 11 from		ates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041)	2				
2	Proxy tax. See ins		` , , , , , , , , , , , , , , , , , , ,	3				
3 4	Other tax amounts			4				
5	Alternative minimu			5				
6			cility income. See instructions	6				
7	•		h 6 to line 1 or 2, whichever applies	7		31,507.		
LHA			ion Act Notice, see instructions.	•	Form	990-T (2020)		

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020) Page 2 **Tax and Payments** Part III Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) d 1d Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 31,507. 2 2 Other taxes. Check if from: Form 4255 Form 8611 | Form 8697 3 Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under 31,507. section 1294. Enter tax amount here 0. 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Payments: A 2019 overpayment credited to 2020 18,969. 6a 2020 estimated tax payments. Check if section 643(g) election applies _____ > __ b 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 X Other Form 4136 Total > Total payments. Add lines 6a through 6g SEE STATEMENT 1 7 7 19 173 Estimated tax penalty (see instructions). Check if Form 2220 is attached 193 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 12,527. 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2021 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X here MADAGASCAR During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year _____ > \$ 3 Х Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here the preparer shown below (see Signature of officer Date instructions)? X Yes No Preparer's signature Date Check if PTIN Print/Type preparer's name self- employed Paid YONG ZHANG CPA P01249785 **Preparer**

Form 990-T (2020)

42-0714325

703-336-6400

Firm's EIN ▶

Phone no.

Use Only

Firm's name ▶ RSM US LLP

Firm's address

1861 INTERNATIONAL DRIVE, SUITE 400

MCLEAN, VA 22102

	
FORM 990-T OTHER CREDITS AND PAY	TMENTS STATEMENT 1
DESCRIPTION	AMOUNT
WORK OPPORTUNITY CREDIT (CAS) ENDOLITH ENDOWME CREDIT FOR INCREASING RESEARCH ACTIVITIES (CAS	•
ENDOWMENT FUND, LP CREDIT FOR EMPLOYER S.S. & MEDICARE TAXES (CAS	183
ENDOWMENT FUND, LP	17
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART III	

OMB No. 1545-0047

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A N	lame of the organization CALIFORNIA ACADEMY OF SCIENCES		r identificatio .56258	n number		
<u>ς</u> ι	Unrelated business activity code (see instructions) 211110			D Sequence	ce: 1	of 7
	Describe the unrelated trade or business PARTNERSHIP INVEST	мгитс				
		HENTS	(A) Income	(D) F		(O) Not
Pai	TI Officiated Trade of Busiliess income		(A) Income	(B) Expens	es	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2	5	120,933.			120,933.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	120,933.			120,933.
Pai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in		r limitations on de	ductions) Ded	ductions m	nust be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				6	500.
7	Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE STATEMEN	т 3	14	4,500.
15					15	5,000.
16	Unrelated business income before net operating loss deduction. So column (C)				16	115,933.
17	Deduction for net operating loss (see instructions)				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	115,933.

	III Cost of Goods Sold Enter metho	d of inventory valuation			
	Inventory at beginning of year	•		1	
	Purchases				
	Cost of labor				
	Additional section 263A costs (attach statement)				
	Other costs (attach statement)				
	Total. Add lines 1 through 5				
	Inventory at end of year			1 _ 1	
	Cost of goods sold. Subtract line 7 from line 6. Enter her				
	Do the rules of section 263A (with respect to property pro				Yes N
	IV Rent Income (From Real Property and F				
	Description of property (property street address, city, state	te. ZIP code). Check if a	dual-use (see instru	ctions)	
	A	,	(,	
	В				
	D				
		Α	В	С	D
	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
•	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
•	A 1 1 1				
	Add lines 2a and 2b, columns A through D				
	Total rents received or accrued. Add line 2c columns A th	arough D. Enter here and	on Part Llina 6 co	Jump (A)	(
		rough D. Enter here and	Ton Part I, line 6, Co	iumm (A)	
	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
	in lines 2(a) and 2(b) (attach statement)	r here and on Part Lline	6. column (R)		(
rt '	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ente		6, column (B)	>	(
t '	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see	instructions)			(
	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city	instructions)			(
t '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	instructions)			(
t '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B	instructions)			(
t '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C	instructions)			(
t '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
t'	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D	instructions)			D
t '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
t'	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
t'	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
t'	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b,	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)	instructions) y, state, ZIP code). Check	B	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	instructions) y, state, ZIP code). Check	x if a dual-use (see i	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)	instructions) y, state, ZIP code). Check	B	nstructions)	D
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	instructions) y, state, ZIP code). Check A	B B	nstructions)	
rt '	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	instructions) y, state, ZIP code). Check A	B B	nstructions)	D

Total dividends-received deductions included in line 10

Page	3

Schedu	ile A (Form 990-T) 2020	···								Page :
Part	VI Înterest, Annu	lities, Ko	byaities, and Re	ents tron	n Control		<u> </u>	,		
	Exempt Controlled Organization						lled Organizatior	าร		
	1. Name of controlled	d	2. Employer	3. Net	unrelated	4. Tota	al of specified	5. Part of colu		6. Deductions directly
	organization		identification	1	ne (loss)	payn	nents made	that is included controlling org		connected with
			number	(see ins	tructions)			tion's gross in		income in column 5
(1)										
(2)										
(3)										
(4)										
			No		Controlled Or		ons			
7	. Taxable Income		Net unrelated		otal of specif			of column 9	11.	. Deductions directly
			come (loss)	pay	yments mad	е		luded in the organization's		connected with
		(see	e instructions)					income	ın	come in column 10
(1)										
(2)										
(3)										
(4)										
								nns 5 and 10.		d columns 6 and 11.
								and on Part I, column (A)	1	er here and on Part I, line 8, column (B)
								. ,		, , ,
Totals	\/II					<u></u>	<u> </u>	0.		0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)		
	1. Desc	cription of	ncome		2. Amou		3. Deduction		-asides	
					incon	ie.	directly conne (attach stater	,	tateme	(add cols 3 and 4)
							(======================================			
(1)										
(2)										
(3)										
(4)					Add amou	ınte in				Add amounts in
					column 2.					column 5. Enter
					here and or					here and on Part I,
				_	line 9, colu					line 9, column (B)
Totals Part	VIII Evalaitad E	vomnt 1	ctivity Income,	Othor T	han Adva	0.	n Incomo	(and in alternation	\	0.
			cuvity income,	, Julei I	nan Auve	า แอแไ		see instructions) 	
1	Description of exploite	•	o from trado or busin	noon Enter	r hara and a	Dort!	lina 10. aal:::::::	α (Λ)	,	
2	Gross unrelated busine						•	. ,	2	
3	Expenses directly con								,	
4	line 10, column (B) Net income (loss) from								3	
4	''					-			,	
E	lines 5 through 7 5 Gross income from activity that is not unrelated business income						5			
5 6									6	
6 7	Expenses attributable Excess exempt expenses								°	
7									,	
	4. Enter here and on P	art II, IINE	12						7	

Page	4

Part	IX	Advertising Income						,
1	Nan	ne(s) of periodical(s). Check box if reporting	ng two or m	ore periodicals on a	consolidated basis	S.		
	Α							
	В							
	С	-						
	D							
Enter a	amour	nts for each periodical listed above in the	correspond	ding column.	T			
				Α	В	С	D	
2		ss advertising income	_					
	Add	columns A through D. Enter here and on	Part I, line	11, column (A)		>		0.
а			Г		T	<u> </u>		
3		ct advertising costs by periodical		44 1 (D)				0.
а	Add	columns A through D. Enter here and on	Part I, line	11, column (B)		>		0.
4	۸ ما، ۱	articing gain (loca) Subtract line 2 from li	Г					
4		ertising gain (loss). Subtract line 3 from lir or any column in line 4 showing a gain,	ie					
		or any column in line 4 showing a gain, iplete lines 5 through 8. For any column in	,					
		4 showing a loss or zero, do not complete	I					
		s 5 through 7, and enter zero on line 8						
5		dership costs						
6		ulation income						
7		ess readership costs. If line 6 is less than						
	line	5, subtract line 6 from line 5. If line 5 is le	ss					
		n line 6, enter zero						
8		ess readership costs allowed as a						
	ded	uction. For each column showing a gain o	on					
	line	4, enter the lesser of line 4 or line 7	L					
а		line 8, columns A through D. Enter the g						
Dard	Parl	II, line 13		and Turnstana		>		0.
Part	^	Compensation of Officers, Dir	ectors,	and musices (see instructions)			
		4 Nama		O T:41-		3. Percentage	4. Compensation	
		1. Name		2. Title		of time devoted	attributable to unrelated business	
(1)						to business %	unrelated business	
(2)						%		
(3)						%		
(4)						%		
<u> /</u>								
Total	. Ente	r here and on Part II, line 1						0.
Part	ΧI	Supplemental Information (se	e instruction	ons)				
_								

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS) CAS ENDOLITH ENDOWMENT FUND, LP - OTHER PORTFOLIO INCOME (LOSS) CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS) TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	125,263. 68. -4,398.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION INCOME TAX PREPARATION FEES	AMOUNT 4,500.
TOTAL TO SCHEDULE A, PART II, LINE 14	4,500.

B Employer identification number

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	CALIFORNIA ACADEMY OF SCIENCES	94-1156	94-1156258			
C U	Inrelated business activity code (see instructions) > 211120			D Sequence:	2	of ⁷
E D	escribe the unrelated trade or business PARTNERSHIP INVEST	MENTS				
Par	t I Unrelated Trade or Business Income	(B) Expenses		(C) Net		
_					_	
	Gross receipts or sales					
	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach	_	34,682.			34,682.
_	statement) STATEMENT 4	6	34,002.			34,002.
6	Rent income (Part IV)	7			-+	
7	Unrelated debt-financed income (Part V)	 			-+	
8	Interest, annuities, royalties, and rents from a controlled	。				
9	organization (Part VI) Investment income of section 501(c)(7), (9), or (17)	8			-	
9	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10			$\overline{}$	
11	Advertising income (Part IX)	11			$\overline{}$	
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	34,682.			34,682.
			•	otional Dadiu		, , , , , , , , , , , , , , , , , , ,
Par	t II Deductions Not Taken Elsewhere (See instructi directly connected with the unrelated business in		or ilmitations on dedu	ictions) Deduc	cuons i	must be
	directly defined tea with the difference business in	001110				
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)		12			
13	Excess readership costs (Part IX)		13			
14	Other deductions (attach statement)		14			
15					15	0.
16	Unrelated business income before net operating loss deduction. Su		· ·			
	column (C)				16	34,682.
17	Deduction for net operating loss (see instructions)				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	3		•	18	34,682.
LHA	For Paperwork Reduction Act Notice, see instructions.			Sc	nedule /	A (Form 990-T) 2020

Page 2	

Part	III Cost of Goods Sold Enter met	hod of inventory valua	tion			<u> </u>
1	Inventory at beginning of year			1		
2	Purchases					
3	Cost of labor					
4	Additional section 263A costs (attach statement)			4		
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year	_				
8	Cost of goods sold. Subtract line 7 from line 6. Enter			_		
9	Do the rules of section 263A (with respect to property	•			Yes	No
Part						
1	Description of property (property street address, city, s	state, ZIP code). Check	k if a dual-use (see ins	tructions)		
	A		•	,		
	В					
	C					
	D					
		Α	В	С	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
-	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
·	Add lines 2a and 2b, columns A through D					
	Add lines 2a and 2b, columns A through b		1	1		
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I line 6	column (A)		0.
Ū	Deductions directly connected with the income	Curreagn B. Enter nere				
4	in lines 2(a) and 2(b) (attach statement)					
•	in into Z(a) and Z(b) (attach statement)					
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I	line 6 column (B)	•		0.
Part '		ee instructions)	, , , , , , , , , , , , , , , , , , , ,			
1	Description of debt-financed property (street address,	,	Check if a dual-use (se	ee instructions)		
	A	, , ,	`	,		
	В					
	C					
	D					
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
c	Total deductions (add lines 3a and 3b,					
·	columns A through D)					
4	Amount of average acquisition debt on or allocable					
7	to debt-financed property (attach statement)					
5						
5	Average adjusted basis of or allocable to debt- financed property (attach statement)					
6			,	0/		
6 7	Divide line 4 by line 5	9/) 	% %		<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		urt Llino 7 politica (A)		<u> </u>	0.
8	Total gross income (add line 7, columns A through D	i. Enter here and on Pa	arti, iirie 7, column (A)	·		
^	Allocable deductions Multiply line Calby line C		1			
9	Allocable deductions. Multiply line 3c by line 6	rough D. Enter have a	d on Dort Libra 7	umn (D)	<u> </u>	0.
10	Total allocable deductions. Add line 9, columns A th Total dividends-received deductions included in line					0.
11	rotar arvidendo-received deductions included in line	, 10				

Page	;
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	ule A (Form 990-T) 2020 VI Interest, Annu		ovalties, and Re	ents fron	n Control	led Or	ganizations	S (see inst	tructions)		Page 3
· art			- , s , a				Exempt Contro	,			
	Name of controlle organization	d	2. Employer identification number	3. Net unrelated 4. Tot		4. Tota	al of specified nents made 5. Part of c that is included controlling of		column 4 ded in the		Deductions directly connected with come in column 5
(1)								gran			
(2)											
(3)											
(4)											
		T			Controlled O	-			1		
7	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 cluded in the organization income	's	COI	ductions directly nnected with ne in column 10
(1)											
(2)											
(3)											_
(4)											
							Enter here	nns 5 and 10 and on Part column (A)		ter h	olumns 6 and 11. ere and on Part I, 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instructio	ns)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (attac	Set-asides	۰ ۱	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amoi	ınte in					Add amounts in
					column 2						column 5. Enter
					here and o	,					here and on Part I,
Totals					line 9, colu	ımın (A) 0 .					line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	⊥ Than Adve		g Income /	see instructi	one)		•••
1	Description of exploite					,	9	occ mondon	0113)	Π	
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I.	line 10. colum	n (A)	_ 2		
3	Expenses directly con						•	. ,			
	line 10, column (B)								3		
4	Net income (loss) from										
	lines 5 through 7								4		
5	Gross income from ac										
6	Expenses attributable									<u> </u>	
7	Excess exempt expen	ses. Subtr	act line 5 from line 6	s, but do no	ot enter mor	e than th	ne amount on I	ine			
	4. Enter here and on F	Part II, line	12	<u></u>	<u></u>				7		

Page	4
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Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two	or more periodicals on a	consolidated basis		
	Α				
	В				
	C				
	D				
Enter a	amounts for each periodical listed above in the corresp	onding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I,	line 11, column (A)		>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I,	line 11, column (B)		>	0.
_					
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
E	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6 7	Circulation income Excess readership costs. If line 6 is less than				
'	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
-	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater of		al or zero here and	d on	•
	Part II, line 13				0.
Part		rs, and Trustees (S	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
<u>(4)</u>	L			%	
T	Enterthern and an Book II Page 4				0
Part	. Enter here and on Part II, line 1 XI Supplemental Information (see instru				0.
rait	Supplemental information (see instru	uctions)			

FORM 990-T (A)	INCOME	(LOSS)	FROM	PARTNERSHIPS	STAT	EMENT 4
DESCRIPTION						INCOME (LOSS)
CAS ENDOLITH ENDOWMENT F	UND, LP	ORD	INARY	BUSINESS INCOME		49,074.
CAS ENDOLITH ENDOWMENT F (LOSS)	UND, LF	OTHI	ER POI	RTFOLIO INCOME		-1,610.
CAS ENDOLITH ENDOWMENT F	UND, LP	OTHI	ER INC	COME (LOSS)		-12,782.
TOTAL INCLUDED ON SCHEDU	JLE A, P	PART I,	LINE	5		34,682.

