** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

<u>A</u>	For the	2018 calendar year, or tax year beginning JUL 1, 2018 and end	ling JU	N 30, 2019			
В	Check if applicable:	C Name of organization		D Employer iden	tificatio	on number	
	Address change	CALIFORNIA ACADEMY OF SCIENCES					
	Name change	Doing business as		94	-11562	258	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephone num	nber		
	Final return/	55 MUSIC CONCOURSE DRIVE		•	379	-5141	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		2,133,704	,206.
	Amende return	SAN FRANCISCO, CA 94110		H(a) Is this a grou	p return	1	
	Applica- tion	F Name and address of principal officer: SCOTT SAMPSON		for subordina	ites?	Yes X	No
	pending	SAME AS C ABOVE		H(b) Are all subordinat	es inc l ude	d? Yes	No
		mpt status: $\boxed{\mathbf{X}}$ 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a)(1) or	527	If "No," attac	h a list.	(see instruction	ıs)
		E ► WWW.CALACADEMY.ORG		H(c) Group exemp			
			L Year o	f formation: 1904	M Sta	ate of legal domic	ile: CA
P	_	Summary					
a)	. 1 □	Briefly describe the organization's mission or most significant activities: SEE SCHEDT	ULE O				
Activities & Governance	-						
ern	2	Check this box if the organization discontinued its operations or disposed of		1	1		41
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)			4		41
æ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)			5		737
ies	5 7	otal number of individuals employed in calendar year 2018 (Part V, line 2a)			6		750
ξį	6 7	otal number of volunteers (estimate if necessary)			<u>б</u> 7а	_301	,805.
Ac	/a	otal unrelated business revenue from Part VIII, column (C), line 12			7a 7b		,305.
_	5 1	det uniterated business taxable income nonn onn 990-1, line 30	<u> </u>	Prior Year	75	Current Year	
	8 0	Contributions and grants (Part VIII, line 1h)		46,533,16	2.	32,916	
Jue	9 F	Program service revenue (Part VIII, line 2g)		25,731,42	_	25,876	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		12,867,19	_	15,014	
ä	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		659,89	_		,347.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		85,791,67	7.	74,649	,716.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		104,36		98	,103.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
Ø	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		43,925,62	7.	45,542	,980.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.	119	,402.
e Q	Ь Т	otal fundraising expenses (Part IX, column (D), line 25) 3,798,787	<u>.</u>				
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,692,90		46,014	,283.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		89,722,89		91,774	
_	19 F	Revenue less expenses. Subtract line 18 from line 12		-3,931,21	6.	-17,125	,052.
sor	9		Beg	inning of Current Ye		End of Year	
sset.	₫ 20 T	otal assets (Part X, line 16)		820,540,19		877,897	
Net Assets or	21 1	otal liabilities (Part X, line 26)		298,444,60		368,201	
	22 N art II	let assets or fund balances. Subtract line 21 from line 20		522,095,58	8.	509,695	,916.
		ies of perjury, I declare that I have examined this return, including accompanying schedules and	d atatamar	ata and to the heat of	my leno	wlodge and halief	itio
		and complete. Declaration of preparer (other than officer) is based on all information of which p			IIIy KIIO	wieuge and belief	, 11 15
uuc	i, correct,	and complete. Declaration of preparer (other than officer) is based on an information of which p	ргерагегі	las ally kilowieuge.			
Sig	,	Signature of officer		I Date			
He		MIKE MCGEE, CFO Mike McGee (May 15, 2020)		Ma	y 15,	2020	
110		Type or print name and title					
		D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D	ate Check		PTIN	
Pai		Print/Type preparer's name ONG ZHANG, CPA Preparer's signature 9019 Zha	ng 5	5/11/2020 if self-er	np l oyed	P01249785	
	-	Firm's name RSM US LLP	<u> </u>	Firm's EIN	ii piojou	42-0714325	
		Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400		5 =111			
	•	MCLEAN, VA 22102		Phone no. 7	03-33	6-6400	
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes	No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х Х
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?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y 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		3,499,244.
	EXHIBITS AND PUBLIC ENGAGEMENT: MORE THAN 750 VOLUNTEERS SUPPORT THE	
	ACADEMY ANNUALLY AND PROVIDE A CONNECTION BETWEEN THE DIVERSE BAY AREA	
	COMMUNITY AND THE ACADEMY'S MUSEUM, RESEARCH, AND ADMINISTRATION. THE	
	ALL- DIGITAL MORRISON PLANETARIUM USES SCIENTIFIC DATA TO SHARE CURRENT	
	DISCOVERIES AND PRESENT IMMERSIVE SHOWS. THE 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. THE	
	NEW SKIN EXHIBIT EXPLORES HOW THIS DYNAMIC ORGAN FUNCTIONS IN THE	
	NATURAL WORLD AND SHAPES THE WAY HUMANS PERCEIVE THEMSELVES AND OTHERS.	
4b		485,391.
	BIODIVERSITY SCIENCE AND SUSTAINABILITY: THE ACADEMY'S INSTITUTE FOR	
	BIODIVERSITY SCIENCE AND SUSTAINABILITY (THE "INSTITUTE") IS AT THE	
	FOREFRONT OF EFFORTS TO UNDERSTAND TWO OF THE MOST IMPORTANT TOPICS OF	
	OUR TIME: THE NATURE AND SUSTAINABILITY OF LIFE ON EARTH. THE INSTITUTE	
	IS HOME TO MORE THAN 100 SCIENTISTS, STATE-OF-THE-ART FACILITIES, AND	
	NEARLY 46 MILLION SCIENTIFIC SPECIMENS FROM AROUND THE WORLD. THE	
	INSTITUTE ALSO LEVERAGES THE EXPERTISE AND EFFORTS OF MORE THAN 100	
	INTERNATIONAL ASSOCIATES AND 450 DISTINGUISHED FELLOWS. THROUGH	
	EXPEDITIONS AROUND THE GLOBE, INVESTIGATIONS IN THE LAB, AND ANALYSIS	
	OF VAST BIOLOGICAL DATASETS, THE INSTITUTE'S SCIENTISTS WORK TO	
	UNDERSTAND THE EVOLUTION AND INTERCONNECTEDNESS OF ORGANISMS AND	
	ECOSYSTEMS, THE THREATS THEY FACE AROUND THE WORLD, AND THE MOST	
4c		11,136.
	AQUARIUM: THE STEINHART AQUARIUM IS HOME TO 38,000 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 in Schedule O.)	
	(Expenses \$ 6,563,077. including grants of \$ 27,375.) (Revenue \$ 22,082,6	12.)
40	Total program service expenses 66,907,942.	

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Form 990 (2018) 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	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	١	v	
	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	١		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
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	^	
D	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	14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	
10		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ '°	 	
19	,	10		x
20-	complete Schedule G, Part III	19 20a		X
20a	· · · · · · · · · · · · · · · · · · ·	20a 20b		-
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	

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Part IV	Checklist of	Required Sch	edules (cont	inued)
Form 990 (CALIFORNIA			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
Pa	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
га	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Concount C Contains a response of flote to any line in this fact v			<u> </u>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 157			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2018) CALIFORNIA ACADEMY OF SCIENCES Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 94-1156258

			Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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 Accounts (FBAR).	_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Organ vascista included on Form 200 Part VIII line 10 for public use of old to facilities.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
''	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
.,	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) 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 in Schedule O. See instructions.

<u> </u>	·						X			
Sec	tion A. Governing Body and Management									
		1.	I	44 [Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		41						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
	Enter the number of voting members included in line 1a, above, who are independent	1b_		41						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	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									
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			Г	<u>3</u> 4		X			
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
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 a	ppoint (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, s	tockho	lders, 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	ar by the	e 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 rea	ached a	t the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	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 cl	hapters	, 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 boo	ly befor	e 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				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			- 1	12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "									
	in Schedule O how this was done	,			12c	Х				
13	Did the organization have a written whistleblower policy?			Г	13	Х				
14	Did the organization have a written document retention and destruction policy?			Г	14	Х				
15	Did the process for determining compensation of the following persons include a review and approve			¨						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•							
а	The organization's CEO, Executive Director, or top management official			ı	15a	х				
	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 arrange	ment w	ith a							
	taxable entity during the year?			- 1	16a		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation			`						
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	-	•							
	exempt status with respect to such arrangements?			ı	16b					
Sec	tion C. Disclosure				100					
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, an	nd gan.	T (Section 501/c)	(3)e	only) s	availah	ole			
10	for public inspection. Indicate how you made these available. Check all that apply.	14 JJU	. (30011011001(0)	(0)3	orny) a	vallat	,,,,			
		n in O	andula O							
10	(- F			and f	inana	al				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	milict O	interest policy, a	ai iu T	ıı ıal ici	aı				
20	statements available to the public during the tax year.	aka as	l rooords							
20	State the name, address, and telephone number of the person who possesses the organization's bo MIKE MCGEE - (415) 379-5141	ors and	i lecolus – _							
	55 MUSTC CONCOURSE DETUE SAN EDANCISCO CA 9/118									

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

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

Employees, and Independent Contractors

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

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	cer an	ia a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	In stit utio nal tru stee		yee	Highest compensated employee		(** 2/ 1033 141100)		and related
	below	dualt	ution	-	Key employee	st co	-i-			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(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) HAROLD MOONEY	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) CHARLES MARSHALL	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) VIRGINIA GOSS TUSHER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ELIZABETH BLACKBURN	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(7) TERESA BRIGGS	0.50								_	_
TRUSTEE		Х						0.	0.	0.
(8) DAN CARROLL	0.50								_	_
TRUSTEE		Х						0.	0.	0.
(9) HUIFEN CHAN	0.50									
TRUSTEE		Х						0.	0.	0.
(10) GRETCHEN C. DAILY	1.00									
TRUSTEE (411) TROW DIVISION	1 00	Х						0.	0.	0.
(11) TROY DANIELS TRUSTEE	1.00	Х						0.	0.	
(12) WILLIAM F. DUHAMEL	0.50	Λ						0.	0.	0.
TRUSTEE	0.50	Х						0.	0.	0.
(13) PETER FENTON	0.50	Λ						· · · · · · · · · · · · · · · · · · ·	· ·	· ·
TRUSTEE	- · · · · ·	х						0.	0.	0.
(14) CHRISTOPHER FIELD	1.00								••	
TRUSTEE	1.00	х						0.	0.	0.
(15) LAURA FURSTENTHAL	0.50							•	•	<u>·</u>
TRUSTEE		х						0.	0.	0.
(16) NICK GIOVANNI	0.50									
TRUSTEE		х						0.	0.	0.
(17) KEVIN HARTZ	0.50									
TRUSTEE		х						0.	0.	0.
	1						-			- 000 (co.to)

Form **990** (2018) 832007 12-31-18

FOR 990 (2016)				_						o raye o
Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) TESSA HILL	1.00									
TRUSTEE		Х						0.	0.	0.
(19) DAN JANNEY	0.50									
TRUSTEE		Х						0.	0.	0.
(20) OLIVER JENKYN	0.50									
TRUSTEE		Х						0.	0.	0.
(21) DAVID M. KENNEDY	0.50									
TRUSTEE		Х						0.	0.	0.
(22) SALMAN KHAN	0.50									
TRUSTEE		Х						0.	0.	0.
(23) JEFFREY KOSEFF	1.00									
TRUSTEE		Х						0.	0.	0.
(24) ROGER KUO	0.50									
TRUSTEE		Х						0.	0.	0.
(25) ZACK LARA	0.50									
TRUSTEE		Х						0.	0.	0.
(26) MARIE LIPMAN	0.50									
TRUSTEE		Х						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Par	t VII, Section A							3,942,419.	0.	460,215.
d Total (add lines 1b and 1c)							•	3,942,419.	0.	460,215.

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

Yes No
3 X
4 X

Х

90

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on

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

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.

9 9		
(A) Name and business address	(B) Description of services	(C) Compensation
RON FOTH RETAIL, INC.		
8100 NORTH HIGH STREET, COLUMBUS, OH 43235	ADVERTISING SERVICES	4,957,370.
WESTERN ALLIED MECHANICAL, INC.		
1180 O'BRIEN DRIVE, MENLO PARK, CA 94025	DEHUMIDIFICATION SERVICES	971,662.
CINNABAR CALIFORNIA, INC., 4571 ELECTRONIC		
PLACE, LOS ANGELES, CA 90039	EXHIBIT FABRICATION	781,460.
THE LUKENS COMPANY, 2800 SHIRLINGTON RD.,		
9TH FLOOR, ARLINGTON, VA 22206	RESEARCH AND CONSULTING	564,668.
SODEXO AMERICA, LLC, 9801 WASHINGTON		
BLVD., GAITHERSBURG, MD 20878	CATERING SERVICES	395,407.
2 Total number of independent contractors (including but not limited to the	nose listed above) who received more than	
\$100,000 of compensation from the organization	38	
·	· · · · · · · · · · · · · · · · · · ·	000

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		yee	m pen				organizations
	below	Individual trustee	Institutional trustee	<u></u>	Key employee	Highest compensated employee	er			o.gaa
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) PAMELA MATSON	1.00									
TRUSTEE		Х						0.	0.	0.
(28) STEVEN MCCORMICK	0.50									
TRUSTEE		Х						0.	0.	0.
(29) LAWRENCE MIAO	0.50									
TRUSTEE		х						0.	0.	0.
(30) MICHAEL MILLMAN	0.50									
TRUSTEE		х						0.	0.	0.
(31) CLAIRE NGO	0.50									
TRUSTEE		Х						0.	0.	0.
(32) GARY PINKUS	0.50									
TRUSTEE		Х						0.	0.	0.
(33) MARTA SALAS-PORRAS	0.50									
TRUSTEE		Х						0.	0.	0.
(34) ADAM SAVAGE	0.50									
TRUSTEE		Х						0.	0.	0.
(35) ANDREW J. SCHWAB	0.50									
TRUSTEE		Х						0.	0.	0.
(36) GARY T. STEELE	0.50									
TRUSTEE		Х						0.	0.	0.
(37) JEROME C. VASCELLARO	0.50									
TRUSTEE		Х						0.	0.	0.
(38) SUMMER TOMPKINS WALKER	0.50									
TRUSTEE		Х						0.	0.	0.
(39) GEISHA WILLIAMS	0.50									
TRUSTEE		Х						0.	0.	0.
(40) RICHARD YORKE	0.50									
TRUSTEE		Х						0.	0.	0.
(41) RON ZEFF	0.50									
TRUSTEE		Х						0.	0.	0.
(42) MIKE MCGEE	40.00									
INTERIM EXECUTIVE DIRECTOR & CFO				Х				380,231.	0.	40,979.
(43) ELIZABETH BABCOCK	40.00									
CHIEF PUBLIC ENGAGEMENT OFFICER					Х			309,416.	0.	35,304.
(44) MELISSA FELDER	40.00									
CHIEF REVENUE & MARKETING OFFICER		L	L		Х	L	L	309,021.	0.	42,630.
(45) JANET HARRIS	40.00									
CHIEF PHILANTROPY OFFICER					х			301,052.	0.	22,987.
(46) SHANNON BENNETT	40.00									
CHIEF OF SCIENCE & SUSTAINABILITY					Х			278,498.	0.	13,626.
Total to Part VII, Section A, line 1c										

Form 990 CALIFORNIA AC	CADEMY OF S	CIE	NCE	S					94-11562	258
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c				арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		/ee	m pen				organizations
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	<u>-</u>			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(47) ISAAC KWON	40.00									
COO & AND HEAD OF GOVERNMENT AFFAIRS					х			265,144.	0.	34,925.
(48) SCOTT MORAN	40.00							·		•
SENIOR DIRECTOR, EXHIBITS & ARCHITEC					х			231,188.	0.	21,745.
(49) RAUL DEL BARCO	40.00							·		,
CHIEF HUMAN RESOURCES OFFI					Х			210,464.	0.	20,564.
(50) REBECCA SCHUETT	40.00							·		,
INTERIM CHIEF PHILANTHROPY OFFICER					х			186,614.	0.	29,584.
(51) JONATHAN FOLEY	40.00									
SENIOR SCHOLAR/FMR EXEC. DIR						х		586,473.	0.	81,474.
(52) LUIZ ROCHA	40.00									
ASSOCIATE CURATOR, ICHTHYOLOGY, FOLL						х		229,337.	0.	37,509.
(53) MICHAEL COSTANZO	40.00									
GENERAL COUNSEL AND DIRE OF SECURITY						х		225,068.	0.	36,013.
(54) MARGARET LOWMAN	40.00									
SENIOR CURATOR AND LINDSAY CHAIR OF						Х		221,191.	0.	20,520.
(55) RYAN WYATT	40.00									
${\tt SR.}$ DIR, MORRISON PLANETARIUM AND ${\tt SC}$						Х		208,722.	0.	22,355.
		ł								
		1								
		-								
	<u> </u>	<u> </u>		I			<u> </u>			
Total to Part VII Section A line 15								3,942,419.		460,215.
Total to Part VII, Section A, line 1c								3,744,413.		±00,21J,

Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		8,714,475.				
<u>2</u> 8	С	Fundraising events		2,005,641.				
iffts ar A		Related organizations						
s, G		Government grants (contributi		8,503,408.				
Sign	f	All other contributions, gifts, gran	ts, and					
but		similar amounts not included above		13,693,372.				
n di	g	Noncash contributions included in lines	1a-1f: \$	590,158.				
<u>ရ လ</u>	h	Total. Add lines 1a-1f		>	32,916,896.			
				Business Code				
ė		ADMISSIONS		900099	19,407,477.			
e Ki	b	AUXILIARY ACTIVITIES		900099	6,469,371.	6,469,371.		
Program Service Revenue	С							
am	d							
Bo	е							
<u>a</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>	25,876,848.			
	3	Investment income (including	•	· .				
		other similar amounts)		▶	11,836,194.		-301,805.	12,137,999.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties			374,854.	200,391.		174,463.
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)	•					
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities 2061418925.	(ii) Other				
	L	assets other than inventory	2001410323.					
	b	Less: cost or other basis and sales expenses	2058242994.	-2,500.				
	•	Gain or (loss)						
		Net gain or (loss)		· · · · · ·	3,178,431.			3,178,431.
		Gross income from fundraising			, , , , , , , , , , , , , , , , , , , ,			
Jue	0 4	including \$ 2,005	•					
š		contributions reported on line						
Ä		Part IV, line 18	•	243,570.				
Other Reven	b	Less: direct expenses		813,996.				
0		Net income or (loss) from fund			-570,426.			-570,426.
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b	0.				
	С	Net income or (loss) from sale			1,144.	1,144.		
		Miscellaneous Revenue	e	Business Code	4 005			1 005
		CAFE COMMISSIONS		900099	1,035,775.			1,035,775.
	b							
	С							
		All other revenue			1,035,775.			
	e 12	Total. Add lines 11a-11d Total revenue. See instructions		····· 【	74,649,716.	26,078,383.	-301,805.	15,956,242.
	./	TOTAL TENEDUE THE HISHINGHOUS			, ∪ , , ∪ .	, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55-,555	,,,,

CALIFORNIA ACADEMY OF SCIENCES 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).