B Employer identification number

94-1156258

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

)	nrelated business activity code (see instructions) > 211130	D Sequence:	3 of 7		
	- Paramanagura Tamanagura	MENTO C			
	escribe the unrelated trade or business PARTNERSHIP INVEST	MENTS		(0) =	(0) N .
Par	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach	_	381.		381.
_	statement) STATEMENT 5	5	301.		301.
6	Rent income (Part IV)	6 7			
7	Unrelated debt-financed income (Part V)	-1			
8	Interest, annuities, royalties, and rents from a controlled				
^	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)	_			
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12 13	381.		381.
13	Total. Combine lines 3 through 12				
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income the connected with			uctions) Deduction	ns must be
	directly connected with the differenced business inc	Joine			
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement) (see instructions)				
6	Taxes and licenses				
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10				1 40	
11	Employee benefit programs	<u>11</u>			
12	Excess exempt expenses (Part VIII)	12			
13	Excess readership costs (Part IX)	13			
14	Other deductions (attach statement)				
15					0.
16	Unrelated business income before net operating loss deduction. Su	btract	line 15 from Part I, line 13	3,	
	column (C)			16	381.
17	Deduction for net operating loss (see instructions)				0.
18	Unrelated business taxable income. Subtract line 17 from line 16				381.
_HA	For Paperwork Reduction Act Notice, see instructions.				ile A (Form 990-T) 2020

OCHEU	ule A (Form 990-T) 2020				Page :
Part		od of inventory valuati	on •		r age
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	ere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property p	roduced or acquired for	or resale) apply to the or	ganization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Proper	ty Leased with Re	al Property)	
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use (see instru	ctions)	
	Α				
	В				
	C				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					_
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, co	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					0
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (see		line 6, column (B)	>	0.
	-				
1	Description of debt-financed property (street address, c	ty, state, ZIP code). C	neck if a dual-use (see ii	nstructions)	
	A				
	В				
	C				
	D			•	
0	D	A	В	С	D
2	Gross income from or allocable to debt-financed	A	В	С	D
	Gross income from or allocable to debt-financed property	A	В	С	D
2	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	A	В	С	D
3	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	A	В	С	D
3 a	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	A	В	C	D
3 a b	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	A	В	C	D
3 a	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,	A	В	C	D
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)	A	В	C	D
3 a b	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	A	В	C	D
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	A	В	C	D
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	A	B	C	D
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)				
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	A	B	C	
3 a b c 4 5	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	%	%	%	9
3 a b c	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	%	%	%	D 9
3 a b c 4 5 6 7 8	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	%	%	%	9
3 a b c 4 5	Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	% Enter here and on Par	% t I, line 7, column (A)	%	9

11 Total dividends-received deductions included in line 10

Page	
raye	

Schedu	ıle A (Form 990-T) 2020 VI İnterest, Ann ı	iitioo Da	avaltica, and Da	nto from	n Control	lod Or	aonization	,		. \		Page 3
Part	vi interest, Annu	illies, Ro	yanies, and Re	ints from	n Control		<u> </u>	, , ,	e instruct			
					Exempt Controlled Organization							
	1. Name of controlle	d	2. Employer				' l+ba+ i		rt of colur included		ا ا	
	organization		identification		ne (loss)	payn	nents made		olling orga			nnected with
			number	(see ins	structions)			tion's	gross inc	ome	incon	ne in column 5
(1)												
(2)												
(3)												
(4)												
			No	 	Controlled O		ions					
7	. Taxable Income	1.8	Net unrelated	9. To	otal of specif	ied	10. Part o			11.	Deduc	tions directly
			icome (loss)	pa	yments mad	е	that is inc					cted with
		(see	e instructions)					incom		ind	come ir	n column 10
(1)												
(2)												
(3)												
(4)												
							Add colum					nns 6 and 11.
							Enter here		,	Enter here and on Part I, line 8, column (B)		
							line 8, c	Joiuitiit	(A)	'	iii le o, c	Joiumin (b)
Totals						>			0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	ructions)			
	1. Desc	cription of i	income		2. Amou		3. Deduction		4. Set-		F	otal deductions
					incon	ne	directly connicated (attach states		(attach st	atemer	19 1 -	nd set-asides dd cols 3 and 4)
							(attach state)	Herri)			(4)	
(1)												
(2)												
(3)												
(4)												
					Add amou							dd amounts in olumn 5. Enter
					here and o							re and on Part I,
					line 9, colu						lin	ie 9, column (B)
Totals						0.						0.
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income (see ins	tructions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, colum	n (A) .		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	unrelated	trade or business. S	Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete					
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on P	art II, line	12							7		

Schod	Julo A (Form 990 T) 2020				ENTITY 3
Part	lule A (Form 990-T) 2020 Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reportin	a two or more periodicals on	a consolidated basis		
•	A	g two or more periodicals or	a consolidated basis	J.	
	В				
	С				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column			
LIIICI	amounts for each periodical listed above in the t	A	В	С	D
2	Gross advertising income		- B		
2	Add columns A through D. Enter here and on				. 0,
	Add Coldinins A through D. Enter here and on	ranti, iine 11, column (A)			
a	Direct advertising easts by pariadical				
3	Direct advertising costs by periodical				. 0.
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			
4	Advertising gain (loss). Subtract line 3 from lin	е			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete	,			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o	n			
	line 4, enter the lesser of line 4 or line 7	 			
а	Add line 8, columns A through D. Enter the gr		total or zero here an	d on	
	Part II, line 13			_	0.
Part				•	
			,	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	di ii diatea badii 1000
(2)				%	
(3)				%	
(4)				%	
(-)				70	
Total	. Enter here and on Part II, line 1				0.
Part					
· uit	Za Sabbiomental information (Se	e instructions)			

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHI	PS STATEMENT 5
DESCRIPTION		NET INCOME OR (LOSS)
(LOSS)	UND, LP - ORDINARY BUSINESS I UND, LP - OTHER INCOME (LOSS)	9,727.
TOTAL INCLUDED ON SCHEDU	LE A, PART I, LINE 5	381.

SCHEDULE A Unrelated Business Taxable Income (Form 990-T)

From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A IV	CALIFORNIA ACADEMY OF SCIENCES		94-1156258			
c u	nrelated business activity code (see instructions) > 532420	D Sequence:	D Sequence: 4 of 7			
E D	escribe the unrelated trade or business PARTNERSHIP INVEST	MENTS				
Par			(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 6	5	-82,773.			-82,773.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	-82,773.			-82,773.
Par	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	come		,	ons mus	st be
1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages			1		
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement) (see instructions)					
6	Taxes and licenses			6	_	
7	Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return		<u> </u>	81		
9	Depletion					
10	Contributions to deferred compensation plans					
11	Employee benefit programs			<u>1</u>		
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14 15	Other deductions (attach statement)					0.
15 16	Total deductions. Add lines 1 through 14				'	<u> </u>
16	Unrelated business income before net operating loss deduction. So		,	′ I		-82,773.
47	column (C)					0.
17 10	Deduction for net operating loss (see instructions)					-82,773.
18 □⊔∧	Unrelated business taxable income. Subtract line 17 from line 16 For Paperwork Reduction Act Notice, see instructions.	<u>.</u>				orm 990-T) 2020
	I OLI ADDI WOLK LICUUDII ADI INDUCE, SCC IIISU UDUOLIS.			JULIE	JUIC A IF!	JIIII JJU II ZUZU

	ule A (Form 990-T) 2020				Page 2
Part		hod of inventory valua		1 1	
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	•		· · · · · · · · · · · · · · · · · · ·	
9	Do the rules of section 263A (with respect to property				Yes No
Part	, , ,	-			
1	Description of property (property street address, city, s	tate, ZIP code). Chec	k if a dual-use (see instru	ctions)	
	Α				
	В				
	C				
	D	Т	т т		
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	nter here and on Part	I, line 6, column (B)	>	0.
Part		ee instructions)	<u> </u>	·	
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use (see i	nstructions)	
	Α				
	В				
	C				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	9	6 %	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on P	art I, line 7, column (A)	>	0.
			, 		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the		nd on Part I, line 7, colum	nn (B) 🕨	0.
11	Total dividends-received deductions, included in line	10			0

Page	(
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	ule A (Form 990-T) 2020										Page 3
Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Contro	led Or	ganizations	see instru	uctions)		
	Exempt Controlled Organization					ons					
	1. Name of controlle	d	2. Employer	3. Net unrelated 4.		4. Total of specified		5. Part of co		6. D	eductions directly
	organization		identification	incon	ne (loss)	payn	ments made	that is include controlling or		(connected with
			number	(see ins	structions)			tion's gross		inc	come in column 5
(1)											
(2)											
(3)											
(4)											
			No	nexempt (Controlled O	rganizati	ions				
7	. Taxable Income	8.	Net unrelated	9. To	otal of speci	fied		of column 9	11	. Dec	luctions directly
		ir	ncome (loss)	pa	yments mac	le		luded in the organization's		con	nected with
		(see	e instructions)					income	in	ncom	e in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum	ns 5 and 10.	Ad	ld col	umns 6 and 11.
							1	and on Part I,	1	nter here and on Part I,	
							line 8, c	column (A)		line 8	8, column (B)
Totals						▶		().		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions	s)		
	1. Desc	cription of	income		2. Amou	ınt of	3. Deduction	ons 4. S	et-asides	, 5	. Total deductions
					incor	ne	directly conn	,	stateme		and set-asides
							(attach stater	ment)			(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amo						Add amounts in
					column 2 here and o						column 5. Enter here and on Part I,
					line 9, colu						line 9, column (B)
Totals						0.					0.
Part	VIII Exploited E	xempt A	Activity Income,	, Other 1	Than Adv	ertising	g Income (see instruction	ns)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa				
	line 10, column (B)								3	L	
4	Net income (loss) from										
	lines 5 through 7						• .		4		
5	Gross income from ac	tivity that	is not unrelated busi	iness incor	me						
6	Expenses attributable										
7	Excess exempt expen										
	4. Enter here and on F								7		

Page	4

Part	IX	Advertising Income				-	J
1	Nan	ne(s) of periodical(s). Check box if reporting two	or more periodicals on a	consolidated basis.			
	Α						
	В						
	С						
	D						
Enter a	amoui	nts for each periodical listed above in the corres	ponding column.				
			Α	В	С	D	
2	Gro	ss advertising income					
	Add	I columns A through D. Enter here and on Part I	, line 11, column (A)		>		0.
а							
3		ct advertising costs by periodical					
а	Add	columns A through D. Enter here and on Part I	, line 11, column (B)		>	•	0.
4	Adv	ertising gain (loss). Subtract line 3 from line					
		or any column in line 4 showing a gain,					
		nplete lines 5 through 8. For any column in					
		4 showing a loss or zero, do not complete					
_		s 5 through 7, and enter zero on line 8	***				
5		dership costs					
6		culation income					
7		ess readership costs. If line 6 is less than					
		5, subtract line 6 from line 5. If line 5 is less					
8		n line 6, enter zeroess readership costs allowed as a					
0		uction. For each column showing a gain on					
		4, enter the lesser of line 4 or line 7					
а		I line 8, columns A through D. Enter the greater		al or zero here and	on .		
_		t II, line 13					0.
Part	Χ	Compensation of Officers, Directo	rs, and Trustees (se	ee instructions)	·····		
			,	,	3. Percentage	4. Compensation	
		1. Name	2. Title		of time devoted	attributable to	
					to business	unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
		er here and on Part II, line 1)		0.
Part	XI_	Supplemental Information (see insti	ructions)				

FORM 990-T (A) IN	ICOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION			NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUN (LOSS) CAS ENDOLITH ENDOWMENT FUN	•		-82,767.
TOTAL INCLUDED ON SCHEDULE	A, PART I,	LINE 5	-82,773.

OMB No. 1545-0047

SCHEDULE A (Form 990-T)

Internal Revenue Service

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Unrelated Business Taxable Income

From an Unrelated Trade or Business

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A N	ame of the organization CALIFORNIA ACADEMY OF SCIENCES	B Employer identific 94-1156258	B Employer identification number 94-1156258		
с и	nrelated business activity code (see instructions) 551112	D Sequence:	5 of 7		
E D	escribe the unrelated trade or business PARTNERSHIP INVEST	MENTS			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 7	5	-23,289.		-23,289.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-23,289.		-23,289.
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in		r limitations on ded	uctions) Deduction	s must be
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·	8b	
9	Depletion				
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	-				0.
16	Unrelated business income before net operating loss deduction. Su				22 200
4-7	column (C)				-23,289. 0.
17 40	Deduction for net operating loss (see instructions)				-23,289.
18	Unrelated business taxable income. Subtract line 17 from line 16				•
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2020

-41	le A (Form 990-T) 2020					Page
rt I	II Cost of Goods Sold Enter me	thod of inventory valu	ation >			
ı	Inventory at beginning of year			1		
	Purchases					
	Cost of labor					
	Additional section 263A costs (attach statement)					
	Other costs (attach statement)					
	Total. Add lines 1 through 5					
	Inventory at end of year					
	Cost of goods sold. Subtract line 7 from line 6. Enter					
)	Do the rules of section 263A (with respect to property	produced or acquired			Yes	No
rt l						
	Description of property (property street address, city,	state, ZIP code). Che	ck if a dual-use (see instr	uctions)		
	Α	,	•	,		
	В					
	D					
		Α	В	С	D	
	Rent received or accrued					
3	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
	Total rents received or accrued. Add line 2c columns of Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		re and on Part I, line 6, c	olumn (A)		0
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (statement)	nter here and on Part see instructions)	I, line 6, column (B)	>		
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (street address, A	nter here and on Part see instructions)	I, line 6, column (B)	>		
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (street address, A B B	nter here and on Part see instructions)	I, line 6, column (B)	>		
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C	nter here and on Part see instructions)	I, line 6, column (B)	>		
rt V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (street address, A B B	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)		
rt V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D	nter here and on Part see instructions)	I, line 6, column (B)	>	D	
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (street address, A B C D Gross income from or allocable to debt-financed	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
rt V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
rt \	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (street address, A B C D C D C C D C C D C C D C C C D C C C D C C C D C C C D C C C D C C C D C C C D C C C D C C C D C C C D C C C C D C C C C D C C C C D C C C C D C C C C D C C C C C D C	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	nter here and on Part see instructions) city, state, ZIP code)	I, line 6, column (B) Check if a dual-use (see	instructions)	D	
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)		0
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	nter here and on Part see instructions) city, state, ZIP code).	I, line 6, column (B) Check if a dual-use (see	instructions)		0
a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)	nter here and on Part see instructions) city, state, ZIP code).	B B %	instructions) C		0

0.