00011	on 501(c)(3) and 501(c)(4) organizations must compli- Check if Schedule O contains a respons				
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	98,103.	98,103.		
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	4,638,963.	1,865,740.	2,232,986.	540,237.
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	32,091,129.	24,280,641.	5,977,857.	1,832,631.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,187,532.	845,347.	265,467.	76,718.
9	Other employee benefits	5,113,007.	3,639,703.	1,142,989.	330,315.
10	Payroll taxes	2,512,349.	1,788,420.	561,624.	162,305.
11	Fees for services (non-employees):				
	Management	224 688	60.353	262.000	F1.6
	Legal	331,677.	62,353.	268,808.	516.
	Accounting	214,678.		214,678.	
	Lobbying	30,000.		30,000.	110 402
_	Professional fundraising services. See Part IV, line 17	119,402.		2 227 149	119,402.
f	Investment management fees	2,237,140.		2,237,148.	
g	Other. (If line 11g amount exceeds 10% of line 25,	4,708,342.	2 088 355	1 367 992	351,995.
40	column (A) amount, list line 11g expenses on Sch 0.)	5,306,585.	2,988,355. 5,231,722.	1,367,992.	20,868.
12	Advertising and promotion	3,041,723.	2,064,332.	384,332.	593,059.
13	Office expenses	1,742,865.	1,254,268.	453,802.	34,795.
14	Information technology	302,799.	239,999.	59,659.	3,141.
15 16	Royalties	3,492,466.	2,860,267.	603,154.	29,045.
17	Occupancy	984,642.	760,496.	197,973.	26,173.
18	Payments of travel or entertainment expenses	201,0121	, , , , , , , , , , , , , , , , , , , ,	257,576	20,270,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	143,691.	63,378.	76,458.	3,855.
20	Interest	6,020,849.	4,917,829.	1,054,251.	48,769.
21	Payments to affiliates	, ,	, ,	, , ,	, ,
22	Depreciation, depletion, and amortization	14,378,867.	11,740,812.	2,521,624.	116,431.
23	Insurance	565,996.	43,097.	522,899.	,
24	Other expenses. Itemize expenses not covered		•		
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT	2,241,900.	1,341,530.	607,323.	293,047.
b	PARTICIPANT SUPPORT	343,535.	329,890.	13,383.	262.
С	ANIMAL SUPPORT	316,761.	312,312.	4,004.	445.
d	FUNDRAISING EVENT EXPEN	-813,996.			-813,996.
е	All other expenses	423,755.	179,348.	215,633.	28,774.
25	Total functional expenses. Add lines 1 through 24e	91,774,768.	66,907,942.	21,068,039.	3,798,787.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (2212)

94-1156258

Form 990 (2018)
Part X Balance Sheet

Pai	τχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,271.	1	19,408.
	2	Savings and temporary cash investments	Savings and temporary cash investments		4,203,931.	2	5,500,019.
	3	Pledges and grants receivable, net		15,305,531.	3	12,234,721.	
	4	Accounts receivable, net			3,322,617.	4	1,693,174.
	5	Loans and other receivables from current and fo	rmer off	ficers, directors,			
		trustees, key employees, and highest compensa	ted em	oloyees. Complete			
		Part II of Schedule L	52,400.	5	40,252.		
	6	Loans and other receivables from other disqualit	ied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			1,681,287.	7	1,596,612.
ğ	8	Inventories for sale or use			37,185.	8	35,666.
	9	Prepaid expenses and deferred charges			1,187,877.	9	660,523.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	493,911,341.			
	b	Less: accumulated depreciation	10b	170,932,816.	335,207,186.	10c	322,978,525.
	11	Investments - publicly traded securities			347,761,466.	11	372,580,978.
	12	Investments - other securities. See Part IV, line 1	1		103,597,701.	12	103,681,711.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		8,175,745.	15	56,876,017.	
	16	Total assets. Add lines 1 through 15 (must equa	820,540,197.	16	877,897,606.		
	17	Accounts payable and accrued expenses			7,775,843.	17	7,997,299.
	18	Grants payable				18	
	19	Deferred revenue			6,760,179.	19	6,595,636.
	20	Tax-exempt bond liabilities		279,207,893.	20	279,267,932.	
	21	Escrow or custodial account liability. Complete I	Part IV c	of Schedule D		21	
S	22	Loans and other payables to current and former					
i≝		key employees, highest compensated employee	s, and c	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ted third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			4,700,694.	25	74,340,823.
	26				298,444,609.	26	368,201,690.
		Organizations that follow SFAS 117 (ASC 958		there 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 an					
anc anc	27	Unrestricted net assets	379,991,038.	27	372,568,116.		
3ak	28	Temporarily restricted net assets			142,104,550.	28	137,127,800.
둳	29					29	
표		Organizations that do not follow SFAS 117 (A	SC 958)), check here			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			F00 00F F00	32	500 505 015
Z	33	Total net assets or fund balances			522,095,588.	33	509,695,916.
	34	Total liabilities and net assets/fund balances			820,540,197.	34	877,897,606.

Form **990** (2018)

				,	J-
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	74	,649,	716.
2	Total expenses (must equal Part IX, column (A), line 25)	2	91	,774,	768.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17	,125,	052.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	522	,095,	588.
5	Net unrealized gains (losses) on investments	5	4	,559,	409.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		165,	971.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	509	,695,	916.
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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	За	Х	
b	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			

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

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	28,493,004.	46,321,748.	42,064,076.	46,599,481.	32,916,896.	196,395,205.
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	28,493,004.	46,321,748.	42,064,076.	46,599,481.	32,916,896.	196,395,205.
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)						4,440,730.
	Public support. Subtract line 5 from line 4.						191,954,475.
Sec	ction B. Total Support		_				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	28,493,004.	46,321,748.	42,064,076.	46,599,481.	32,916,896.	196,395,205.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,582,010.	7,649,306.	7,793,976.	9,380,728.	12,312,462.	45,718,482.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	34,842.					34,842.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	850,120.	1,002,999.	997,686.	1,251,577.	1,279,345.	
11	Total support. Add lines 7 through 10						247,530,256.
12	'	•	,			12	125,010,125.
13	- · · · · · · · · · · · · · · · · · · ·	•	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publi		centage				P
14				olumn (fl)		14	77.55 %
	Public support percentage for 2017 Public support percentage from 2017					15	78.60 %
15 16a	33 1/3% support test - 2018. If the c						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2017. If the o						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test					and line 14 is 10%	
	and if the organization meets the "fac	ū					*
	meets the "facts-and-circumstances"		•	•	•	•	
h	10% -facts-and-circumstances test						
•	more, and if the organization meets th	ū				•	
	organization meets the "facts-and-circ		•				•
_18	Private foundation. If the organization			•			<u> </u>

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		_				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
<u></u>	check this box and stop here						>
	ction C. Computation of Publi					T T	
	Public support percentage for 2018 (I					15	<u>%</u>
	Public support percentage from 2017	·				16	<u>%</u>
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2018. If the						. —
_	more than 33 1/3%, check this box ar						
ı	o 33 1/3% support tests - 2017. If the	· ·			•	·	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 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.)

	V	No
	Yes	NO
_		
1		
2		
0-		
3a		
Ol-		
3b		
0-		
3c		
4-		
4a		
AI-		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 instruction	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If IES, UESCHIPCHI I unit in the Follower by the organization in this regard	1 30	1	

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgaı	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Secti	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Pai	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations (continued)			
Sect	ion D -	Distributions		,	Current Year		
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes				
2	Amoui	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity						
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	S			
4	Amoui	nts paid to acquire exempt-use assets					
5		ied set-aside amounts (prior IRS approval required)					
6		distributions (describe in Part VI). See instructions.					
7		annual distributions. Add lines 1 through 6.					
8		outions to attentive supported organizations to which the	ne organization is responsive)			
	(provid	de details in Part VI). See instructions.					
9		outable amount for 2018 from Section C, line 6					
10		amount divided by line 9 amount					
<u></u>	Liiio o	amount awasa sy iino o amount	(i)	(ii)	(iii)		
Sect	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018		
1	Distrib	outable amount for 2018 from Section C, line 6					
2	Under	distributions, if any, for years prior to 2018 (reason-					
	able c	ause required- explain in Part VI). See instructions.					
3	Exces	s distributions carryover, if any, to 2018					
a	From 2	2013					
b	From 2	2014					
С	From 2	2015					
d	From 2	2016					
е	From 2	2017					
f	Total	of lines 3a through e					
g	Applie	ed to underdistributions of prior years					
h	Applie	ed to 2018 distributable amount					
i	Carryo	over from 2013 not applied (see instructions)					
ī		inder. Subtract lines 3g, 3h, and 3i from 3f.					
4		outions for 2018 from Section D,					
	line 7:						
a		ed to underdistributions of prior years					
		ed to 2018 distributable amount					
		inder. Subtract lines 4a and 4b from 4.					
5		ining underdistributions for years prior to 2018, if					
		subtract lines 3g and 4a from line 2. For result greater					
		ero, explain in Part VI. See instructions.					
6		ining underdistributions for 2018. Subtract lines 3h					
-		o from line 1. For result greater than zero, explain in					
		1. See instructions.					
7		s distributions carryover to 2019. Add lines 3j					
•	and 4	-					
8		down of line 7:					
		s from 2014					
		s from 2015					
		s from 2016					
		s from 2017 s from 2018					
-		a 11/111 / VIIO					