Total dividends-received deductions included in line 10

	ule A (Form 990-T) 2020 VI Interest, Annu		ovalties and Re	ante fron	n Control	led Or	ganizations	3 (200	inatruot	iono)		Page 3
Part	VI Interest, Aint	inico, in	Jyanies, and me		11 00111101				instruct			
	1. Name of controlle	d	2. Employer	3 Net	unrelated	1	al of specified	empt Controlled Organizations of specified 5. Part of column 4			6. Deductions directly	
	organization	u	identification	•			nents made	that is included in the		in the		
	3		number		structions)	' '			ing orga ross inc			me in column 5
(1)								LIGITO 9	11000 1110	01110		
(2)												
(3)												
(4)												
					Controlled O	-						
7	. Taxable Income		Net unrelated		otal of specif		10. Part of that is income.	of column		11.		ections directly
			come (loss) e instructions)	pa	yments mad	е	controlling	organizat		in		ected with in column 10
		(300	z iristractions _j				gross	income		""	COITIC	III COIGITIII TO
(1)												
(2) (3)												
(4)												
<u> ,</u>				1			Add colum	ns 5 and	10.	Add	d colu	mns 6 and 11.
							Enter here		′ 1			e and on Part I,
							line 8, c	column (A	³⁾		line 8,	column (B)
Totals)			0.			0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instru				
	1. Desc	cription of	income		2. Amou incon		3. Deduction		4. Setattach st		- 1	Total deductions and set-asides
					1110011	10	(attach state		illacii Si	atemei	'''	add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
<u> </u>					Add amou							Add amounts in
					column 2							column 5. Enter ere and on Part I,
					line 9, colu	,						ine 9, column (B)
Totals	V/III =				<u> </u>	0.						0.
Part			activity Income,	, Other T	han Adve	ertising	g Income	see instri	uctions)			
1	Description of exploite	•						(4)				
2	Gross unrelated busin						•	. ,		2		
3	Expenses directly con									2		
4	line 10, column (B) Net income (loss) from									3		
7	, ,					•				4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	art II, line	12							7		

Sched	ule A	(Form 990-T) 2020				ENTITY Page
Part		Advertising Income				rage
1	Nan	ne(s) of periodical(s). Check box if reporting t	wo or more periodicals on a consolidated b	oasis.		
	Α					
	В					
	С					
	D					
Enter a	amour	nts for each periodical listed above in the co	responding column.			
			A B	С		D
2	Gro	ss advertising income				
	Add	columns A through D. Enter here and on Pa	ırt I, line 11, column (A)		▶	0
а				1		
3		ct advertising costs by periodical	•			
а	Add	columns A through D. Enter here and on Pa	ırt I, line 11, column (B)		▶_	0
4	Adv	ertising gain (loss). Subtract line 3 from line				
	2. F	or any column in line 4 showing a gain,				
	com	plete lines 5 through 8. For any column in				
	line	4 showing a loss or zero, do not complete				
	lines	s 5 through 7, and enter zero on line 8				
5	Rea	dership costs				
6	Circ	ulation income				
7	Exc	ess readership costs. If line 6 is less than				
	line	5, subtract line 6 from line 5. If line 5 is less				
	thar	n line 6, enter zero				
8	Exc	ess readership costs allowed as a				
	ded	uction. For each column showing a gain on				
		4, enter the lesser of line 4 or line 7				
а	Add	line 8, columns A through D. Enter the great	ter of the line 8a, columns total or zero here	e and on		
		II, line 13			<u> </u>	0
Part	<u>X</u>	Compensation of Officers, Direct	ctors, and Trustees (see instructions	· I		
				3. Percentage		4. Compensation
		1. Name	2. Title	of time devote	:d	attributable to
				to business		unrelated business
<u>(1)</u>					%	
<u>(2)</u>					%	
(3)					%	
(4)		I			%	
Total	. Ente	r here and on Part II, line 1				0
Part		Supplemental Information (see in	nstructions)			
		(999)	non donomoj			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION	NET INCOME OR (LOSS)
CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINE CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP	-23,124.
- OTHER INCOME (L	-165.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-23,289.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

B Employer identification number Name of the organization CALIFORNIA ACADEMY OF SCIENCES 94-1156258 D Sequence: Unrelated business activity code (see instructions) E Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENTS Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 16,924. 16,924. 1120)) (see instructions) 4a b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) STATEMENT 8 -25,383. -25,383. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 13 -8,459. -8,459. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 Repairs and maintenance 3 4 4 Interest (attach statement) (see instructions) 5 5 6 Taxes and licenses 6 Depreciation (attach Form 4562) (see instructions) 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 9

Depletion _____ 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 14

Other deductions (attach statement) Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

16 column (C) 16 Deduction for net operating loss (see instructions) 0. 17 18 Unrelated business taxable income. Subtract line 17 from line 16

For Paperwork Reduction Act Notice, see instructions.

		(Form 990-T) 2020						Page 2
Part	Ш	Cost of Goods Sold	Enter meth	od of inventory valuat	ion			
1	Inve	ntory at beginning of year				1		
2	Purc	chases				2		
3		t of labor						
4	Addi	itional section 263A costs (attach stater	ment)			4		
5	Othe	er costs (attach statement)				5		
6	Tota	al. Add lines 1 through 5				6		
7	Inve	ntory at end of year				7		
8	Cos	t of goods sold. Subtract line 7 from lir	ne 6. Enter h	ere and in Part I, line 2	<u> </u>	8		
9		he rules of section 263A (with respect to					Yes	No
Part	IV	Rent Income (From Real Prop	perty and	Personal Proper	ty Leased with R	eal Property)		
1	Desc	cription of property (property street add	ress, city, st	ate, ZIP code). Check	if a dual-use (see instr	uctions)		
	Α							
	В							
	С							
	D							
				Α	В	С	D	
2	Rent	t received or accrued						
а	Fron	n personal property (if the percentage o	f					
	rent	for personal property is more than 10%						
	but r	not more than 50%)						
b	Fron	n real and personal property (if the						
	perc	entage of rent for personal property exc	ceeds					
	50%	or if the rent is based on profit or incor	ne)					
С	Tota	l rents received or accrued by property.						
	Add	lines 2a and 2b, columns A through D						
5 Part		al deductions. Add line 4 columns A the Unrelated Debt-Financed Inc	rough D. En	ter here and on Part I, ee instructions)	line 6, column (B)	>		0.
1	Desc	cription of debt-financed property (stree	t address, c	ity, state, ZIP code). C	heck if a dual-use (see	instructions)		
	Α							
	В							
	С							
	D							
				Α	В	С	D	
2	Gros	ss income from or allocable to debt-final	nced					
	prop							
3	Ded	uctions directly connected with or alloc	able					
	to de	ebt-financed property						
а		ight line depreciation (attach statement)						
b	Othe	er deductions (attach statement)						
С		ll deductions (add lines 3a and 3b,						
		mns A through D)						
4	Amo	ount of average acquisition debt on or a	locable					
	to de	ebt-financed property (attach statement)					
5		age adjusted basis of or allocable to de	I					
		nced property (attach statement)						
6		de line 4 by line 5		%	%	%		%
7		ss income reportable. Multiply line 2 by	• • • •					
8	Tota	al gross income (add line 7, columns A	through D).	Enter here and on Par	t I, line 7, column (A)	>		0.
			ſ	Т		ı		
9		cable deductions. Multiply line 3c by line	-					
10		al allocable deductions. Add line 9, co						0.
<u>11</u>	ı ota	al dividends-received deductions inclu	uueu in line	ıu				υ.

	ule A (Form 990-T) 2020		altica and Da	ada foras	0 1 1	I I O						Page 3
Part	VI Interest, Annu	lities, Re	byalties, and Re	ents fron	n Control		-		e instruct			
						т —	xempt Contro					
	1. Name of controlle	d	2. Employer		unrelated	4. Total of specified		5. Part of column 4 that is included in the			6. Deductions directly	
	organization		identification	1 ' ' 1 '		payn	nents made		olling orga			onnected with
			number	(see ins	tructions)				gross inc		inco	ome in column 5
(1)												
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	8.	Net unrelated	9. To	otal of specif	ied	10. Part o			11.	. Dedu	uctions directly
		1	icome (loss)	pa	yments mad	е	that is inc					nected with
		(see	e instructions)					incom		in	come	in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum					ımns 6 and 11.
							Enter here line 8, c		,			e and on Part I, , column (B)
							lille 6, C	Joiuitiit	(~)		iii ie o	, coluitiit (b)
Totals)			0.			0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee instr	ructions)			
	1. Desc	cription of	income		2. Amou		3. Deduction		4. Set-			Total deductions and set-asides
					incon	ne	directly conne (attach stater		(attach st	ateme	''''	add cols 3 and 4)
							(attaon state)	11011t)			,	
(1)												
(2)												
(3)												
(4)					A el el							A alal a
					Add amou							Add amounts in column 5. Enter
					here and o						h	ere and on Part I,
					line 9, colu	٠,					I	ine 9, column (B)
Totals	VIII - · · · · -			<u>-</u>		0.						0.
Part			activity Income,	Otner T	nan Adve	ertising	gincome	see ins	tructions)			
1	Description of exploite	•										
2	Gross unrelated busin					,	•			2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	nere and on Pa	art I,				
										3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on P	art II, line	12							7		

Page 4	4
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Part	IX	Advertising Income						
1	Name	e(s) of periodical(s). Check box if reporting	ng two or ı	nore periodicals on a	consolidated basis	S.		
	Α	., .		•				
	В							
	С							
	D							
Enter a		s for each periodical listed above in the	correspor	ndina column				
		o for each periodical neces above in the	Сопторог	A	В	С	D	
2	Gross	s advertising income		-				
_		columns A through D. Enter here and or		e 11 column (A)	1			0.
а	/ laa c	ordining / timodgir b. Enter here and or	ii aici, iii	5 11, oolullii ()				
3	Direct	t advertising costs by periodical						
а		columns A through D. Enter here and or		e 11 column (B)	1	<u> </u>		0.
_	, laa c	relation of this agrit B. Enter Here and er	rr are i, iii	(B)				
4	Adve	rtising gain (loss). Subtract line 3 from li	ine					
•		r any column in line 4 showing a gain,						
		elete lines 5 through 8. For any column i	in					
		showing a loss or zero, do not complet						
		5 through 7, and enter zero on line 8						
5		ership costs						
6		lation income						
7		ss readership costs. If line 6 is less than						
•		, subtract line 6 from line 5. If line 5 is le						
		ine 6, enter zero						
8		ss readership costs allowed as a						
_		ction. For each column showing a gain	on					
		, enter the lesser of line 4 or line 7						
а		ine 8, columns A through D. Enter the g		ne line 8a. columns to	otal or zero here an	d on	-	
-		I, line 13	,, 50.15. 5. 1.					0.
Part		Compensation of Officers, Di	rectors,	and Trustees	see instructions)	······		
				,	,	3. Percentage	4. Compensation	
		1. Name		2. Title		of time devoted	attributable to	
						to business	unrelated business	
(1)						%		
(2)						%		
(3)						%		
(4)						%		
			•					
Total	. Enter	here and on Part II, line 1						0.
Part	XI	Supplemental Information (se	ee instruct	ions)		<u> </u>		
				<u> </u>				

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 8
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME	
(LOSS)	54,405.
CAS ENDOLITH ENDOWMENT FUND, LP - NET RENTAL REAL ESTATE	
INCOME	-532.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER NET RENTAL INCOME	
(LOSS)	127.
CAS ENDOLITH ENDOWMENT FUND, LP - INTEREST INCOME	9,790.
CAS ENDOLITH ENDOWMENT FUND, LP - DIVIDEND INCOME	146.
CAS ENDOLITH ENDOWMENT FUND, LP - ROYALTIES	170.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER PORTFOLIO INCOME	
(LOSS)	37.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	-89,526.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-25,383.

B Employer identification number

94-1156258

OMB No. 1545-0047

SCHEDULE A (Form 990-T)

Department of the Treasury

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

C L	Inrelated business activity code (see instructions) 511120			D Sequence:	7 of 7	
E [escribe the unrelated trade or business PARTNERSHIP INVEST	MENTS				
Pa			(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 9	5	35.		35.	
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	35.		35.	
Pa	directly connected with the unrelated business in	come		,	ns must be	
1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages					
3	Repairs and maintenance			3		
4	Bad debts					
5	Interest (attach statement) (see instructions)			5		
6	Taxes and licenses			6		
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return			8b		
9	Depletion			9		
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)					
15					0.	
16	Unrelated business income before net operating loss deduction. Su					
	column (C)			16	35.	
17	Deduction for net operating loss (see instructions)				0.	
18	Unrelated business taxable income. Subtract line 17 from line 16	<u></u>		18	35.	

ENTITY	7
	Page 2

Part	III Cost of Goods Sold Enter met	nod of inventory valuati	on •		Page Z
1	Inventory at beginning of year	•	011	1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property	•			Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instru	ıctions)	
	A	,	·	,	
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4 	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	ter here and on Part I,			0.
Part		ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code). C	heck if a dual-use (see	instructions)	
	Α				
	В				
	C				
	D				
		Α	В	С	<u>D</u>
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
_	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6	Fater bearing 1 5	4.1 line 7 line (A)		0.
8	Total gross income (add line 7, columns A through D)	. ⊏nter nere and on Par	ι i, iirie 7, column (A)	>	0.
0	Allocable deductions Multiply line 2s by line 6		Γ		
9 10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	Lon Part Lline 7 colum	on (R)	0.
11	Total dividends-received deductions included in line				0.

	ule A (Form 990-T) 2020											Page 3
Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (see	instruct	ions)		
						E	xempt Contro	lled Orga	nization	tions		
	1. Name of controlled 2. Employer		3. Net unrelated 4. Total		al of specified	al of specified 5. Part of colu		nn 4	6. De	ductions directly		
	organization		identification	income (loss) pay		payn	nents made	that is in			co	nnected with
			number	(see ins	structions)			controlli tion's q			inco	me in column 5
(1)										-		
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	8.	Net unrelated	9. To	otal of specif	ied		of column		11.	Dedu	ctions directly
		ir	ncome (loss)	pa	yments mad	е	that is inc				conn	ected with
		(see	e instructions)					income	1011 3	ind	come	in column 10
(1)												
(2)												
(3)												
(4)												
							Add columns 5 and 10.			Add columns 6 and 11.		
							Enter here and on Part I, line 8, column (A)			Enter here and on Part I, line 8, column (B)		
							111100,0	A) IIIIIDIO	•	'	ii ic o,	
Totals	\/!!	<u></u>				<u></u>	L		0.			0.
Part			of a Section 50	1(C)(<i>1</i>), (T .		1	ee instrud				
	1. Desc	cription of	income		2. Amou		3. Deduction		4. Set-		F	Total deductions and set-asides
					li icoi	i i C	(attach state	,	ttach st	atemer	'''	add cols 3 and 4)
(4)											_	
(1)											+	
(2)											+	
(3) (4)											+	
(+)					Add amo	unts in						Add amounts in
					column 2	. Enter						column 5. Enter
					here and o							ere and on Part I,
Totals				_	line 9, colu	, 0 . 0					"	ne 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	han Adve		Income /	see instru	ıctions)			
1	Description of exploite			, 5 101 1			J (occ mon	a0110113)			
2	Gross unrelated busin	,		ness Ente	r here and o	n Part I	line 10 colum	n (A)		2		
3	Expenses directly con					,	•	. ,				
	line 10, column (B)							,		3		
4	Net income (loss) from											
=	lines 5 through 7					•				4		
5	Gross income from ac	tivity that i	is not unrelated busi	ness incor	ne					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F									7		

Page	4
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Part	IX	Advertising Income						
1	Nam	e(s) of periodical(s). Check box if reportin	ng two or mo	ore periodicals on a	consolidated basis	S.		
	Α							
	В							
	С							
	D							
Enter a	ımoun	ts for each periodical listed above in the	correspondi	ing column.				
		•	· 「	A	В	С	D	
2	Gros	s advertising income						
		columns A through D. Enter here and on		11, column (A)	•	•		0.
а		3	,	, , , , , , , , , , , , , , , , , , , ,				
3	Direc	t advertising costs by periodical	Г					
а		columns A through D. Enter here and on		11. column (B)	•	•		0.
		ğ	,	, , , , , , , , , , , , , , , , , , , ,				
4	Adve	rtising gain (loss). Subtract line 3 from lir	ne [
		r any column in line 4 showing a gain,						
		blete lines 5 through 8. For any column ir	n					
		showing a loss or zero, do not complete						
		5 through 7, and enter zero on line 8						
5		lership costs						
6		llation income						
7		ss readership costs. If line 6 is less than						
•		i, subtract line 6 from line 5. If line 5 is les						
		line 6, enter zero	I					
8		ss readership costs allowed as a						
_		ction. For each column showing a gain o	on					
		, enter the lesser of line 4 or line 7	I					
а		line 8, columns A through D. Enter the gr		line 8a. columns to	tal or zero here and	d on		
_		II, line 13		.,			•	0.
Part		Compensation of Officers, Dir	rectors, a	nd Trustees (s	ee instructions)	·····		
		-		,	,	3. Percentage	4. Compensation	
		1. Name		2. Title		of time devoted	attributable to	
						to business	unrelated busines	S
(1)						%		
(2)						%		
(3)						%		
(4)						%		
Total	Enter	here and on Part II, line 1				.		0.
Part	ΧI	Supplemental Information (se	ee instructio	ns)		· · ·		
				•				
						<u> </u>		

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 9
DESCRIPTION	NET INCOME OR (LOSS)
CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINE	35.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	35.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number

CALIFORNIA ACADEMY OF SCIEN	NCES			94-	94-1156258		
Did the corporation dispose of any investme	ent(s) in a qualified opportur	nity fund during the tax ye	ear?		Yes X No		
If "Yes," attach Form 8949 and see its instru					·		
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the		
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (.g)	result with column (g)		
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked					899.		
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		4			
5 Short-term capital gain or (loss) from like-kir				5			
6 Unused capital loss carryover (attach comput				6	()		
				7	899.		
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Ga	ins and Losses - Ass	ets Held More Than	n One Year	-	<u> </u>		
See instructions for how to figure the amounts	(d)	(a)	(a) Adjustments to as	in	(h) Gain or (loss)		
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	Subtract column (e) from column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked					13,688.		
11 Enter gain from Form 4797, line 7 or 9					2,337.		
				11	2,33/.		
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 3			11 12	2,337.		
	s from Form 6252, line 26 or 3	7			2,337.		
13 Long-term capital gain or (loss) from like-kir	s from Form 6252, line 26 or 3 nd exchanges from Form 8824	7		12 13	2,337.		
13 Long-term capital gain or (loss) from like-kir14 Capital gain distributions	s from Form 6252, line 26 or 3 nd exchanges from Form 8824	7		12 13 14	16,025.		
13 Long-term capital gain or (loss) from like-kir	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 e lines 8a through 14 in colum	7		12 13			
 13 Long-term capital gain or (loss) from like-kir 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and 	s from Form 6252, line 26 or 3 and exchanges from Form 8824 tellines 8a through 14 in colum	n h		12 13 14 15			
 Long-term capital gain or (loss) from like-kir Capital gain distributions Net long-term capital gain or (loss). Combin Part III Summary of Parts I and Enter excess of net short-term capital gain (literated) 	s from Form 6252, line 26 or 3 nd exchanges from Form 8824e lines 8a through 14 in colum d II ine 7) over net long-term capita	n h		12 13 14 15	16,025.		
 13 Long-term capital gain or (loss) from like-kir 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and 	s from Form 6252, line 26 or 3 and exchanges from Form 8824	n h Il loss (line 15) t short-term capital loss (line	e 7)	12 13 14 15	16,025.		

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

CALIFORNIA ACADEMY OF SCIENCES

Social security number or taxpayer identification no.

94-1156258

Before you check Box A, B, or C belo statement will have the same informa- broker and may even tell you which b	ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) fron r cost) was	n your broker. A su s reported to the IR	bstitute 'S by your
Part I Short-Term. Transacti		al assets you held	1 year or less are ger	nerally short-term (see	instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on	Form(s) 1099-B show	ing basis was reporte	d to the IRS	and for which no ad	justments or
You must check Box A, B, or C below.							
If you have more short-term transactions than will	I fit on this page for on	e or more of the boxes	s, complete as many forn	ns with the same box che	cked as you n	eed.	
(A) Short-term transactions rep	ported on Form(s	s) 1099-B showin	ig basis was repor	ted to the IRS (see	Note ab	ove)	
(B) Short-term transactions rep	oorted on Form(s) 1099-B showin	ig basis wasn't re	ported to the IRS			
X (C) Short-term transactions no	t reported to you	u on Form 1099-	В				
1 (a) Description of property	(a) (b) (c) (d) (e) Adjustment, if any, to gain or loss. If you enter an amount in column (a) enter a code in Gain or (loss)						
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price)	basis. See the Note below and see <i>Column (e)</i> in	column (f	(g) Amount of	Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	adjustment	with column (g)
CAS ENDOLITH ENDOWMENT							
FUND, LP							899.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

899.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2020) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

CALIFORNIA ACADEMY OF SCIENCES

94-1156258

Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which i	box to check.						
Part II Long-Term. Transacti	ons involving capita	al assets you held r	more than 1 year are	generally long-term (s	ee instruction	ons). For short-term to	ansactions,
see page 1. Note: You may aggregate all codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; yoù aren't required	to report these transa	actions on F	form 8949 (see instru	ctions).
You must check Box D, E, or F below. If you have more long-term transactions than will							each applicable box.
(D) Long-term transactions re	oorted on Form(s) 1099-B showin	g basis was report	ed to the IRS (see	Note abo	ove)	
(E) Long-term transactions rep	oorted on Form(s) 1099-B showing	g basis wasn't re	ported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-E	3				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you in column column (f	. See manuchons.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(, 22), ,,		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
GAG TANDOL TEUL TANDOLINETAET				the motractions	(-)	adjustment	with column (g)
CAS ENDOLITH ENDOWMENT							12 600
FUND, LP							13,688.
	+						
2 Totals. Add the amounts in colu	mns (d) (a) (a) a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D ab							
above is checked), or line 10 (if I							13,688.
		· · · · · · · · · · · · · · · · · · ·					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

CALIFORNIA ACADEMY OF SCIEN	CES			94-	1156258		
Did the corporation dispose of any investmen		, ,			► Yes X No		
If "Yes," attach Form 8949 and see its instruction Part I Short-Term Capital Gai	-		~				
See instructions for how to figure the amounts	1112 aliu E02262 - 422	ets neid One Tear	UI Less		(h) Coin or (loss)		
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	149,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked					899.		
4 Short-term capital gain from installment sales				4			
5 Short-term capital gain or (loss) from like-kind				5			
6 Unused capital loss carryover (attach computa				6	(
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	<u>h</u>		7	899.		
	ns and Losses - Asse	ets Held More Tha	n One Year		_		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked					13,688.		
11 Enter gain from Form 4797, line 7 or 9				11	2,337.		
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12			
13 Long-term capital gain or (loss) from like-kind				13			
14 Capital gain distributions				14			
15 Net long-term capital gain or (loss). Combine				15	16,025.		
Part III Summary of Parts I and							
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capital	loss (line 15)		16	899.		
17 Net capital gain. Enter excess of net long-term	17	16,025.					
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns							
Note: If losses exceed gains, see Capital Los	ses in the instructions.						

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

CALIFORNIA ACADEMY OF SCIENCES

Social security number or taxpayer identification no.

94-1156258

Before you check Box A, B, or C belo statement will have the same informa- broker and may even tell you which b	ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) fron r cost) was	n your broker. A su s reported to the IF	bstitute IS by your	
Part I Short-Term. Transacti		al assets you held	1 year or less are ger	nerally short-term (see	instruction	s). For long-term		
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on	Form(s) 1099-B show	ing basis was reporte	d to the IRS	S and for which no ad	ljustments or	
You must check Box A, B, or C below.								
If you have more short-term transactions than wil	I fit on this page for on	e or more of the boxes	s, complete as many forn	ns with the same box che	cked as you n	need.		
(A) Short-term transactions rep	ported on Form(s	s) 1099-B showin	ig basis was repor	ted to the IRS (see	Note ab	ove)		
(B) Short-term transactions rep	oorted on Form(s) 1099-B showin	ig basis wasn't re	ported to the IRS				
X (C) Short-term transactions no	t reported to you	u on Form 1099-	В					
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in Subtract column			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(Sales price)	basis. See the Note below and see <i>Column (e)</i> in	column (f). See instructions. (g) Amount of	Subtract column (e) from column (d) & combine the result	
				the instructions	Code(s)	adjustment	with column (g)	
CAS ENDOLITH ENDOWMENT								
FUND, LP							899.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

899.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2020) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

CALIFORNIA ACADEMY OF SCIENCES

94-1156258

Before you check Box D, E, or F belo statement will have the same informa proker and may even tell you which b	oox to check.						
Part II Long-Term. Transaction see page 1. Note: You may aggregate all codes are required. Enter the you must check Box D, E, or F below. C	long-term transact totals directly on Scheck only one bo	ions reported on F Schedule D, line 8a x. If more than one b	orm(s) 1099-B showir u; you aren't required ox applies for your long-t	ng basis was reported to report these transa term transactions, comple	to the IRS actions on F ete a separate	and for which no adj orm 8949 (see instru Form 8949, page 2, for e	ustments or ctions).
f you have more long-term transactions than will: (D) Long-term transactions rep (E) Long-term transactions rep X (F) Long-term transactions not	oorted on Form(s) orted on Form(s)) 1099-B showin 1099-B showin	g basis was report g basis wasn't re _l	ed to the IRS (see	•		
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If yo in column	t, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
CAS ENDOLITH ENDOWMENT						adjustment	(g)
							12 600
FUND, LP							13,688.
							_
2 Totals. Add the amounts in colun	nns (d) (e) (a) a	nd (h) (subtract					
negative amounts). Enter each tot							
Schedule D, line 8b (if Box D abo							12 600
above is checked), or line 10 (if B	ox r above is ch	тескеа)					13,688.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **4797**Department of the Treasury

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. **27**

CALIFORNIA ACADEMY OF SCIENCES 94-1156258 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross sales 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale CAS ENDOLITH ENDOWMENT FUND, LP 2,337. Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 2,337. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 2 337. Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

Part III Gain From Disposition of Propert	y Und	er Sections 124	5, 1250, 1252	2, 125	54, and 1255	(see	instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	oroperty:			(b) Date acquii (mo., day, yr.		(c) Date sold (mo., day, yr.)
Α							
В							
С							
D		1					
These columns relate to the properties on			. .	_	l <u>.</u> .	_	
lines 19A through 19D.	P	Property A	Property	В	Property	<u>. </u>	Property D
O Gross sales price (Note: See line 1 before completing.)	20						
1 Cost or other basis plus expense of sale	21						
2 Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
4 Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:	05-						
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
6 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
8 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
	•						
Summary of Part III Gains. Complete property of	columns	A through D through	line 29b before	going	to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
1 Add property columns A through D, lines 25b, 26g,	27c, 28l	o, and 29b. Enter her	e and on line 13			31	
2 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. Ente	er the p	portion		
from other than casualty or theft on Form 4797, line	6			<u></u>		32	
Part IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	ess l	Use Drops to	50%	or Less
(see instructions)					1		-
					(a) Section 179	<u> </u>	(b) Section 280F(b)(2)
3 Section 179 expense deduction or depreciation allo	wable in	prior years		33			
4.5				34			
Recapture amount. Subtract line 34 from line 33. So				35			

Form **4797**Department of the Treasury

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. **27**

CALIFORNIA ACADEMY OF SCIENCES 94-1156258 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross sales 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale CAS ENDOLITH ENDOWMENT FUND, LP 2,337. Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 2,337. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 2 337. Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