Schedule A (Form 990 or 990-EZ) 2018

line 1; P Section	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, 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, D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. tructions.)
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
CAFE COMMISSIONS	3
2014 AMOUNT: \$	850,120.
2015 AMOUNT: \$	1,002,999.
2016 AMOUNT: \$	997,686.
2017 AMOUNT: \$	1,000,310.
2018 AMOUNT: \$	1,035,775.
FUNDRAISING	
2017 AMOUNT: \$	251,267.
2018 AMOUNT: \$	243,570.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2018

CALIFORNIA ACADEMY OF SCIENCES 94-1156258 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

CALIFORNIA ACADEMY OF SCIENCES

94-1156258

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$ 2,695,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Hame, address, and Zii + +	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X 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 or	rganization		Employer identification number
CALIFORN	IIA 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 er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gir	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
_	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

2018

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

) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.		Fmr	oloyer identification number
IVAII	•	ACADEMY OF SCIENCES		- ,	94-1156258
Pa		janization is exempt und	er section 501(c) o	or is a section 527 or	
1 2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect politic	al campaign activities ir	n Part IV.	
De	art I-B Complete if the ord	onization is exempt and	or coation E01/o//	<u> </u>	
	-	janization is exempt und		•	Φ
	Enter the amount of any excise tax Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
	If "Yes," describe in Part IV.				
	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt functi	on activities	\$
3	Enter the amount of the filing organexempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization contributions received that were presented to the filing organization file form.	ization's funds contributed to other. Add lines 1 and 2. Enter here a 1120-POL for this year? Inployer identification number (Ell tion listed, enter the amount paid	ner organizations for second on Form 1120-POL, N) of all section 527 polidiform the filing organizations.	ction 527 titical organizations to whication's funds. Also enter the	\$ Yes No wh the filing organization he amount of political
	political action committee (PAC). If			•	ite segregated fund of a
	(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) 2018						156258 Page 2
Part II-A Complete if the org	janization	is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
A Check ► if the filing organiza	ation belongs	s to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	re of excess	lobbying e	xpenditures).			
B Check ► if the filing organiza	ation checke	d box A an	d "limited control" pro	visions apply.		Г
	its on Lobby ditures" me	• •	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion (c	rass roots lobbying)		0.	
b Total lobbying expenditures to influ	-				30,340.	
c Total lobbying expenditures (add li					30,340.	
d Other exempt purpose expenditure					92,558,632.	
e Total exempt purpose expenditure					92,588,972.	
f _Lobbying nontaxable amount. Enter	er the amour	nt from the			1,000,000.	
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of t	he 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	500,000	\$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	nter 25% of li	ne 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	o or less, en	ter -0			0.	
i Subtract line 1f from line 1c. If zero	•				0.	
j If there is an amount other than ze	ero on either	line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?					Yes No
(Some organizations ti	hat made a See	section 50 the separa	ate instructions for lin	nave to complete all ones 2a through 2f.)	of the five columns be	low.
	Lobby	ing Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,0	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			5,911.	2,905.	30,340.	39,156.
d Grassroots nontaxable amount	2	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))						1,500,000.

Schedule C (Form 990 or 990-EZ) 2018

2,195.

f Grassroots lobbying expenditures

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)).

f the	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description (a)		(b	,
	lobbying activity.	No	Amo	unt
	During the year, did the filing organization attempt to influence foreign, national, state, or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:			
а	Volunteers?			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
	Mailings to members, legislators, or the public?			
	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			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
~~4	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or sec	tion	
arı				
arı	501(c)(6).		Yes	
		1	Yes	١
	Were substantially all (90% or more) dues received nondeductible by members?		Yes	1
· !	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (lines)	2 3 , or sec	etion	
e art	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I answered "Yes."	, or sec b) Part	etion	
art	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I answered "Yes." Dues, assessments and similar amounts from members	, or sec b) Part	etion	
e art	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I answered "Yes."	, or sec b) Part	etion	
ert	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I 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).	2 3 , or sec b) Part	etion	
art	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I 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). Current year	2 3 , or sec b) Part	etion	
art	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I 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). Current year Carryover from last year	2 3 , or sec b) Part	etion	
art	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I 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). Current year Carryover from last year Total	2 3, or sec b) Part	etion	
art	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I 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). Current year Carryover from last year	2 3, or sec b) Part	etion	
art a b b c 3	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I 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). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2 3, or sec b) Part	etion	
art b	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I 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). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2 3 , or sec b) Part	etion	
1 2 3 art 1 2 a b c	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? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I 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). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	2 3 , or sec b) Part	etion	3, i

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Day	CALIFORNIA ACADEMY OF SCIENCES	ndo ou Othou Similar Eunda	. or Accoun	94-1156258
Pai		nds or Other Similar Funds	or Accour	Its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	(a) Danau advisa d funda	(la) E	ale and attenues as a conte
		(a) Donor advised funds	(b) Fun	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			
	are the organization's property, subject to the organization's exclusive			Yes No
6	Did the organization inform all grantees, donors, and donor advisor			
	for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	conferring	
Da	impermissible private benefit?			
Par			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (ch			
	Preservation of land for public use (e.g., recreation or educat	· —	• •	
	Protection of natural habitat	Preservation of a ce	rtified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form	of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а			2a	1
b				3,060,000.00
С	Number of conservation easements on a certified historic structure	included in (a)	2c	0
d	Number of conservation easements included in (c) acquired after 7	·	I	
	listed in the National Register		2d	0
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated by the	e organization	during the tax
	year ▶0			
4	Number of states where property subject to conservation easemen	t is located 1	-	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds			
6	Staff and volunteer hours devoted to monitoring, inspecting, handl	ing of violations, and enforcing con	servation ease	ements during the year
	<u>8</u>			
7	Amount of expenses incurred in monitoring, inspecting, handling o	f violations, and enforcing conserva	ation easemen	ts during the year
	▶ \$25,000.			
8	Does each conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement reported on line 2(d) above satisfied to the conservation easement	sfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation eas	•		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes	the organizati	on's accounting for
Day	conservation easements.	Historical Traceuras and	thay Cimila	* Accets
Pai	t III Organizations Maintaining Collections of Art,		mer Simila	r Assets.
	Complete if the organization answered "Yes" on Form 990,	·		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	•		, , , , , , , , , , , , , , , , , , ,
	historical treasures, or other similar assets held for public exhibition	n, education, or research in furthera	ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the			
b	If the organization elected, as permitted under SFAS 116 (ASC 958	• •		
	treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of pu	ıblic service, p	rovide 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		al gain, provide	e
	the following amounts required to be reported under SFAS 116 (AS	· · ·		
а	Revenue included on Form 990, Part VIII, line 1			\$

b Assets included in Form 990, Part X

Pai	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, o	Other S	Similar Asse	ets _{(conti}	nued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	are a signi	ficant use of it	s collection	ı items
	(check all that apply):							
а	X Public exhibition	d	X Loan or exc	hange progra	ıms			
b	X Scholarly research	е	Other					
С	X Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	how they further th	e organizatio	n's exemp	t purpose in Pa	art XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or othe	r similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	X No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "	Yes" on Fo	orm 990, Part I	V, line 9, or	•
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	s or other ass	ets not inc	luded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amour	<u>nt</u>
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	ıstodial accoı	unt liability	?	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part	IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two year) Three years ba		
1a		193,049,579.	175,157,469.			161,297,36		,682,219
b	Contributions	486,165.	11,793,083.			9,548,38		,366,872
С	Net investment earnings, gains, and losses	9,661,586.	14,536,103.	23,304	,184.	-8,417,24	5.	729,694
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	8,706,911.	8,437,076.	6,979	,283.	5,023,65		,926,363
f	Administrative expenses					583,26		555,053
g	End of year balance	194,490,419.	193,049,579.	175,157	,469.	156,821,58	9. 161	,297,369
2	Provide the estimated percentage of the curre	•	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	37.00	_%					
b	Permanent endowment 47.00	%						
С	Temporarily restricted endowment	16.00 %						
	The percentages on lines 2a, 2b, and 2c should							
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	nd administer	ed for the o	organization		
	by:							Yes No
	(i) unrelated organizations						3a(i)	Х
								Х
b	If "Yes" on line 3a(ii), are the related organizate						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered							
	Description of property	(a) Cost or o basis (investn	` '	or other (other)		umulated eciation	(d) Boo	k value
1a	Land			710,000.				710,000
b	Buildings		440	,082,896.	140	793,531.	299	,289,365
С	Leasehold improvements		2	,635,380.	1	,114,211.	1	,521,169
d	Equipment		28	,335,609.	22	2,199,875.	6	,135,734
е	Other		22	,147,456.	6	5,825,199.	15	,322,257
Tota	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, column (B), line 10	0c.)			322	,978,525

Part VII	Investments -	Other	Securities.
----------	---------------	-------	-------------

Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EXCHANGE TRADED FUNDS	4,806,377.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE & OTHER	1,058,261.	END-OF-YEAR MARKET VALUE
(C) INVESTMENTS HELD IN TRUST	5,932,109.	END-OF-YEAR MARKET VALUE
(D) EQUITY HEDGE FUNDS	20,172,545.	END-OF-YEAR MARKET VALUE
(E) ABSOLUTE RETURN POOLED FUNDS	56,123,504.	END-OF-YEAR MARKET VALUE
(F) PRIVATE EQUITY INVESTMENTS	15,588,915.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	103,681,711.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n 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-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RECEIVABLE FROM INVESTMENTS	56,021,934.
(2) ACCRUED INTEREST AND DIV	854,083.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part X, col. (B) line 15.)	56,876,017.