Part III Gain From Disposition of Propert	y Und	er Sections 124	5, 1250, 1252	2, 125	54, and 1255	(see	instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	oroperty:			(b) Date acquii (mo., day, yr.		(c) Date sold (mo., day, yr.)
Α							
В							
С							
D		1					
These columns relate to the properties on			. .	_	l <u>.</u> .	_	
lines 19A through 19D.	P	Property A	Property	В	Property	<u>. </u>	Property D
O Gross sales price (Note: See line 1 before completing.)	20						
1 Cost or other basis plus expense of sale	21						
2 Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
4 Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:	05-						
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
6 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
8 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
	•						
Summary of Part III Gains. Complete property of	columns	A through D through	line 29b before	going	to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
1 Add property columns A through D, lines 25b, 26g,	27c, 28l	o, and 29b. Enter her	e and on line 13			31	
2 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. Ente	er the p	portion		
from other than casualty or theft on Form 4797, line	6			<u></u>		32	
Part IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	ess l	Use Drops to	50%	or Less
(see instructions)					1		-
					(a) Section 179	<u> </u>	(b) Section 280F(b)(2)
3 Section 179 expense deduction or depreciation allo	wable in	prior years		33			
4.5				34			
Recapture amount. Subtract line 34 from line 33. So				35			

Form 990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No. 1545-0047		
	For cal	lendar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 2021		2020	
Department of the Treasury internal Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	·	Open to Public Inspection for 501(c)(3) Organizations Only	
Check box if address changed.		Name of organization (DEmployer identification number		
B Exempt under section	Print	CALIFORNIA ACADEMY OF SCIENCES	94-1156258		
X 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 55 MUSIC CONCOURSE DRIVE	EGroup exemption number (see instructions)		
408A 530(a) 529(a) 529S	F [Check box if			
	С Во	ok value of all assets at end of year 832,230,890.		an amended return.	
G Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplica	ble reinsurance entity	
H Check if filing only to	o 	Claim credit from Form 8941 Claim a refund shown on Form 2439			
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>	
J Enter the number of	attach	ed Schedules A (Form 990-T)		7	
K During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
		d identifying number of the parent corporation.			
L The books are in car			415)	379-5141	
		d Business Taxable Income	_	_	
	busine	ss taxable income computed from all unrelated trades or businesses (see		4.54 .004	
instructions)			1	151,031.	
2 Reserved			2	151 021	
3 Add lines 1 and 2			3	151,031.	
		(see instructions for limitation rules)	4	0.	
		taxable income before net operating losses. Subtract line 4 from line 3	5	151,031.	
	•	ng loss. See instructions	6		
		ss taxable income before specific deduction and section 199A deduction.	_	151 021	
Subtract line 6 fro			7	151,031.	
•		rally \$1,000, but see instructions for exceptions)	8	1,000.	
		duction. See instructions	9	1 000	
10 Total deductions			10	1,000.	
11 Unrelated busine enter zero	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,	11	150,031.	
Part II Tax Com	putat	ion			
1 Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	31,507.	
		ates. See instructions for tax computation. Income tax on the amount on			
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2		
3 Proxy tax. See ins	structio	ns	3		
4 Other tax amounts	s. See i	nstructions	4		
5 Alternative minimu	um tax (5		
6 Tax on noncomp	liant fa	cility income. See instructions	6		
7 Total Add lines 3	7	31 507.			

Form **990-T** (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

orm 9	90-T (2020)										Р	age 2
Part	III Tax and	l Payments										
1a	Foreign tax cre	dit (corporations	attach Form 11	18; trusts attach Fo	rm 1116)	1a						
b	Other credits (see instructions)				1b						
С	General busine	ss credit. Attach	Form 3800 (see	instructions)		1c						
d	Credit for prior	year minimum ta	ax (attach Form 8	8801 or 8827)		1d						
е	Total credits.	Add lines 1a thro	ough 1d						1e			
2	Subtract line 1	e from Part II, line	e 7						2		31,	507.
3	Other taxes. C	neck if from:	Form 425 Other (att		Forn			orm 8866	3			
4	Total tax. Add	lines 2 and 3 (se	ee instructions).	Check if	includes tax pre	viously de	eferred u	nder				
	section 1294.	Enter tax amount	here			▶			4		31,	507.
5				or Form 965-B, Parl			,		5			0.
6a	Payments: A 2	019 overpaymen	t credited to 202	.0		6a		18,969	<u>.</u>			
b	2020 estimate	d tax payments.	Check if section	643(g) election app	lies ▶ [6b						
С	Tax deposited	with Form 8868				6c						
d	Foreign organi	zations: Tax paid	or withheld at so	ource (see instruction	ons)	6d						
е	Backup withho	lding (see instruc	ctions)			. 6e						
f	Credit for small	l employer health	n insurance prem	niums (attach Form	8941)	6f						
g	Other credits,	adjustments, and	d payments:	Form 2439 Other	204 Total	_		204				
-	FORM 41	00	harayah Ga		SEE STA	TEMENT	<u> </u> 1		÷		1 9	173.
7				if Form 2220 is atta					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			193.
8		, ,	•						8			527.
9				s 4, 5, and 8, enter					9		12,	JZ / .
10				lines 4, 5, and 8, e		paid			10			
11 Part				to 2021 estimated octivities and O		tion (c		Refunded ctions)	11			
		ciito i tegai ai		ion vinco ana o				JUDI 13)				
			and an expense of all Al								V	NI.
1	•	•	•	he organization hav	e an interest in o	r a signat		ther authority	′		Yes	No
'	over a financia	account (bank,	securities, or oth	he organization hav er) in a foreign cour	re an interest in ontry? If "Yes," the	or a signat	ation may	ther authority y have to file			Yes	No
•	over a financia FinCEN Form	account (bank,	securities, or oth	he organization hav	re an interest in ontry? If "Yes," the	or a signat	ation may	ther authority y have to file				No
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Form **990-T** (2020)

Phone no. 703-336-6400

Firm's address MCLEAN, VA 22102

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 1
DESCRIPTION	AMOUNT
WORK OPPORTUNITY CREDIT (CAS) ENDOLITH ENDOWMENT FUND, LE CREDIT FOR INCREASING RESEARCH ACTIVITIES (CAS) ENDOLITH	4.
ENDOWMENT FUND, LP CREDIT FOR EMPLOYER S.S. & MEDICARE TAXES (CAS) ENDOLITH	183.
ENDOWMENT FUND, LP	17.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART III, LINE 7	204.

OMB No. 1545-0047

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Α 1	lame of the organization CALIFORNIA ACADEMY OF SCIENCES	B Employer identification number 94-1156258					
<u>C</u> (Inrelated business activity code (see instructions) 211110				D Sequen	ce: 1	of ⁷
	DADOMEDIATE TANGEOR	MENTO					
	Describe the unrelated trade or business PARTNERSHIP INVEST	MENTS					
Pa	t I Unrelated Trade or Business Income		(A) Incom	e	(B) Expens	es	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2	5	120	,933.			120,933.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	120	,933.			120,933.
Pa	† II Deductions Not Taken Elsewhere (See instructi		r limitations	on ded	uctions) Ded	ductions	must be
	directly connected with the unrelated business in	come					
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement) (see instructions)					5	
6	Taxes and licenses					6	500.
7	Depreciation (attach Form 4562) (see instructions)		7				
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)		SEE ST	ATEMENT	3	14	4,500.
15	Total deductions. Add lines 1 through 14					15	5,000.
16	Unrelated business income before net operating loss deduction. Su	ubtract li	ine 15 from Par	t I, line 13	3,		
	column (C)					16	115,933.
17	Deduction for net operating loss (see instructions)					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	3				18	115,933.

art II	e A (Form 990-T) 2020 Cost of Goods Sold	Enter method of inventory valu	nation •		Page
			-	1	
	Purchases				
	Cost of labor				
	Additional section 263A costs (attach				
	Other costs (attach statement)				
	Total. Add lines 1 through 5				
				_	
8	Cost of goods sold. Subtract line 7 from	om line 6. Enter here and in Part I, line	e 2	8	
9	Do the rules of section 263A (with resp				Yes No
art I\	,	Property and Personal Property			
	Description of property (property stree	address, city, state, ZIP code). Chec	ck if a dual-use (see instr	uctions)	
	A				
	B				
	<u> </u>				
	D			0	D
2	Rent received or accrued	A	В	С	U
	From personal property (if the percenta	ge of			
	rent for personal property is more than				
	but not more than 50%)				
	From real and personal property (if the				
	percentage of rent for personal proper	y exceeds			
	50% or if the rent is based on profit or	`			
c	Total rents received or accrued by pro	perty.			
	Add lines 2a and 2b, columns A through	h D			
rt V	Total deductions. Add line 4 columns Unrelated Debt-Finance Description of debt-financed property (I Income (see instructions)			(
	В				
	D	A	В	С	D
	Gross income from or allocable to deb property	-financed			
3	Deductions directly connected with or to debt-financed property				
а	Straight line depreciation (attach state	nent)			
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt or	or allocable			
	to debt-financed property (attach state				
5	Average adjusted basis of or allocable				
	financed property (attach statement)				
			% %	%	
6	Divide line 4 by line 5	I			
6 7	Gross income reportable. Multiply line	2 by line 6		.	,
6 7		2 by line 6	Part I, line 7, column (A)	>	(
6 7 8	Gross income reportable. Multiply line Total gross income (add line 7, colum	2 by line 6 ns A through D). Enter here and on F	Part I, line 7, column (A)	>	(
6 7 8	Gross income reportable. Multiply line	2 by line 6 ns A through D). Enter here and on F			

Total dividends-received deductions included in line 10

	ule A (Form 990-T) 2020		valtice and Da	nto fron	n Control	lod Or	anization			. \		Page 3
Part	VI Interest, Annu	lities, Ro	byaities, and Re	ents from	n Control				e instruct			
	Name of controlled organization	d	2. Employer identification number	3. Net unrelated 4. Tota		xempt Controlled Organizatio of specified nents made that is included controlling organization's gross in		rt of colur included olling orga	d in the ganiza-		nctions directly nected with e in column 5	
(1)									g			
(2)												
(3)												
(4)												
			No		Controlled O		ons					
7	7. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is incontrolling or gross	luded i	n the ation's		connec	ions directly ted with column 10
(1)												
(2)												
(3)												
(4)												
Add columns 5 and 10. Enter here and on Part I, line 8, column (A)						Part I,	Enter here and on Part I, line 8, column (B)		,			
Totals Part	VII Investment I	Income	of a Section 50	1(c)(7) (9) or (17)	Organ	ization (°	oo inati	ructions)			0.
		cription of		.(0)(1))	2. Amou incon	nt of	3. Deduction directly connected (attach stater	ons ected	4. Set- (attach st		nt) an	otal deductions od set-asides d cols 3 and 4)
(1)											_	
(2)												
(3)												
(4)				•	Add amou column 2 here and or line 9, colu	. Enter n Part I,					co here	Id amounts in lumn 5. Enter e and on Part I, e 9, column (B)
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	Income (see ins	tructions)			
1	Description of exploite					`						
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, columi	n (A)		2		
3	Expenses directly con							art I,				
4	line 10, column (B) Net income (loss) from	unrelated	trade or husiness S	Subtract lir	ne 3 from line		nain completo			3		
7	lines 5 through 7									4		
5	Gross income from ac	tivity that i	s not unrelated busi	ness incor	ne					5		
6	1									6		
7	Excess exempt expen											
	4. Enter here and on P	Part II, line	12							7		

Sched	ule A (Form 990-T) 2020 IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodical	s on a consolidated basi	ie	
'	A	ng two or more periodical	s on a consolidated basi	15.	
	В				
	c \square				
	D				
Entor	amounts for each periodical listed above in the	corresponding column			
LIILEI	amounts for each periodical listed above in the	A	В	С	D
2	Gross advertising income		В .		
	Gross advertising income Add columns A through D. Enter here and or		<u> </u>		0.
•	Add Coldinins A through D. Enter here and or	realt i, line 11, column (e	9		
a	Direct advertising costs by periodical				
3	Direct advertising costs by periodical)		0.
а	Add columns A through D. Enter here and or	i Part i, line 11, column (E	9)	>	
4	Advantising pair (lass) Culaturat line Officer li				
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,	_			
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complet				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income	I			
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	I			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g				0.
Part	X Compensation of Officers, Di	rectors and Truste	es (see instructions)		•
ı art	Z Compensation of Officers, Di		(see instructions)	3. Percentage	4 Componentian
	1. Name	2 2	Γitle	of time devoted	 Compensation attributable to
	i. Name	2. 1	Title	to business	unrelated business
(1)				to business %	
(1)				%	
(2) (3)				%	
(4)				%	
(4)				70	
Total	Enter here and on Part II, line 1				0.
Part		oo instructions)			•
· are	Zu Suppremental mornation (Si	ee iristructiorisj			

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
	FUND, LP - ORDINARY BUSINESS INCOME	125 262
(LOSS) CAS ENDOLITH ENDOWMENT	FUND, LP - OTHER PORTFOLIO INCOME	125,263.
(LOSS)	,	68.
CAS ENDOLITH ENDOWMENT	FUND, LP - OTHER INCOME (LOSS)	-4,398.
TOTAL INCLUDED ON SCHED	ULE A, PART I, LINE 5	120,933.
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
INCOME TAX PREPARATION	FEES	4,500.
TOTAL TO SCHEDULE A, PA	RT II, LINE 14	4,500.

2

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

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Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A N	Name of the organization CALIFORNIA ACADEMY OF SCIENCES						B Employer identification number 94-1156258			
C L	nrelated business activity code (see instructions) 211120				D Sequence	e: 2	2 of	7		
E C	escribe the unrelated trade or business PARTNERSHIP INVEST	MENTS								
	t Unrelated Trade or Business Income		(A) Income		(B) Expense	25	(C)	Net		
			(A) moome		(B) Expense	,,,	(0)			
1 a	Gross receipts or sales									
b	Less returns and allowances c Balance ▶	1c								
2	Cost of goods sold (Part III, line 8)	2								
3	Gross profit. Subtract line 2 from line 1c	3								
4 a	Capital gain net income (attach Sch D (Form 1041 or Form									
	1120)) (see instructions)	4a								
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b								
С	Capital loss deduction for trusts	4c								
5	Income (loss) from a partnership or an S corporation (attach									
	statement) STATEMENT 4	5	34	,682.				34,682.		
6	Rent income (Part IV)	6								
7	Unrelated debt-financed income (Part V)	7								
8	Interest, annuities, royalties, and rents from a controlled									
	organization (Part VI)	8								
9	Investment income of section 501(c)(7), (9), or (17)									
	organizations (Part VII)	9								
10	Exploited exempt activity income (Part VIII)	10								
11	Advertising income (Part IX)	11								
12	Other income (see instructions; attach statement)	12								
13	Total. Combine lines 3 through 12	13	34	,682.				34,682.		
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	come			· 	uctions	s must b	e 		
1	Compensation of officers, directors, and trustees (Part X)					1				
2	Salaries and wages					2				
3	Repairs and maintenance					3				
4	Bad debts					4				
5	Interest (attach statement) (see instructions)					5				
6	Taxes and licenses			γ		6				
7	Depreciation (attach Form 4562) (see instructions)									
8	Less depreciation claimed in Part III and elsewhere on return					8b				
9	Depletion					9				
10	Contributions to deferred compensation plans					10				
11	Employee benefit programs					11				
12	Excess exempt expenses (Part VIII)					12				
13	Excess readership costs (Part IX)					13				
14	Other deductions (attach statement)					14				
15	Total deductions. Add lines 1 through 14					15		0.		
16	Unrelated business income before net operating loss deduction. Su									
	column (C)					16		34,682.		
17	Deduction for net operating loss (see instructions)					17		0.		
18	Unrelated business taxable income. Subtract line 17 from line 16	<u></u>				18		34,682.		
LHA	For Paperwork Reduction Act Notice, see instructions.				,	Schedule	e A (Form	990-T) 2020		

Page	2

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on •		r ago <u>=</u>
1				1	
2	Purchases				
3	Cost of labor			I I	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					·
1	Description of property (property street address, city, s	tate. ZIP code). Check i	f a dual-use (see instr	uctions)	
	A \(\)	,	· ·	,	
	В				
	c				
	D				
		Α	В	С	
2	Rent received or accrued			•	
a	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I. line 6. c	olumn (A)	0.
	Deductions directly connected with the income	l l	and one are i, in e o, o		
4	in lines 2(a) and 2(b) (attach statement)				
-			•	<u> </u>	
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I. I	ine 6. column (B)		0.
Part		ee instructions)	, ,	•	
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use (see	instructions)	
	A	•		•	
	В				
	c 🔲				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6		70	,,	,,
8	Total gross income (add line 7, columns A through D)		t I, line 7, column (A)	•	0.
-			., ,		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here and	on Part I, line 7, colu	mn (B)	0.
11	Total dividends-received deductions included in line				0.

Page	;
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Sched	ule A (Form 990-T) 2020 VI Interest, Annu	iities Ro	nvalties and Re	ents fron	n Control	led Or	nanizations	S (soo instruc	tions)	Page 3
rait	micrest, Amit	,, iiioo, iii	Januos, and ne		ວວກແວ			,		
	Name of controlled organization identification		2. Employer identification	3. Net unrelated 4. Total of		Exempt Controlled Organization alof specified nents made 5. Part of column that is included		umn 4 6. Deductions directly		
	organization		number	1	structions)	Payi	nents made	controlling org		income in column 5
(1)										
(2)										
(3)										
(4)										
					Controlled O					
7	'. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 sluded in the organization's income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here and on Part I, Enter here and o		d columns 6 and 11. er here and on Part I, line 8, column (B)	
Totals								0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Organ	nization (s	ee instructions)	1	
		cription of		()()) (2. Amou		3. Deduction		t-asides	5. Total deductions
					incor	ne	directly conn (attach state	1 '	stateme	nt) and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					Add amoi	unto in				Add amounts in
					column 2					column 5. Enter
					here and o	,				here and on Part I,
Takala					line 9, colu	umn (A) 0 .				line 9, column (B)
Totals Part	VIII Exploited E	vemnt 4	Activity Income,	Other T	l Than Δdve	•	n Income	see instructions	,,	0.
1	Description of exploite			, Other I	nan Aav		g moonie (see mstructions) 	
2	Gross unrelated busin	•		ness Ente	r here and o	n Part I	line 10 colum	n (A)	2	
3	Expenses directly con					,	•	()	<u> </u>	
_	line 10, column (B)		= -						3	
4	Net income (loss) from									
	, ,						•		4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7	Excess exempt expen									
	4. Enter here and on F	Part II, line	12						7	

Pac	ıe.	4
ıac		_

Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if reporting	g two or more	periodicals on a	consolidated basis	S.		
	A						
	В 🔲						
	c 🗌						
	D						
Enter	amounts for each periodical listed above in the	corresponding	g column.				
			Α	В	С	D	
2	Gross advertising income						
	Add columns A through D. Enter here and on	Part I, line 11	, column (A)		▶		0.
а				T			
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here and on	Part I, line 11	, column (B)		>		0.
				1			
4	Advertising gain (loss). Subtract line 3 from lin	ie					
	2. For any column in line 4 showing a gain,						
	complete lines 5 through 8. For any column ir	I .					
	line 4 showing a loss or zero, do not complete	I .					
_	lines 5 through 7, and enter zero on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is les	I					
8	than line 6, enter zero						
0	Excess readership costs allowed as a deduction. For each column showing a gain of	n l					
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the gr	· ·	ne 8a columns to	ntal or zero here and	d on		
ч	Part II, line 13						0.
Part		ectors, an	d Trustees (see instructions)			
	·		,		3. Percentage	4. Compensation	
	1. Name		2. Title		of time devoted	attributable to	
					to business	unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
	Enter here and on Part II, line 1				>		0.
Part	XI Supplemental Information (se	e instructions)				

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	49,074.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER PORTFOLIO INCOME (LOSS)	-1,610.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	-12,782.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	34,682.

B Employer identification number

94-1156258

3

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

ZUZU

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

C U	nrelated business activity code (see instructions) 211130			D Sequence:	3 of 7
E D	escribe the unrelated trade or business PARTNERSHIP INVEST	MENTS			
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 5	5	381.		381.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	381.		381.
1	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts			I	
5				l _	
6	Taxes and licenses				
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			g	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15					0.
16	Unrelated business income before net operating loss deduction. Su	ubtract	line 15 from Part I, line 13,		
	column (C)			16	381.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				381.
_HA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2020

					ENTITY
	ule A (Form 990-T) 2020				Page
art	III Cost of Goods Sold Enter met	nod of inventory valu	ation		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter l	nere and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property				Yes N
Part	IV Rent Income (From Real Property and	l Personal Prope	erty Leased with Re	al Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Chec	k if a dual-use (see instru	ctions)	
	A				
	В 🗌				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	e and on Part I, line 6, co	lumn (A)	
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er		I, line 6, column (B)	>	
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code).	Check if a dual-use (see i	nstructions)	
	A 🔛				
	В 💹				
	c				
	D				_
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		% %	9/	6
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on F	art I, line 7, column (A)	>	•
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here a	nd on Part I, line 7, colum	ın (B)	
11	Total dividends-received deductions included in line				

Page

Sched	ule A (Form 990-T) 2020)										Page 3
Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see	instruct	ions)		
	Exempt Controlled Organizations											
	1. Name of controlled 2. Employer		2. Employer			al of specified 5. Part of colu					ductions directly	
	organization		identification	incon	ne (loss)	1	nents made	that is in		in the		nnected with
	Ü		number	1	structions)	' '			ing orga ross inc		inco	me in column 5
(1)								lionsy	11033 1110	onie		
(1)												
(2)												
(3)										-		
(4)			N-) t II I - O							
	. Tamabla bassus				Controlled O		1	- 6 l	- 0	44	Deale	
•	'. Taxable Income		Net unrelated		otal of specif		10. Part of that is income.			11.		ctions directly
		1	ncome (loss) e instructions)	pa	yments mad	е	controlling			in		ected with
		(56)	e iristructions)				gross	income		IIIC	Come	in column 10
<u>(1)</u>												
(2)												
(3)												
(4)												
							Add colum					mns 6 and 11.
							Enter here					e and on Part I,
							line o, c	column (A	٦)	'	iirie o,	column (B)
Totals						▶			0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instru	ctions)			
	1. Desc	cription of	income		2. Amou	nt of	3. Deduction	ons	4. Set-	asides	5.	Total deductions
					incon	ne	directly conn	,	attach st	atemer	'''	and set-asides
							(attach stater	ment)			(8	add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou							Add amounts in
					column 2							column 5. Enter
					here and o line 9, colu	,						ere and on Part I, ne 9, column (B)
Totals				•	11110 0, 0010	0.						0.
Part	VIII Exploited E	xempt /	Activity Income,	Other T	han Adve		Income /	see instri	uctions)			
1	Description of exploite			201			J (occ moth	40110113)			
2	Gross unrelated busin	•		noss Ento	r horo and o	n Dart I	line 10. column	n (A)		2		
2	Expenses directly con						•	. ,				
3			•					,		ا ۾ ا		
4	line 10, column (B)									3		
4	Net income (loss) from						•					
_	lines 5 through 7			· · · · · · · · · · · · · · · · · · ·						4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen									_		
	4. Enter here and on F	art II, line	12							7		

Sched Part	ule A (Form 990-T) 2020 IX Advertising Income				Page 4
				l hanin	
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodic	cais on a consolidated	Dasis.	
	A				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column			
		Α.	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column	(A)	>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or		(B)	•	0.
	ű	,	()		
4	Advertising gain (loss). Subtract line 3 from li	ne			
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	'n			
	line 4 showing a loss or zero, do not complete	I			
	lines 5 through 7, and enter zero on line 8				
E					
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	I			
	line 5, subtract line 6 from line 5. If line 5 is le	I			
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7	•			
а	Add line 8, columns A through D. Enter the g		lumns total or zero he	ere and on	
<u> </u>	Part II, line 13			>	0.
Part	X Compensation of Officers, Di	rectors, and Trust	tees (see instruction	ns)	
				3. Percentage	4. Compensation
	1. Name	2	2. Title	of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
(4)				%	
Total	. Enter here and on Part II, line 1)	0.
Part	XI Supplemental Information (S	ee instructions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 5
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS) CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	9,727. -9,346.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	381.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

► Go to www.irs.gov/Form990T for instructions and the latest information.

	ment of the Treasury I Revenue Service Do not enter SSN numbers on this form as it	may be	made public	if you	r organiz	ation is a 501(c)(3).		ic Inspection for anizations Only
A N	Name of the organization CALIFORNIA ACADEMY OF SCIENCES B Employer of Sciences 94–115							cation numb	er
<u>c</u> ს	Unrelated business activity code (see instructions) 532420					D Seque	nce:	4 of	7
E [Describe the unrelated trade or business PARTNERSHIP INVEST	MENTS							
Pai			(A) Inc	come		(B) Exper	1505	(C) Net
Fai	The official and the partition of the office		(A) III			(D) Exper		0)	, Net
1 a	Gross receipts or sales								
b	Less returns and allowances c Balance >	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Sch D (Form 1041 or Form								
	1120)) (see instructions)	4a							
	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b							
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement) STATEMENT 6	5		-82,	773.				-82,773.
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
_	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11			_				
12	Other income (see instructions; attach statement)	12 13		-82,	773				-82,773.
13	Total. Combine lines 3 through 12								
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come						ns must k	oe
2	Salaries and wages						I		
3	Repairs and maintenance						I		
4	Bad debts								
5	Interest (attach statement) (see instructions)						5		
6	Taxes and licenses						6		
7	Depreciation (attach Form 4562) (see instructions)			7					
8	Less depreciation claimed in Part III and elsewhere on return						8b		
9	Depletion						9		
10	Contributions to deferred compensation plans								
11	Employee benefit programs								
12	Excess exempt expenses (Part VIII)								
13	Excess readership costs (Part IX)								
14	Other deductions (attach statement)								
15	Total deductions. Add lines 1 through 14						. 15		0.
16	Unrelated business income before net operating loss deduction. Su	ubtract I	ine 15 from	Part	I, line 13	3,			_

Deduction for net operating loss (see instructions)

Unrelated business taxable income. Subtract line 17 from line 16

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

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17

Page	2
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Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on •		Page Z
1	Little mot	nod of inventory valuation	511	1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	·			Yes No
Part					
1	Description of property (property street address, city, s				
-	A	,,-		,	
	В				
	С				
	D				
		A	В	С	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		and on Part I, line 6, co	olumn (A)	0.
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use (see	instructions)	
	A				
	В				
	<u> </u>				
	D				
•	Out of the same from an allowable to debt forward	A	В	С	D
2	Gross income from or allocable to debt-financed				
3	property Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		70	70	70
8	Total gross income (add line 7, columns A through D)		I. line 7. column (A)	•	0.
-	account of the second s		, , σοιαππ γ γ	······································	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here and	on Part I, line 7, colun	nn (B)	0.
11	Total dividends-received deductions included in line	10		>	0.

i	Anc	3
	aue	

	Pa						(O l .	Illian I D I. C	D.	ule A (Form 990-T) 2020	Scriedi
			ee instruct				Trom Contro	oyalties, and Rents f	iities, Ro	vi interest, Annu	Part
		ganization	lled Or	xempt Control							
ectly	Deductions dire			al of specified 5. Part of		Net unrelated 4. Tota		2. Employer 3. N	1. Name of controlled		
	connected with	niza- I	s included olling orga		nents made	1 ' '	income (loss)			organization	
n 5	come in columr		s gross inc				ee instructions)	number (see			
											(1)
											(2)
											(3)
											(4)
					ons	Organizati	mpt Controlled	Nonexem			
ly	ductions directl	11. De			10. Part o	cified	9. Total of spe	Net unrelated 9	8. 1	. Taxable Income	7
	nnected with	со			that is inc	ade	payments ma	ncome (loss)	in		
)	ne in column 10	incon		incom				e instructions)	(see		
											(1)
1.	olumns 6 and 11	Add co	nd 10.	ıns 5 a	Add colum						
t I,	ere and on Part		,		Enter here a						
	8, column (B)	line	ı (A)	olumn	line 8, c						
0.			0.								Totals
			ructions)	ee inst	nization (se	7) Orgar	(7), (9), or (1	of a Section 501(c)(7	ncome (VII Investment I	Part
	5. Total deduct	sides	4. Set-	ons	3. Deduction	ount of	2. Amo	income	ription of i	1. Desc	
		tement)	(attach st		directly conne	ome	inc				
iu 4)	(add cois s ari			ment)	(attach staten						
											(1)
											(2)
											(3)
											(4)
	Add amounts					nounts in					
,	line 9, column					olumn (A)					
0.						0.	▶		<u></u>		Totals
			structions)	see in	g Income (vertising	ner Than Ad	Activity Income, Othe	xempt A	VIII Exploited E	Part
									d activity:	Description of exploite	1
		2		n (A)	line 10, column	l on Part I,	Enter here and	e from trade or business. E	ess income	Gross unrelated busine	2
				art I,	here and on Pa	me. Enter l	d business incor	th production of unrelated b	nected with	Expenses directly con	3
		3								line 10, column (B)	
					gain, complete	line 2. If a 🤉	act line 3 from I	I trade or business. Subtrac	unrelated	Net income (loss) from	4
		4								lines 5 through 7	
		5									5
		6									6
								act line 5 from line 6, but d			7
		7						12			
t =	ere and on Part 8, column (B) 5. Total deduct and set-asid (add cols 3 and Add amounts column 5. En here and on Part 18, column 5. En here and on Part 18, column 5.	Enter h line sides tement)	n Part I, (A) 0. tructions) 4. Set- (attach st	ee instead on sected ment) See instead on (A) art I,	Enter here a line 8, c Pization (so 3. Deduction directly conner (attach stater) Interest of the stater of the state of th	nounts in 2. Enter I on Part I, olumn (A) vertising	Add am column here and line 9, comer Than Add Enter here and business incorract line 3 from I income	Activity Income, Other e from trade or business. Eth production of unrelated business in trade or business in the entered on line 5 act line 5 from line 6, but desired the entered in the following services act line 5 from line 6, but desired the entered on line 5 act line 5 from line 6, but desired the entered on line 6, but desired the entered in the entered on line 6, but desired the entered in the entered on line 6, but desired the entered in the en	xempt A d activity: ess income nected with unrelated tivity that is to income ses. Subtra	VIII Exploited E Description of exploite Gross unrelated busin Expenses directly conline 10, column (B) Net income (loss) from lines 5 through 7 Gross income from ac Expenses attributable Excess exempt expenses	(1) (2) (3) (4) Totals Part 1 2 3 4 5 6