Other Liabilities. Part X

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	2,050,555.
(3)	OTHER LONG-TERM LIABILITIES	179,300.
(4)	PAYABLE FOR INVESTMENTS PURCHASED	72,110,968.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	74,340,823.

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

94-1156258

	swered "Yes" on Form 990, Part IV, I	line 12a.		<u> </u>	
Total revenue, gains, and other support per audited financial statements		1	77,951,944.		
2 Amounts included on line 1 but not on		1 1			
a Net unrealized gains (losses) on investr			4,559,409.		
b Donated services and use of facilities					
c Recoveries of prior year grants					
		2d	979,967.		
				2e	5,539,376
3 Subtract line 2e from line 1				3	72,412,568
4 Amounts included on Form 990, Part V	,	1 1			
a Investment expenses not included on F			2,237,148.		
b Other (Describe in Part XIII.)		4b			0 007 110
				4c	2,237,148
5 Total revenue. Add lines 3 and 4c. (ThiPart XII Reconciliation of Expension	s must equal Form 990, Part I, line 12	2.)	Evnences ner F	5	74,649,716
	ses per Audited Financial Si swered "Yes" on Form 990, Part IV, I		expenses per F	eturn.	
Total expenses and losses per audited				1	90,351,616
2 Amounts included on line 1 but not on				•	30,331,010
a Donated services and use of facilities		2a			
,					
c Other losses d Other (Describe in Part XIII.)			813,996.		
				2e	813,996
3 Subtract line 2e from line 1				3	89,537,620
4 Amounts included on Form 990, Part IX					, , , , , , , , , , , , , , , , , , , ,
a Investment expenses not included on F	•	4a	2,237,148.		
b Other (Describe in Part XIII.)					
A 1 1 11 A 1 A 1		·		4c	2,237,148
5 Total expenses. Add lines 3 and 4c. (Total				5	91,774,768
Part XIII Supplemental Information	on.	10.7			
Provide the descriptions required for Part II, I lines 2d and 4b; and Part XII, lines 2d and 4b PART II, LINE 5:				,	
THE ORGANIZATION MONITORS DEED RE	STRICTIONS OF THE CONSERVAT	TION EASEMENT.			
THE PURPOSE OF THE DEED RESTRICTI	ON IS TO PRESERVE AND PROTE	ECT THE OPEN			
SPACE, NATURAL, ECOLOGICAL AND SC	ENIC VALUES OF THE PROPERTY	AND TO			
PREVENT ANY USE OF THE PROPERTY T	HAT WILL SIGNIFICANTLY IMPA	AIR OR DEGRADE			
THOSE VALUES.					
DADE II IINE O.					
PART II, LINE 9:					
PART II, LINE 9: THE LAND IS BEING HELD FOR PRESER	VATION PURPOSES, THEREFORE,	, REVENUE			
THE LAND IS BEING HELD FOR PRESER	ING PLACE ON THE LAND. THE	EXPENSES			

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.
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.
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
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.

Part XIII Supplemental Information (continued)	 r age 3
THE ACADEMY FILES U.S. EXEMPT ORGANIZATION RETURNS AND, AS APPLICABLE,	
UNRELATED BUSINESS INCOME TAX RETURNS IN FEDERAL AND STATE JURISDICTIONS.	
THE ACADEMY'S TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2015, 2016, 2017,	
AND 2018 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, 2015, 2016, 2017, AND 2018 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, 2019 OR 2018.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF INVESTMENTS HELD IN TRUST 165,971.	
FUNDRAISING EVENT EXPENSES 813,996.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D 979,967.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES 813,996.	

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.

2018
Open to Public Inspection

Name of the organization

Employer identification number

CALIFORNIA ACADEMY OF SCIENCES 94-1156258 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region EXAMINE SPECIMENS& EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 PROGRAM SERVICES WORKSHOPS 15,016. FIELDWORK & EXAMINE SOUTH AMERICA 0 0 PROGRAM SERVICES SPECIMENS 155,964. FIELDWORK & EXAMINE SPECIMENS SUB-SAHARAN AFRICA PROGRAM SERVICES 1 4 67,520. EAST ASIA AND THE FIELDWORK & EXAMINE SPECIMENS PACIFIC 0 Λ PROGRAM SERVICES 193,029. CENTRAL AMERICA AND FIELDWORK & EXAMINE SPECIMENS THE CARIBBEAN 0 0 PROGRAM SERVICES 755. FIELDWORK & EXAMINE NORTH AMERICA 0 0 PROGRAM SERVICES SPECIMENS 8,791.

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

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0

Schedule F (Form 990) 2018

441,075.

441,075.

and 3b)

3 a Subtotal ______ **b** Total from continuation

sheets to Part I

Totals (add lines 3a

Schedule F (Form 990) 201	8 CALIFOR	NIA ACADEMY OF SCI	ENCES	94-1156258						
Part II Grants and Oth	er Assistance to Org	ganizations or Entities (Outside the United States.	Complete if the o	rganization answered	d "Yes" on Form 9	990, Part IV, line 15, fo			
recipient who re	ceived more than \$5,	000. Part II can be duplic	cated if additional space is ne	eeded.						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) 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)		
								, , ,		
			And the provided a section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter The composition of the provided as section 501f(c)(3) equivalency letter							
	Grants and Other Assistance to Organizations or Entitles Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (a) Manner of cash disbursoment (g) Amount of noncash assistance for noncash assistance (g) Amount of noncash assistance (g) Amount of noncash assistance of noncash assistance (g) Amount of noncash assistance (g)	-1								
3 Enter total number of	tother 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	1.					
(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)

Page 4

Schedule F (Form 990) 2018 Part IV Foreign Forms

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)	Yes	X 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) 2018

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 G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number

94-1156258

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) GRENZEBACH GLIER & DEVELOPMENT PROGRAM REVIEW Yes No ASSOCIATES, INC. - 200 S. AND STRATEGIC CONSULTING Х 0 119,402 0. 119,402. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	ırt I					
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			BIG BANG GALA	SUPERNATURAL		
Φ			(event type)	(event type)	(total number)	Coi. (C)
Revenue	1	Gross receipts	1,949,942.	299,269.		2,249,211.
	2	Less: Contributions	1,803,757.	201,884.		2,005,641.
	3	Gross income (line 1 minus line 2)	146,185.	97,385.		243,570.
	4	Cash prizes	0.	0.		
m		Noncash prizes	0.	0.		
Direct Expenses	6	Rent/facility costs	190,666.	10,953.		201,619.
rect Ex	7	Food and beverages	179,237.	87,197.		266,434.
⊡	8	Entertainment				· · · · · · · · · · · · · · · · · · ·
	9	Other direct expenses	234,771.	42,552.		·
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		>	
_		Net income summary. Subtract line 10 from I				-570,426.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	т —	T	Г	T
ē			(a) Bingo		(c) Other gaming	
Revenue				billigo/progressive billigo		coi. (a) trilough coi. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	(add col. (a) through col. (c)) 2,249,211. 2,005,641. 243,570. 201,619. 266,434. 68,620. 277,323. 813,996570,426. orted more than (c) Other gaming (add col. (a) through col. (c)) Yes% No
	8	Net gaming income summary. Subtract line 7	⁷ from line 1, column (d)	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 NONE G BANG GALA (event type) (event type) (event type) (event type) (1,949,942. 299,269. 2,249,211. 1,803,757. 201,884. 2,005,641. 146,185. 97,385. 243,570. 0. 0. 0. 190,666. 10,953. 201,619. 179,237. 87,197. 266,434. 58,185. 10,435. 68,620. 234,771. 42,552. 277,323. In column (d) Salay,771. 42,552. 277,323.		
•	F4					
		ter the state(s) in which the organization conducted arming a	· · -	etates?		Ves No
						I les I No
			· · · · · · · · · · · · · · · · · · ·	-	year?	Yes No
0) IT "	res, explain:				

Sch	edule G (Form 990 or 990-EZ) 2018 CALIFORNIA ACADEMY OF SCIENCES 94	1-1156258	В	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:	. —		
		13a		%
		. [130]		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	a 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	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of convices provided			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor	Yes No No 13a 96 13b 96 13b		
17	Mandatory distributions:			
	•			
а		,	V	
_	retain the state gaming license?	١	res	□ NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$			
Pa		Part III, line	es 9, 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:			
(I)	NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES, INC.			
(I)	ADDRESS OF FUNDRAISER:			
200	S. MICHIGAN AVENUE SUITE 2100, CHICAGO, IL 60604			
) ACTIVITY: DEVELOPMENT PROGRAM REVIEW AND STRATEGIC CONSULTING SERVICES			

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the	e organization							Employer identification number
	CALIFORNIA AC	ADEMY OF SCIEN	ICES					94-1156258
Part I	General Information on Grants a	nd Assistance						
1 Does	the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteri	a used to award the grants or assis	stance?						X Yes No
2 Descr	ribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to	Domestic Organiz	zations and Domestic	C Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than S	5,000. Part II can	be duplicated if additi	ional space is need	ed.			
1 (a) Na	ame 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
	total number of section 501(c)(3) a total number of other organizations	•	•	e line 1 table	<u> </u>	<u> </u>	<u> </u>	>

(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
ASSISTANCE TO STUDENTS FOR STUDY AND RESEARCH	77	98,103.	0.		
		20,200.			
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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number 94-1156258

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X 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	Х	
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	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee 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 filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) MIKE MCGEE	(i)	379,169.	0.	1,062.	11,678.	29,301.	421,210.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ELIZABETH BABCOCK	(i)	308,397.	0.	1,019.	13,250.	22,054.	344,720.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MELISSA FELDER	(i)	308,002.	0.	1,019.	13,250.	29,380.	351,651.	0.	
	(ii)	0.	0.	0.	0.	0,	0.	0.	
(4) JANET HARRIS	(i)	298,862.	0.	2,190.	13,250.	9,737.	324,039.	0.	
	(ii)	0.	0.	0.	0.	0,	0.	0.	
(5) SHANNON BENNETT	(i)	277,616.	0.	882.	13,198.	428.	292,124.	0.	
CHIEF OF SCIENCE & SUSTAINABILITY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ISAAC KWON	(i)	264,224.	0.	920.	13,250.	21,675.	300,069.	0.	
COO & AND HEAD OF GOVERNMENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) SCOTT MORAN	(i)	230,426.	0.	762.	11,620.	10,125.	252,933.	0.	
SENIOR DIRECTOR, EXHIBITS & ARCHITEC	(ii)	0.	0.	0.	0.	0,	0.	0.	
(8) RAUL DEL BARCO	(i)	209,187.	0.	1,277.	10,589.	9,975.	231,028.	0.	
CHIEF HUMAN RESOURCES OFFI	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) REBECCA SCHUETT	(i)	185,997.	0.	617.	9,604.	19,980.	216,198.	0.	
INTERIM CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) JONATHAN FOLEY	(i)	488,328.	0.	98,145.	53,250.	28,224.	667,947.	0.	
SENIOR SCHOLAR/FMR EXEC. DIR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) LUIZ ROCHA	(i)	228,873.	0.	464.	9,272.	28,237.	266,846.	0.	
ASSOCIATE CURATOR, ICHTHYOLOGY, FOLL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) MICHAEL COSTANZO	(i)	224,334.	0.	734.	11,202.	24,811.	261,081.	0.	
GENERAL COUNSEL AND DIRE OF SECURITY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) MARGARET LOWMAN	(i)	217,280.	0.	3,911.	10,930.	9,590.	241,711.	0.	
SENIOR CURATOR AND LINDSAY CHAIR OF	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) RYAN WYATT	(i)	208,039.	0.	683.	10,584.	11,771.	231,077.	0.	
SR. DIR, MORRISON PLANETARIUM AND SC	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)	_							
	(ii)								

Part I

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.

JONATHAN FOLEY RECEIVED TAXABLE HOUSING BENEFITS \$97,126 DURING CALENDAR

YEAR 2018.

PART I, LINE 4B:

JONATHAN FOLEY RECEIVED NON-QUALIFIED DEFERRED COMPENSATION IN THE FORM OF

EMPLOYER CONTRIBUTIONS TO A 457(F) RETIREMENT PLAN. THIS AMOUNT IS INCLUDED

IN PART II COLUMN (C) IN THE AMOUNT OF \$40 000.

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.

2018
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	13034AZG8	08/01/18	70,3	370,000. F	REFINANCING	OF DEBT		х		Х		х
CALIFORNIA INFRASTRUCTURE AND													
B ECONOMIC DEVELOPMENT BANK	63-0304653	13034AZH6	08/01/18	70,3	360,000.F	REFINANCING	OF DEBT		Х		Х		Х
CALIFORNIA INFRASTRUCTURE AND													
C ECONOMIC DEVELOPMENT BANK	63-0304653	13034AZJ2	08/01/18	70,3	360,000.F	REFINANCING	OF DEBT		Х		Х		Х
CALIFORNIA INFRASTRUCTURE AND													ĺ
D ECONOMIC DEVELOPMENT BANK	63-0304653	13034AZK9	08/01/18	70,3	360,000.F	REFINANCING	OF DEBT		Х		Х		Х
Part II Proceeds													
			Α			В	C	;		D			
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue	3 Total proceeds of issue			,370,000.		70,360,000.	70	,360,000	١.		70	,360,000.	
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows			70	,370,000.	70,000. 70,360,000. 70		,360,000	١.	70		,360,	000.	
7 Issuance costs from proceeds													
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceed	ls												
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	\perp		
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			

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

Schedule K (Form 990) 2018

ı uı	Till Tilvate Business Ose												
			4		l	3			Ç		l	D	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No		Yes	No	,	Yes	N	0
	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				Х
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				X
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		.00	%		.00	%		.00	%		.00	%
5	Enter the percentage of financed property used in a private business use as a result of												
	unrelated trade or business activity carried on by your organization, another												
	section 501(c)(3) organization, or a state or local government		.00	%		.00	%		.00	%		.00	%
6	Total of lines 4 and 5		.00	%		.00	%		.00	%		.00	%
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			%			%			%			%
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			Х			X			Х		
Par	t IV Arbitrage												
			4		l	3			Ç		l	D	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No		Yes	No	,	Yes	N	0
	Penalty in Lieu of Arbitrage Rebate?	X			X			Х			X		
2	If "No" to line 1, did the following apply?												
a	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?	X			X			Х			X		

Schedule K (Form 990) 2018 CALIFORNIA ACADEMY OF SCIENCES 94-1156258 Page 3

Part IV	Arbitrage (Continued)								
			4	ı	В))
4a Has	the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hed	ge with respect to the bond issue?		Х		Х		Х		Х
	ne of provider								
	m of hedge								
	s the hedge superintegrated?								
	s the hedge terminated?								
5a Wei	re gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х
b Nar	ne of provider								
c Teri	m of GIC								
d Was	s the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Wei	re 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								
sec	tion 148?	Х		Х		Х		X	
Part V	Procedures To Undertake Corrective Action								
			Α	l	В	(<u> </u>)
Has	the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
fede	eral tax requirements are timely identified and corrected through the voluntary								
clos	sing agreement program if self-remediation isn't available under applicable								
regi	ulations?	Х		Х		Х		X	
Part VI	Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions					

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

2018

Open To Public Inspection

Employer identification number

CALIFORNIA ACADEMY OF SCIENCES 94-1156258 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (a) Name of (d) Loan to or (b) Relationship (i) Written (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? organization? cómmittee? To From Yes No Yes No Yes No SHANNON BENNETT CHIEF OF HOME LOA Х 133,000. 40,252, Х Х Х

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization a	answered "Yes" on Form 990, Pa	art 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) 2018

40,252.

Total

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's
	porcer and the organization	transaction.	inanoastion	Yes	nues?
Part V Supplemental Information.					
	sponses to questions on Schedule L (see ir	nstructions).			
SCHEDULE L, PART II, LOANS TO AND FR	OM TNYFREGYFN DFRGONG.				
SCHEDOLE I, TAKI II, BOARD TO AND TR	OM INTERESTED TERSONS.				
(A) NAME OF PERSON: SHANNON BENNETT					
(B) RELATIONSHIP WITH ORGANIZATION:	CHIEF OF SCIENCE AND SUSTAINABII	LITY			
(C) PURPOSE OF LOAN: HOME LOAN PURCH	ASE 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

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	12	474 430	FAIR MARKET VALU	E		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••								
12	O ''' M' II							
13	Qualified conservation contribution -							
10								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	12	60 578.	FAIR MARKET VALU	E		
20	Drugs and medical supplies			, , , , , , , , , , , , , , , , , , , ,				
21	Taxidermy							
22	The state of the s							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (COMPUTER HARD)	Х	1	51 250	FAIR MARKET VALU	E		
26	Other PAPER FOLDING	X	1	, , , , , , , , , , , , , , , , , , ,	FAIR MARKET VALU			
27	Other ()		_	-,				
28	Other ()							
29	Number of Forms 8283 received by the organia	zation during	the tay year for o	ontributions				
	for which the organization completed Form 82	-						
	of which the organization completed form of	00,1 41111,1	sonee / tolliowiedg	Joinent			Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	nh 28 that it		100	110
000	must hold for at least three years from the date	-	*		-			
	exempt purposes for the entire holding period		ŕ			30a		х
h	If "Yes," describe the arrangement in Part II.	•				Jour		
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties					<u> </u>		
	contributions?		•			32a		x
b	If "Yes," describe in Part II.					J.Lu		
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked.			
	describe in Part II.	(5) 101	-,					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CALIFORNIA ACADEMY OF SCIENCES 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 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EFFECTIVE STRATEGIES FOR SUSTAINING THEM INTO THE FUTURE. THROUGH INNOVATIVE PARTNERSHIPS AND PUBLIC ENGAGEMENT INITIATIVES. THEY ALSO GUIDE CRITICAL SUSTAINABILITY AND CONSERVATION DECISIONS WORLDWIDE INSPIRE AND MENTOR THE NEXT GENERATION OF SCIENTISTS. AND FOSTER RESPONSIBLE STEWARDSHIP OF OUR PLANET,

Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
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 159 SCIENCE EDUCATORS AND COMMUNICATORS AS WELL AS MORE THAN	
300 HIGHLY TRAINED DOCENTS WHO ENGAGE PEOPLE OF ALL AGESBOTH HERE IN	
CALIFORNIA AND AROUND THE WORLDIN THE SCIENTIFIC CONCEPTS AND ISSUES	
THAT WILL SHAPE OUR FUTURE. THROUGH INTENSIVE PARTNERSHIPS WITH SCHOOLS	
AND TEACHERS, INNOVATIVE PROGRAMS AND EXHIBITS FOR ALL AGES, ENGAGING	
ONLINE LEARNING AND DIGITAL MEDIA OFFERINGS, AND IMMERSIVE SCIENCE	
VISUALIZATION PRODUCTIONS, ACADEMY EDUCATORS INCREASE THE PUBLIC'S	
UNDERSTANDING AND APPRECIATION OF THE NATURAL WORLD AND INSPIRE	
PARTICIPANTS TO HELP SUSTAIN THE RICH DIVERSITY OF LIFE ON EARTH.	
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 \$ 3,563,115. INCLUDING GRANTS OF \$ 27,375. REVENUE \$ 191,426.	
MEMBERSHIP: THE ACADEMY'S MEMBERSHIP PROGRAM PROVIDES YEAR ROUND ACCESS	
TO OUR OFFERINGS TO NEARLY 50,000 HOUSEHOLDS AND MORE THAN 150,000	
INDIVIDUAL MEMBERS. 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	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
PART OF THE ACADEMY "FAMILY" FOR MANY GENERATIONS.	
EXPENSES \$ 2,999,962. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
ADMISSIONS:	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 21,891,186.	
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	

Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
THAT MAY CREATE THE CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
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 165,971.	
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	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	
FORM 990, PART I, LINE 6	
VOLUNTEER LIST OBTAINED FROM VOLUNTEER SERVICES AS PART OF THE 6/30/19	
FINANCIAL STATEMENT FOOTNOTE CREATION. TOTAL VOLUNTEERS ON FILE WAS	
OVER 750, AND ESTIMATION IS THAT ABOUT 750 ACTIVELY PROVIDED VOLUNTEER	
SERVICES DURING THE YEAR.	

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

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

CALIFORNIA ACADEMY (OF SCIENCES					94-1156258		
Part I Identification of Disregarded Entities. Complete	ete 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 (d) Total incor	(e) me End-of-year		Direct c	(f) ontrolling atity)
Part II Identification of Related Tax-Exempt Organiz	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more re	elated tax-exer	npt	
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domination		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		contr	g) 512(b)(13) rolled ity?
		foreign country)		501(c)(3))	entity		Yes	No
	_							

		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 troated as a partitoronip during the tax year.					

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	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	allocations		Disproportionate allocations?		allocations?			mana partn	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No				
CALIFORNIA ACADEMY OF															
SCIENCES ENDOLITH ENDOWMENT			CALIFORNIA												
FUND, LP - 47-2271303, C/O			ACADEMY OF												
CAMBRIDGE ASSOCIATES, 125	INVESTMENT	MA	SCIENCES	INVESTMENT	1,898,312.	182,120,940.		x	-301,805.		99.99%				
	1														
	1														
	1														

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		

Part V 7	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34	, 35b, or 36.
----------	--	---------------------------------------	------------------	---------------------	---------------

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	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		х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
•				
r	Other transfer of cash or property to related organization(s)	1r	х	
s	Other transfer of cash or property from related organization(s)	1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			•

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP	В	2,000,000.	GAAP
(2) CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP	R	10,160,967.	GAAP
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2018 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 Orgai				ax Return	ı L	OMB No. 1545-0687
		-	nd proxy tax unde			20 0010		2010
	For ca	lendar year 2018 or other tax yea					— ·	2018
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN number	s on this form as it may	be ma			50	pen to Public Inspection for O1(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name ch	hanged	and see instructions.)			er identification number yees' trust, see iions.)
B Exempt under section	Print	CALIFORNIA ACADEM	Y OF SCIENCES					4-1156258
X 501(c)(3)	or Type	Number, street, and room		k, see ir	nstructions.			ed business activity code structions.)
408(e) 220(e)	1,700	55 MUSIC CONCOURS					-	
408A 530(a) 529(a)		City or town, state or prov SAN FRANCISCO, CA		r foreig	n postal code		525990)
C Book value of all assets at end of year		F Group exemption numb		<u> </u>				
877,897,		G Check organization type			501(c) trust	401(a)) trust	Other trust
H Enter the number of the	-			1		the only (or first) ur		
•		NERSHIP INVESTMEN				complete Parts I-V.		
	-	ce at the end of the previou	s sentence, complete Par	rts I an	d II, complete a Schedule	M for each addition	al trade d	r
business, then completeI During the tax year, was			ffiliated group or a paran	t oubo	idion, controlled group?			X No
		tifying number of the paren		แ-รนมร	idiary controlled group?		Yes	LA NO
J The books are in care of			t dorportation.		Telepho	one number 🕨 (415) 3	79-5141
		de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	:S							
b Less returns and allow	wances		c Balance	1c				
2 Cost of goods sold (S	chedule	A, line 7)		2				
3 Gross profit. Subtract		***************************************		3				
		h Schedule D)		4a	53,159.			53,159.
		art II, line 17) (attach Form		4b				
		ets		4c	254.064	COMMON 1		254.064
		ship or an S corporation (at	· ·	5	-354,964.	STMT 1		-354,964.
6 Rent income (Schedu		ma (Cahadula E)		7				
		ne (Schedule E) nd rents from a controlled c		8				
· · · · · · · · · · · · · · · · · · ·		on 501(c)(7), (9), or (17) or	-	<u> </u>				
		me (Schedule I)	· · · · · · · · · · · · · · · · · · ·	10				
	-	; J)		11				
		ns; attach schedule)		12				
		gh 12		13	-301,805.			-301,805.
Part II Deductio	ns No	ot Taken Elsewher	(See instructions fo	r limita		·		_
		utions, deductions must						
		rectors, and trustees (Sche					14	
							15	
							16	
		ee instructions)					18	_
							19	500.
20 Charitable contributi	ons (Se	e instructions for limitation	rules)				20	<u> </u>
		562)						
		Schedule A and elsewhere					22b	
							23	
		mpensation plans					24	
							25	
26 Excess exempt expe	nses (So	chedule I)					26	
27 Excess readership co	osts (Sc	hedule J)					27	
28 Other deductions (at	tach sch	nedule)			SEE STATEMEN	Т 2	28	4,000.
		14 through 28					29	4,500.
		ncome before net operating					30	-306,305.
-	-	loss arising in tax years beg	=		,		31	-306,305.
32 Unrelated business t	axavie II	ncome. Subtract line 31 fro	III III III 3U		<u></u>	<u></u>	32	300,303.

Form 990-T (2018) CALIFORNIA ACADEMY OF SCIENCES 94-1156258 Part III **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) -306,305. 33 34 Amounts paid for disallowed fringes 34 0. Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of 36 -306,305. 36 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 37 1,000. 37 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 -306,305. **Tax Computation** Part IV 0. Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 39 39 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: 40 ☐ Tax rate schedule or ☐ Schedule D (Form 1041) 40 Proxy tax. See instructions 41 41 42 Alternative minimum tax (trusts only) 42 Tax on Noncompliant Facility Income. See instructions 43 43 0. **Total.** Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44 44 Part V Tax and Payments 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a **b** Other credits (see instructions) 45b General business credit. Attach Form 3800 45c d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 45a through 45d 0. Subtract line 45e from line 44 46 Subtract line 45e from line 44

Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 46 47 47 0. 48 **Total tax.** Add lines 46 and 47 (see instructions) 48 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 0. 49 6 400 50 a Payments: A 2017 overpayment credited to 2018 **b** 2018 estimated tax payments 50b c Tax deposited with Form 8868 **d** Foreign organizations; Tax paid or withheld at source (see instructions) 50d e Backup withholding (see instructions) 50e f Credit for small employer health insurance premiums (attach Form 8941) 50f g Other credits, adjustments, and payments: Form 2439 __ Form 4136 Other **Total payments.** Add lines 50a through 50g 51 51 6 400. Estimated tax penalty (see instructions). Check if Form 2220 is attached 52 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 53 6 400 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 54 Enter the amount of line 54 you want: Credited to 2019 estimated tax 55 0. Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 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 here MADAGASCAR Х Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 57 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 \>\$ 58 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 Mike McGee May the IBS discuss this return with May 12, 2020 Here the preparer shown below (see Signature of officer Date instructions)? X Yes Date PTIN Print/Type preparer's name Preparer's signature Check if self- employed **Paid** 5/11/2020 YONG ZHANG, CPA P01249785 **Preparer** 42-0714325 Firm's name ► RSM US LLP Firm's EIN ▶ **Use Only** 1861 INTERNATIONAL DRIVE, SUITE 400

703-336-6400

Firm's address MCLEAN, VA 22102

Schedule A - Cost of Goods Sc	old. Enter	method of invent	tory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	vith respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (Fro	om Real I	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
2.	Rent receive	ed or accrued							
(a) From personal property (if the percentary rent for personal property is more than 10% but not more than 50%)	ge of	` ' of rent for p	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connect d 2(b) (a	ed with the income in ttach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)		▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt-F	inanced	Income (see	instru	ctions)					
			,	. Gross income from		3. Deductions directly conne			
1. Description of debt-finance	nd property			or allocable to debt-	(a)	Straight line depreciation	Τ̈́	(b) Other deductions	
1. Description of dest infance	a property			financed property		(attach schedule)		(attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis Illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	((8. Allocable deduction column 6 x total of colum 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			•	70	Е	nter here and on page 1,	E	inter here and on page 1	
						Part I, line 7, column (A).		Part I, line 7, column (B).	
Totals				▶		0.			0.
Total dividends-received deductions includ	led in column	18			<u>.</u>	>		_	0.