Pag	е	4

Part	IX Advertising Income					<u> </u>
1	Name(s) of periodical(s). Check box if reporting	g two or r	nore periodicals on a	consolidated basi	S.	
	A					
	В					
	c					
	D					
Enter a	amounts for each periodical listed above in the o	correspon آ				
		ŀ	Α	В	С	D
2	Gross advertising income	-		1		0.
	Add columns A through D. Enter here and on	Part I, line	e 11, column (A)		>	0,
а 3	Divert advertising costs by poviedical	١				
о a	Direct advertising costs by periodical	_	a 11 column (P)		<u> </u>	0.
а	Add coldmins A through b. Enter here and on	raiti, iiiie	этт, column (b)			
4	Advertising gain (loss). Subtract line 3 from lin	ne [
•	2. For any column in line 4 showing a gain,	.				
	complete lines 5 through 8. For any column in	,				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8	I				
5	Readership costs	[
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o					
	line 4, enter the lesser of line 4 or line 7	_				
а	Add line 8, columns A through D. Enter the gr					0.
Part	X Compensation of Officers, Dir	ectors.	and Trustees	eee instructions)		•
		,	(6		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
_						
Part	Enter here and on Part II, line 1 XI Supplemental Information (se					0.
Part	Supplemental information (se	e instructi	ions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS) CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	-82,767. -6.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-82,773.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

► Go to www.irs.gov/Form990T for instructions and the latest information.

	ment of the Treasury I Revenue Service Do not enter SSN numbers on this form as it	may be r	made public if your organiz	ation is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A N	lame of the organization CALIFORNIA ACADEMY OF SCIENCES	B Employer identi			
<u>c</u> լ	Inrelated business activity code (see instructions) > 551112			D Sequence:	5 of 7
E [Describe the unrelated trade or business PARTNERSHIP INVEST	MENTS			
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 7	5	-23,289.		-23,289.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-23,289.		-23,289.
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income	come		,	ons must be
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages			I	
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement) (see instructions)				
6	Taxes and licenses			6	_
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15					0.
16	Unrelated business income before net operating loss deduction. Su	ibtract li	ine 15 from Part I, line 13	3,	-23 289

Deduction for net operating loss (see instructions)

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2020

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17

Schody.	le Λ (Form 990 T) 2020					ENTITY
onedu Part I	le A (Form 990-T) 2020 Cost of Goods Sold	Enter method of i	nventory valuation	•		Page
1	Inventory at beginning of year	2.110. 11104 01	-		1	
2	Purchases					
	Cost of labor					
4	Additional section 263A costs (attach	statement)			4	
	Other costs (attach statement)					
	Total. Add lines 1 through 5					
					1 _ 1	
	Cost of goods sold. Subtract line 7 fr					
	Do the rules of section 263A (with resp					Yes N
art l'						
1	Description of property (property stree	t address, city, state, ZI	P code). Check if a	dual-use (see instr	uctions)	
	A	, , , , , , , , , , , , , , , , , , ,	,	(,	
	В					
	c 🗆					
	D					
			Α	В	С	D
2	Rent received or accrued			_	-	_
_	From personal property (if the percent:	age of				
	rent for personal property is more than					
	but not more than 50%)	I				
	From real and personal property (if the					
D	percentage of rent for personal proper					
	50% or if the rent is based on profit or	:				
	Total rents received or accrued by pro	,				
	Add lines 2a and 2b, columns A through	·				
5 art V		A through D. Enter her d Income (see instr	uctions)			
1	Description of debt-financed property	(street address, city, sta	te, ZIP code). Che	ck if a dual-use (see	instructions)	
	A					
	B					
	<u> </u>					
	D					_
			Α	В	С	D
2	Gross income from or allocable to deb					
	property					
	Deductions directly connected with or	allocable				
	to debt-financed property					
	Straight line depreciation (attach state					
	Other deductions (attach statement)					
	Total deductions (add lines 3a and 3b,					
	columns A through D)					
	Amount of average acquisition debt or					
	to debt-financed property (attach state	ement)				
5	Average adjusted basis of or allocable	to debt-				
	financed property (attach statement)					
	Divide line 4 by line 5		%	%	%	
	Gross income reportable. Multiply line					
8	Total gross income (add line 7, colum	nns A through D). Enter	here and on Part I,	line 7, column (A)	>	(
9	Allocable deductions. Multiply line 3c I	by line 6				

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Total dividends-received deductions included in line 10

10

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Daga	
raue	

Schedu	ule A (Form 990-T) 2020)										Page 3
Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see	instruct	ions)		
				Exempt Controlled Organizations								
	1. Name of controlled		2. Employer			al of specified	5. Part			6. Deductions directly		
	organization		identification	incon	ne (loss)	1	nents made	that is included in the		in the		nnected with
	Ğ		number	(see instructions)		' '	. ,		controlling organiza- tion's gross income		income in column 5	
(1)								tion's gross income		onie		
(1)												
(2)												
(3)												
(4)			N-) to II1 O							
	. Tamable because				Controlled O		1			44	Darda	
•	'. Taxable Income		Net unrelated		9. Total of specified		10. Part of column 9 that is included in the			11. Deductions directly		
		1	ncome (loss) e instructions)	pa	yments mad	е	controlling			in		ected with
		(56)	e iristructions)				gross income			Incon		in column 10
<u>(1)</u>												
(2)												
(3)												
(4)												
							Add colum					mns 6 and 11.
							Enter here		,			e and on Part I,
							line o, c	column (A	·)	'	iirie o,	column (B)
Totals						▶			0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instrud	ctions)			
	1. Desc	cription of	income		2. Amou	nt of	3. Deduction	ons	4. Set-	asides	5.	Total deductions
					incon	ne	directly conn	,	ttach st	atemer	'''	and set-asides
							(attach stater	ment)			(a	add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou							Add amounts in
					column 2							column 5. Enter
					here and o line 9, colu	,						ere and on Part I, ne 9, column (B)
Totals				•	1110 0, 0010	0.						0.
Part	VIII Exploited E	xempt /	Activity Income,	Other T	han Adve		Income /	see instru	ictions)			
1	Description of exploite			0 41101 1		,	9	300 1113110	action is _j			
2	Gross unrelated busin	•		noss Ento	r hara and a	n Dart I	line 10. column	n (A)		2		
2	Expenses directly con						•	. ,				
3			•					,		,		
4	line 10, column (B)									3		
4	Net income (loss) from						•					
_	lines 5 through 7			· · · · · · · · · · · · · · · · · · ·						4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen									_		
	4. Enter here and on F	Part II, line	12							7		

Part	IX	Advertising Income					
1	Nam	e(s) of periodical(s). Check box if reporti	ng two or	more periodicals on a	consolidated basis	S.	
	Α						
A B C D C D C C C C C C C C C C C C C C C							
	c L						
	D L						
Enter a	moun	ts for each periodical listed above in the	correspo	nding column.	T	1	
				Α	В	С	D
2		ss advertising income					
	Add	columns A through D. Enter here and or	n Part I, lin	e 11, column (A)		>	0.
					I	<u> </u>	
		ct advertising costs by periodical					. 0.
а	Add	columns A through D. Enter here and or	n Part I, lin	e 11, column (B)		P	
4	۸ ما، ۱۸	outining agin (loss) Culpturet line 2 from li	ina				
4		ertising gain (loss). Subtract line 3 from li or any column in line 4 showing a gain,	II IE				
		plete lines 5 through 8. For any column	in				
		4 showing a loss or zero, do not complete					
		5 through 7, and enter zero on line 8					
5		dership costs					
		ulation income					
7		ess readership costs. If line 6 is less than					
	line (5, subtract line 6 from line 5. If line 5 is le	ess				
	than	line 6, enter zero					
8	Exce	ess readership costs allowed as a					
		uction. For each column showing a gain					
		4, enter the lesser of line 4 or line 7					
а		line 8, columns A through D. Enter the g	-		tal or zero here an	d on	0
Dart		II, line 13 Compensation of Officers, Di	ractors	and Trustees /-		P	0.
i dit.	^	Compensation of Cincers, Di		dia irastees (s	ee instructions)	3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
		1. Name		2. 1110		to business	unrelated business
(1)						%	arriolated baerrees
						%	
						%	
(4)						%	
)	0.
Part .	XI	Supplemental Information (S	ee instruc	tions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION	NET INCOME OR (LOSS)
CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINE CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP	-23,124.
- OTHER INCOME (L TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-165.

B Employer identification number

6

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

pen to Public Inspection for

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

	CALIFORNIA ACADEMY OF SCIENCES	94-115	94-1156258				
٠	Inrelated business activity code (see instructions) 523920	D Sequence	e: 6	of ⁷			
, ,	Thelated business activity code (see instructions)			D Sequence	7.	01 .	
E D	escribe the unrelated trade or business PARTNERSHIP INVEST	MENTS					
Par		(B) Expense	s	(C) Net			
1a	Gross receipts or sales						
	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a	16,924.			16,924.	
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8	5	-25,383.			-25,383.	
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11			$-\!\!\!\!+$		
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	-8,459.			-8,459.	
Par	t II Deductions Not Taken Elsewhere (See instructi		or limitations on ded	uctions) Ded	uctions	must be	
	directly connected with the unrelated business in	come					
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement) (see instructions)				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562) (see instructions)						
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)		14				
15					15	0.	
16	Unrelated business income before net operating loss deduction. Su	ubtract I	line 15 from Part I, line 13	,			
	column (C)				16	-8,459.	
17	Deduction for net operating loss (see instructions)				17	0.	
18	Unrelated business taxable income. Subtract line 17 from line 16	<u></u>			18	-8,459.	
_HA	For Paperwork Reduction Act Notice, see instructions.			S	chedule	A (Form 990-T) 2020	

Page	2
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Part	III Cost of Goods Sold Fnter met	hod of inventory valuation	on •		Page Z
1	Little mot	nod of inventory valuation	511	1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	·			Yes No
Part					
1	Description of property (property street address, city, s	-			
-	A	,,		,	
	В				
	С				
	D				
		A	В	С	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		and on Part I, line 6, co	olumn (A)	0.
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use (see	instructions)	
	A				
	В				
	<u> </u>				
	D				
•	Out of the same from an allowable to debt forward	A	В	С	D
2	Gross income from or allocable to debt-financed				
3	property Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		70	70	70
8	Total gross income (add line 7, columns A through D)		I. line 7. column (A)	•	0.
-	account of the second s		, , σοιαππ γ γ	······································	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here and	on Part I, line 7, colun	nn (B)	0.
11	Total dividends-received deductions included in line	10		>	0.

Schedu	ule A (Form 990-T) 2020 VI Interest, Annu	iities R	ovalties and Re	nte fron	n Contro	lad Or	ganization	S (0)	ee instruct	iono)		Page 3
rait	WI Interest, Aime	, itics, iti			ii Oondo							
Name of controlled organization		2. Employer identification number	yer 3. Net unrelated 4. Total of spition income (loss) payments in		Exempt Controlled Organization al of specified nents made 5. Part of columnation in the controlling organization		art of colur included	umn 4 d in the ganiza-		deductions directly connected with come in column 5		
(1)								LIOITE	gross inc	701110		
(2)												
(3)												
(4)												_
			No	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of speci yments mad		10. Part of that is incontrolling gross	luded	in the zation's		con	luctions directly nected with e in column 10
(1)												
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, o	and on	Part I,	Ent	er he	lumns 6 and 11. ere and on Part I, B, column (B)
Part	VII Investment	Income	of a Section 50	1(c)(7). (9). or (17)	Organ	nization (s	ee inst	ructions)			
		cription of			2. Amou incor	ınt of	3. Deduction directly connumber (attach states	ons ected	4. Set- (attach st		nt)	and set-asides (add cols 3 and 4)
(1)											\dashv	
(2)											-	
(3) (4)											_	
Totals					Add amo column 2 here and o line 9, col	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adv	ertisino	Income	see ins	structions)			
1	Description of exploite					•			<u> </u>			
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness incom	e. Enter l	here and on Pa					
										3		
4	Net income (loss) from											_
	lines 5 through 7									4		
5	Gross income from ac	tivity that i	s not unrelated busi	ness incor	ne					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2020

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age	4	
	_	
	_	
	_	

	ule A (Form 990-T) 2020				Pa	ge 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a c	onsolidated basis.			
	A 💹					
	В					
	c					
	D					
Enter a	amounts for each periodical listed above in the	corresponding column.				
		Α	В	С	D	
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		>	•	0.
а						
3	Direct advertising costs by periodical					_
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		>	•	0.
_				T	1	
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,	_				
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
_	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6 7	Circulation income Excess readership costs. If line 6 is less than					
′	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
Ū	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr	· · · · · · · · · · · · · · · · · · ·	al or zero here and	on		
	Part II, line 13				•	0.
Part		rectors, and Trustees (se	ee instructions)			
				3. Percentage	4. Compensation	
	1. Name	2. Title		of time devoted	attributable to	
				to business	unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		
	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instructions)				
_						

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 8
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME	
(LOSS)	54,405.
CAS ENDOLITH ENDOWMENT FUND, LP - NET RENTAL REAL ESTATE	
INCOME	-532.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER NET RENTAL INCOME	
(LOSS)	127.
CAS ENDOLITH ENDOWMENT FUND, LP - INTEREST INCOME	9,790.
CAS ENDOLITH ENDOWMENT FUND, LP - DIVIDEND INCOME	146.
CAS ENDOLITH ENDOWMENT FUND, LP - ROYALTIES	170.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER PORTFOLIO INCOME	
(LOSS)	37.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	-89,526.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-25,383.

B Employer identification number

94-1156258

OMB No. 1545-0047

SCHEDULE A (Form 990-T)

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Unrelated Business Taxable Income

From an Unrelated Trade or Business

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

C U	nrelated business activity code (see instructions) > 511120			D :	Sequence:	7 of	7
E D	escribe the unrelated trade or business PARTNERSHIP INVEST	MENTS					
	t I Unrelated Trade or Business Income		(A) Income	(B)	Expenses	(C) N	let
1 a	Gross receipts or sales						
	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) STATEMENT 9	5	35				35.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	35	•			35.
Par 1	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come			, 	is must be	
2	Salaries and wages						
3	Repairs and maintenance						
4	Bad debts				1 1		
5					1 _ 1		
6	Taxes and licenses						
7	Depreciation (attach Form 4562) (see instructions)						
8	Less depreciation claimed in Part III and elsewhere on return				8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)						
13	Excess readership costs (Part IX)						
14	Other deductions (attach statement)						
15	Total deductions. Add lines 1 through 14				15		0.
16	Unrelated business income before net operating loss deduction. Su		*	,			
	column (C)				16		35.
17	Deduction for net operating loss (see instructions)						0.
18	Unrelated business taxable income. Subtract line 17 from line 16	·					35.
_HA	For Paperwork Reduction Act Notice, see instructions.				Schedu	le A (Form 9	90-T) 2020

Page	٠ د
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	ule A (Form 990-T) 2020				Page 2
Part		hod of inventory valuati			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				-1
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Proper	ty Leased with Re	eal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use (see instru	ictions)	
	A				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				,
	Add lines 2a and 2b, columns A through D				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	nter here and on Part I,	line 6, column (B)		0.
Part '	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use (see	instructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	<u> </u>	,,,	,,	,,
8	Total gross income (add line 7, columns A through D)		t I, line 7. column (A)	•	0.
•	<u> </u>		, , ,		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here and	l on Part I, line 7, colur	nn (B)	0.
11	Total dividends-received deductions included in line				0.

Sched	ule A (Form 990-T) 2020 VI Interest, Annu	iities Ro	nvalties and Re	ents fron	n Control	led Or	nanizations	S (soo instruc	tions)	Page 3
rait	micrest, Amit	,, iiioo, iii	Januos, and ne		ວວກແວ			,		
	Name of controlle organization	d	2. Employer identification	3. Net unrelated 4. Total of		al of specified ments made	his and the state of the state of		6. Deductions directly connected with	
	organization		number	1	structions)	Payi	nents made	controlling org		income in column 5
(1)										
(2)										
(3)										
(4)										
					Controlled O					
7	'. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals								0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Organ	nization (s	ee instructions)	1	
		cription of		()()) (2. Amou		3. Deduction		t-asides	5. Total deductions
					incor	ne	directly conn (attach state	1 '	stateme	nt) and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					Add amoi	unto in				Add amounts in
					column 2					column 5. Enter
					here and o	,				here and on Part I,
Takala					line 9, colu	umn (A) 0 .				line 9, column (B)
Totals Part	VIII Exploited E	vemnt 4	Activity Income,	Other T	l Than Δdve	•	n Income	see instructions	,,	0.
1	Description of exploite			, Other I	nan Aav		g moonie (see mstructions) 	
2	Gross unrelated busin	•		ness Ente	r here and o	n Part I	line 10 colum	n (A)	2	
3	Expenses directly con					,	•	()	<u> </u>	
_	line 10, column (B)		= -						3	
4	Net income (loss) from									
	, ,						•		4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7	Excess exempt expen									
	4. Enter here and on F	Part II, line	12						7	

Schedule A (Form 990-T) 2020

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Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if reporting	g two or more	periodicals on a	consolidated basis	S.		
	A						
	В 🔲						
	c 🗌						
	D						
Enter	amounts for each periodical listed above in the	corresponding	g column.				
			Α	В	С	D	
2	Gross advertising income						
	Add columns A through D. Enter here and on	Part I, line 11	, column (A)		>		0.
а				T			
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here and on	Part I, line 11	, column (B)		>		0.
				1			
4	Advertising gain (loss). Subtract line 3 from lin	ie					
	2. For any column in line 4 showing a gain,						
	complete lines 5 through 8. For any column ir	I					
	line 4 showing a loss or zero, do not complete	I					
_	lines 5 through 7, and enter zero on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is les	I					
8	than line 6, enter zero						
0	Excess readership costs allowed as a deduction. For each column showing a gain of	n l					
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the gr	· ·	ne 8a columns to	ntal or zero here and	d on		
ч	Part II, line 13						0.
Part		ectors, an	d Trustees (see instructions)			
	·		,		3. Percentage	4. Compensation	
	1. Name		2. Title		of time devoted	attributable to	
					to business	unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
	Enter here and on Part II, line 1				>		0.
Part	XI Supplemental Information (se	e instructions)				

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 9
DESCRIPTION	NET INCOME OR (LOSS)
CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINE	35.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	35.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

CALIFORNIA ACADEMY OF SCIEN	ICES			94-	1156258
Did the corporation dispose of any investme	nt(s) in a qualified opportun	ity fund during the tax ve	ar?		Yes X No
If "Yes," attach Form 8949 and see its instru					, <u> </u>
Part I Short-Term Capital Ga					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					899.
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput				6	()
7 Net short-term capital gain or (loss). Combir Part II Long-Term Capital Gai	e lines 1a through 6 in column	h		7	899.
	ns and Losses - Asse	ets Held More Than	One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds Cost or loss from Form(s) 89		49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					13,688.
				11	2,337.
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 37	,		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combin		ıh		15	16,025.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (li				16	899.
17 Net capital gain. Enter excess of net long-terr			·	17	16,025.
18 Add lines 16 and 17. Enter here and on Form		olicable line on other returns		18	16,924.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				

LHA

Form **8949**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification no.

94-1156258

CALIFORNIA ACADEMY OF SCIENCES

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (c) (d) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see *Column (*e) in combine the result Code(s) with column (g) the instructions adjustment CAS ENDOLITH ENDOWMENT FUND, LP 899 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) 899.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (q) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

CALIFORNIA ACADEMY OF SCIENCES

94-1156258

Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	oox to check.						
Part II Long-Term. Transactic see page 1. Note: You may aggregate all codes are required. Enter the	I long-term transact	ions reported on F	orm(s) 1099-B showi	ng basis was reported	to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below. (Check only one bo	x. If more than one b	ox applies for your long-	term transactions, comple	ete a separate	Form 8949, page 2, for	
(D) Long-term transactions rep					•		
(E) Long-term transactions rep	-	-	-	•	NOTE as	340)	
X (F) Long-term transactions not							
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	loss. If you in column column (f)	nt, if any, to gain or ou enter an amount (g), enter a code in . See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
CAS ENDOLITH ENDOWMENT							
FUND, LP							13,688.
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D abo	tal here and inclu	ude on your					
above is checked), or line 10 (if E	Box F above is ch	necked)					13,688.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

CALIFORNIA ACADEMY OF SCIEN	ICES			94-	1156258
Did the corporation dispose of any investme	nt(s) in a qualified opportun	ity fund during the tax ve	ar?		Yes X No
If "Yes," attach Form 8949 and see its instru					, <u> </u>
Part I Short-Term Capital Ga					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					899.
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput				6	()
7 Net short-term capital gain or (loss). Combir Part II Long-Term Capital Gai	e lines 1a through 6 in column	h		7	899.
	ns and Losses - Asse	ets Held More Than	One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds Cost or loss from Form(s) 89		49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					13,688.
				11	2,337.
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 37	,		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combin		ıh		15	16,025.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (li				16	899.
17 Net capital gain. Enter excess of net long-terr			·	17	16,025.
18 Add lines 16 and 17. Enter here and on Form		olicable line on other returns		18	16,924.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				

LHA

Form **8949**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification no.

94-1156258

CALIFORNIA ACADEMY OF SCIENCES

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (c) (d) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see *Column (*e) in combine the result Code(s) with column (g) the instructions adjustment CAS ENDOLITH ENDOWMENT FUND, LP 899 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) 899.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (q) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

CALIFORNIA ACADEMY OF SCIENCES

94-1156258

Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	oox to check.						
Part II Long-Term. Transactic see page 1. Note: You may aggregate all codes are required. Enter the	I long-term transact	ions reported on F	orm(s) 1099-B showi	ng basis was reported	to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below. (Check only one bo	x. If more than one b	ox applies for your long-	term transactions, comple	ete a separate	Form 8949, page 2, for	
(D) Long-term transactions rep					•		
(E) Long-term transactions rep	-	-	-	•	NOTE as	340)	
X (F) Long-term transactions not							
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	loss. If you in column column (f)	nt, if any, to gain or ou enter an amount (g), enter a code in . See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
CAS ENDOLITH ENDOWMENT							
FUND, LP							13,688.
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D abo	tal here and inclu	ude on your					
above is checked), or line 10 (if E	Box F above is ch	necked)					13,688.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and

Employer identification number

94-1156258

Department of the Treasury Internal Revenue Service

CALIFORNIA ACADEMY OF SCIENCES

Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123 2020

bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. **Required Annual Payment** 1 Total tax (see instructions) 31,507. 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a **b** Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2b c Credit for federal tax paid on fuels (see instructions) 2c d Total. Add lines 2a through 2c 2d3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 31,507. 3 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, 31,507. enter the amount from line 3 Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. 6 The corporation is using the adjusted seasonal installment method. The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III Figuring the Underpayment (a) (b) (c) (d) Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and 10/15/20 12/15/20 03/15/21 06/15/21 before July 15, 2020, see instructions **Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, 7,877. 7,877. 7,876. 7,877. enter 25% (0.25) of line 5 above in each column 10 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions 18,969, 11 Complete lines 12 through 18 of one column before going to the next column. 11,092 3,215 Enter amount, if any, from line 18 of the preceding column 12 11,092 3,215, Add lines 11 and 12 13 4,661. Add amounts on lines 16 and 17 of the preceding column 14 14 18 969. 11 092. 3,215. 0. 15 Subtract line 14 from line 13. If zero or less, enter -0-15 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-0. 0 16 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next 7.877. 17 4,661 column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10 11,092. 3,215. from line 15. Then go to line 12 of the next column

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2020 and before 7/1/2020	21					
22	Underpayment on line 17 x Number of days on line 21 x 5% (0.05)	22	\$	\$	\$		\$
23	Number of days on line 20 after 6/30/2020 and before 10/1/2020	23					
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$		\$
25	Number of days on line 20 after 9/30/2020 and before 1/1/2021	25					
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 366	26	\$	\$	\$		\$
27	Number of days on line 20 after 12/31/2020 and before 4/1/2021	27	SEE A	TTACHED WORKSHEE	Т		
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365	28	\$	\$	\$		\$
29	Number of days on line 20 after 3/31/2021 and before 7/1/2021	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
31	Number of days on line 20 after 6/30/2021 and before 10/1/2021	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
33	Number of days on line 20 after 9/30/2021 and before 1/1/2022	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
35	Number of days on line 20 after 12/31/2021 and before 3/16/2022	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
•							
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tai he	ere and on Form 1120, lin	e 34; or the comparable		20	r 193

Form **2220** (2020)

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)					Identifying Nur	mber
CALIFORNIA ACA	DEMY OF SCIENCES				94-1156	258
(A)	(B)	(C)	(D)	(E		(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Dai Penalty	r Rate	Penalty
		-0-				
10/15/20	7,877.	7,877.				
10/15/20	-18,969.	-11,092.				
12/15/20	7,877.	-3,215.				
03/15/21	7,876.	4,661.	92		000082192	35.
06/15/21	7,877.	12,538.	153		000082192	158.
Penalty Due (Sum of Co	······································			·		193.

^{*} Date of estimated tax payment, withholding credit date or installment due date.

Form 4797 Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

2020

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. **27**

CALIFORNIA ACADEMY OF SCIENCES 94-1156258 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross sales 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale CAS ENDOLITH ENDOWMENT FUND. 2,337. Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 2,337. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 2 337. Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

_						(b) Date acqui	red	(c) Date sold
9	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255 p	property:			(mo., day, yr		(mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on							
	lines 19A through 19D.	•	Property A	Property	В	Property	С	Property D
0	Gross sales price (Note: See line 1 before completing.)	20						
1	Cost or other basis plus expense of sale	21						
2	Depreciation (or depletion) allowed or allowable \dots	22						
3	Adjusted basis. Subtract line 22 from line 21	23						
4	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:	_						
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
6	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
7	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage	27b						
С	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: Applicable percentage of payments excluded	29a						
h	from income under section 126. See instructions Enter the smaller of line 24 or 29a. See instructions	29b						
				<u> </u>		<u> </u>		
iui	mmary of Part III Gains. Complete property c	olumns	A through D through	line 29b before	going	to line 30.		
0	Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
1	Add property columns A through D, lines 25b, 26g,	27c, 28l	o, and 29b. Enter he	re and on line 13			31	
2	Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 4	684, line 33. Ente				
	from other than casualty or theft on Form 4797, line	6					32	
Pa	rt IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	ess l	Jse Drops to	50%	or Less
	(see instructions)					Г	Т	
						(a) Section 179	n	(b) Section 280F(b)(2)
^	Continue 170 company deduction and description	ا دا مامید			00	179	\rightarrow	2001 (1)(2)
3	Section 179 expense deduction or depreciation allo				33		+	
4	Recomputed depreciation. See instructions				34	I	1	

Form 4797 Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

2020

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. **27**

CALIFORNIA ACADEMY OF SCIENCES 94-1156258 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross sales 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale CAS ENDOLITH ENDOWMENT FUND. 2,337. Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 2,337. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 2 337. Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

_						(b) Date acqui	red	(c) Date sold
9	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255 p	property:			(mo., day, yr		(mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on							
	lines 19A through 19D.	•	Property A	Property	В	Property	С	Property D
0	Gross sales price (Note: See line 1 before completing.)	20						
1	Cost or other basis plus expense of sale	21						
2	Depreciation (or depletion) allowed or allowable \dots	22						
3	Adjusted basis. Subtract line 22 from line 21	23						
4	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:	_						
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
6	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
7	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage	27b						
С	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: Applicable percentage of payments excluded	29a						
h	from income under section 126. See instructions Enter the smaller of line 24 or 29a. See instructions	29b						
				<u> </u>		l		
iui	mmary of Part III Gains. Complete property c	olumns	A through D through	line 29b before	going	to line 30.		
0	Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
1	Add property columns A through D, lines 25b, 26g,	27c, 28l	o, and 29b. Enter he	re and on line 13			31	
2	Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 4	684, line 33. Ente				
	from other than casualty or theft on Form 4797, line	6					32	
Pa	rt IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	ess l	Jse Drops to	50%	or Less
	(see instructions)					Г	Т	
						(a) Section 179	n	(b) Section 280F(b)(2)
^	Continue 170 company deduction and description	ا دا مامید			00	179	\rightarrow	2001 (1)(2)
3	Section 179 expense deduction or depreciation allo				33		+	
4	Recomputed depreciation. See instructions				34	I	1	