Form **990-T** (2018)

Schedule F - Interest, A					Controlled O				<u>-</u>	structio		
1. Name of controlled organizat	ion	2. Emp identific numb	ation	3. Net unr (loss) (see	elated income instructions)	4. Tot payr	al of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling	6. co	Deductions directly onnected with income in column 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations			1								
7. Taxable Income	8. Net un (se	related income e instructions)	e (loss)	9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar s income	nization's	11 . D	educ th inc	ctions directly connected come in column 10
(1)												
(2)												
(3)												
(4)												
				1			Add colum Enter here and line 8, c		1, Part I,		here	columns 6 and 11. and on page 1, Part I, e 8, column (B).
Totals						▶			0.			C
Schedule G - Investme (see insti	nt Incom	e of a S	ection	501(c)(7	'), (9), or (17) Org	ganization					
1. Desc	ription of incon	ne			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set- (attach	-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co							Enter here and on page Part I, line 9, column (B)
Totals				>		0.						C
Schedule I - Exploited (see instru	Exempt A	Activity	Incom	e, Other	Than Adv	ertisin	g Income					
			2 -		4. Net incon	ne (loss)						7
1. Description of exploited activity	2. Gr unrelated to income trade or b	ousiness from	directly with pr of un	connected coduction irelated ss income	from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3). If a e cols. 5	Gross inco from activity t is not unrelat business inco	hat ed	attribu	penses table to mn 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(1) (2) (3)												
(3)												
(4)											寸	
	Enter here page 1, line 10, c	Part I,	page	ere and on 1, Part I, , col. (B).								Enter here and on page 1, Part II, line 26.
Totals	<u> </u>	0.		0.								(
Schedule J - Advertisii												
Part I Income From I	Periodica	als Repo	rted o	n a Cons	solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput arough 7.	5. Circulat income		6. Read			7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)												
(1) (2) (3)												
(3)												
(4)												
Totals (carry to Part II line (5))			ا ۱	(, I							ſ

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form **990-T** (2018)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FU	JND, LP - ORDINARY BUSINESS INCOME	-177,919.
INCOME	JND, LP - NET RENTAL REAL ESTATE JND, LP - OTHER NET RENTAL INCOME	412.
(LOSS)	JND, LP - OTHER NET RENTAL INCOME	-90.
CAS ENDOLITH ENDOWMENT FUCAS ENDOLITH ENDOWMENT FUCAS ENDOLITH ENDOWMENT FUCAS ENDOLITH ENDOWMENT FUCAS	JND, LP - DIVIDEND INCOME JND, LP - ROYALTIES JND, LP - GUARANTEED PAYMENTS JND, LP - OTHER INCOME (LOSS)	6,801. 1,427. 740. 4. -186,339. -354,964.
DEGENERAL		AMOUNTE
DESCRIPTION		AMOUNT
INCOME TAX PREPARATION FE	ŒS	4,000.
TOTAL TO FORM 990-T, PAGE	E 1, LINE 28	4,000.

	LOSS		
SS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
23,147.	0.	23,147.	23,147.
36,033.	0.	36,033.	36,033.
20,612.	0.	20,612.	20,612.
AVAILABLE THIS	YEAR	79,792.	79,792.
	36,033. 20,612.	23,147. 0. 36,033. 0.	23,147. 0. 23,147. 36,033. 0. 36,033. 20,612. 0. 20,612.

SCHEDULE D (Form 1120)

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

Name

Employer identification number

CALIFORNIA ACADEMY OF SCIENCES 94-1156258

Part I Short-Term Capital Gai	no and Lagger (a				
	ns and Losses (See	instructions.)	T		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949		(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	,	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			_		1,603
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ition)			6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	1,603.
Part II Long-Term Capital Gain	ns and Losses (See	nstructions.)			
see instructions for how to figure the amounts o enter on the lines below.	(d)	(e)	(n) Adjustments to gain		(h) Gain or (loss). Subtract
This form may be easier to complete if you ound off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)	,	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					
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					
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					
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 Totals for all transactions reported on Form(s) 8949 with Box D checked					
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 Totals for all transactions reported on Form(s) 8949 with Box D checked					
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					
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					
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 Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked				11	
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 3b 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3			11 12	
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 3b 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3				
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. 3b 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind	from Form 6252, line 26 or 3 d exchanges from Form 8824	7		12	36,305
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 3b 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum	7		12 13	36,305
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. Bb 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum	n h		12 13 14 15	36,305 51,556
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 3b 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum I II	n h		12 13 14 15	36,305 51,556 1,603
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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum I II e 7) over net long-term capital capital gain (line 15) over ne	n h I loss (line 15) short-term capital loss (line	7)	12 13 14 15	15,251 36,305 51,556 1,603 51,556 53,159

JWA

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

Social security number or taxpayer identification no.

CALIFORNIA ACADEMY OF SCIENCES	94-1156258
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your	
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was report	rted 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 (d) (h) (a) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (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) ir combine the result Code(s) with column (g) the instructions adjustment CAS ENDOLITH ENDOWMENT FUND, LP 1,603. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

1,603.

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 (2018) 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 information of the statement will have the same information of the statement will be statement with the statement will be statement wi	ow, see whether yation as Form 109	ou received any 99-B. Either will s	Form(s) 1099-B o show whether you	r substitute statem basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IF	bstitute SS by your
Part II Long-Term. Transaction		al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term t	ransactions,
see page 1. Note: You may aggregate al	l long-term transact	ions reported on F	orm(s) 1099-B showi	ng basis was reported	d to the IRS	and for which no adj	ustments or
codes are required. Enter the 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	
If you have more long-term transactions than will (D) Long-term transactions rep	· -		· · · · · · · · · · · · · · · · · · ·		·=		
(E) Long-term transactions rep	•	,		,	Note and	ove)	
(F) Long-term transactions not			•	ported to the me			
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and). See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
CAS ENDOLITH ENDOWMENT							
FUND, LP							15,251.
_							
-							
-							
_							
-							
-							
	1						
2 Totals. Add the amounts in colur							
negative amounts). Enter each to		•					
Schedule D, line 8b (if Box D about above is checked), or line 10 (if Box D)							15,251.
above is directedly, or time to (ii t	A : abuve is ul	ioonou;	ı	1			

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

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.

2018

Attachment 27

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

Identifying number

CAL	IFORNIA ACADEMY OF SCIENCES							94-1156258
1 E	nter the gross proceeds from sales or	exchanges repo	rted to you for 2	018 on Form(s) 10	99-B or 1099-S			
	or substitute statement) that you are in	cluding on line 2	2, 10, or 20				1	
Pa	Sales or Exchanges						rsio	ns From
	Other Than Casualty	or Theft-Mo	st Property	Held More In	an 1 Year (see	instructions)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements at expense of sale	nd	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
CAS	ENDOLITH ENDOWMENT FUND, LP							36,305.
						L		
3	Gain, if any, from Form 4684, line 39)					3	
4	Section 1231 gain from installment s	sales from Form	6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like-						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the						7	36,305.
	Partnerships and S corporations.			-	for Form 1065, Sch	nedule K,		
	line 10, or Form 1120S, Schedule K,	•						
	Individuals, partners, S corporation from line 7 on line 11 below and skip				•			
	1231 losses, or they were recaptured		•	•				
	the Schedule D filed with your return	,	,		ong tom oupnu go			
	Nonrecentured not coation 1921 less	oos from prior va	oro Coo inotruo	tions			8	
8 9	Nonrecaptured net section 1231 los Subtract line 8 from line 7. If zero or				ino 7 on lino 12 ho		0	
9	line 9 is more than zero, enter the ar	•	•	•		I		
	capital gain on the Schedule D filed			•		long term	9	36,305.
Da						·····		, -
Pa	rt II Ordinary Gains and I	Losses (see in	structions)					
10	Ordinary gains and losses not include	led on lines 11 th	nrough 16 (includ	de property held 1	year or less):			
11	Loss, if any, from line 7						11	(
12							12	
13	Gain, if any, from line 31						13	
14								
15	Ordinary gain from installment sales						15	
16								
17							17	
18	For all except individual returns, ente			e appropriate line o	of your return and	skip lines		
	a and b below. For individual returns	•						
а								
	the loss from income-producing prop				nclude any loss on			
	used as an employee.) Identify as fro					1	8a	
b	Redetermine the gain or (loss) on line Schedule 1 (Form 1040), line 14				ere and on		OI-	
	Schedule i (Form 1040), lifte 14						8b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2018)

(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:						ired .)	(c) Date sold (mo., day, yr.)
A					(mo., day, yı	-/	(,,, ,
3							
These columns relate to the properties on							
lines 19A through 19D.	▶	Property A	Property	В	Property	С	Property I
Gross sales price (Note: See line 1 before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
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						
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						
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		<u> </u>				
ummary of Part III Gains. Complete property of	columns	A through D through	n line 29b before	going	to line 30.		
Total asing for all properties. Add property columns	Λ +b×οι	ab D. line 24				30	
Total gains for all properties. Add property columns	A trirou	gn D, line 24				30	
Add property columns A through D, lines 25b, 26g,	276 284	and 20h Entar ha	ro and on line 13			31	
Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from		·			portion	31	
from other than casualty or theft on Form 4797, line		y 51 thoit 011 F01111 40	, mie 00. Eilk	יי ייום ל	JOHNOH	32	
Part IV Recapture Amounts Under Section		and 280F(b)(2)	When Busin	ess l	Jse Drops to		or Less
(see instructions)		. ,, ,			•		
·					(a) Sectio 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable in	prior years		33			
		, p		34			
5 Recapture amount. Subtract line 34 from line 33. S				35			