PUBLIC DISCLOSURE COPY

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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

<u>A</u>	For the	ie 2021 calendar year, or tax year beginning 💎 🤉	EP 1, 2021 and	ending A	UG 31, 2022			
В	Check i applica	C Name of organization			D Employer ident	fication number		
Г	Addi char	ess ge SAN JOSE CHILDREN'S DISCOVERY MU	SEUM					
Ē	Nam char		VERY MUSEUM OF SAN JOSE		94-287082	8		
	initia	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone numb	oer		
	Fina	180 WOZ WAY			408-298-543			
	lerm ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	7,714,506.		
	retur				H(a) Is this a group	return		
	App	F Name and address of principal officer: MARI	LEE JENNINGS		for subordinate	es? Yes X No		
	pend	SAME AS C ABOVE	•		H(b) Are all subordinates	Included? Yes No		
1	Tax-ex	rempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions		
		ite: WWW.CDM.ORG			H(c) Group exempt	ion number 🕨		
	Form o		ssociation Other >	L Year	of formation: 1983	M State of legal domicile; CA		
	1	Briefly describe the organization's mission or mos	significant activities; CHILDRI	EN'S DISC	OVERY MUSEUM OF			
Governance		SAN JOSE INSPIRES CREATIVITY, CURIOSI	TY AND LIFELONG LEARNIN	G.				
7	2	Check this box if the organization disco	ntinued its operations or dispos	ed of more	than 25% of its net a	ssets.		
Ž.	3	Number of voting members of the governing body						
Ğ	4	Number of independent voting members of the go			4			
90	5	Total number of individuals employed in calendar				53		
/itie	6	Total number of volunteers (estimate if necessary)			6	269		
Activities &	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		72	0.		
۹	b	Net unrelated business taxable income from Form	990 T, Part I, line 11	*********				
		·· · · · · · · · · · · · · · · · · · ·			Prior Year	Current Year		
Φ	8	Contributions and grants (Part VIII, line 1h)	* * * * * * * * * * * * * * * * * * *		4,133,243	4,733,408.		
Revenue	9				535,690	1,372,955.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4	vestment income (Part VIII, column (A), lines 3, 4, and 7d)					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		-81,636	-63,057.		
	12	Total revenue - add lines 8 through 11 (must equal			4,652,223	6,150,873.		
	13	Grants and similar amounts paid (Part IX, column (A), iines 1-3)		0	0.		
	14	Benefits paid to or for members (Part IX, column (N), line 4)	*******	0	0.		
U)	15	Salaries, other compensation, employee benefits (2,461,953	2,492,363.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)		0	0.		
x Zee	. b	Total fundraising expenses (Part IX, column (D), lin	e(25) > 415,5	911.				
Ш	l "'	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		2,724,058.			
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		5,186,011.	5,589,410.		
	19	Revenue less expenses. Subtract line 18 from line	12		-533,788.	561,463.		
Net Assets or				Beg	inning of Current Year	End of Year		
Set	20				25,329,021,	24,425,043.		
A A	21				1,807,148.			
	22	Net assets or fund balances. Subtract line 21 from	line 20		23,521,873.	23,425,242.		
	art II	***	21			 .		
		alties of perjury, I declare that I have examined this return,				y knowledge and belief, it is		
True,	, corre	t, and complete. Declaration of preparer (other than office		ich preparer i	ias any knowledge.	102		
~.		Signature of officer	ngi		Date	1/23		
Sigi		MARILEE JENNINGS, EXECUTIVE DIREC	F COR.		Date			
Her	e	Type or print name and title	TOR					
 -			Dispersation of the same		ate Check i	PTIN		
Paid	r	Print/Type preparer's name MATTHEW PETROSKI	Preparer's signature MATTHEW PETROSKI		100.000	—'L		
	i Dater		MALLHEN FELKONE	ha	/22/23 self-empio			
	Only			Firm's EIN	94-6214841			
-J-0-E	Jilly	Firm's address 50 W. SAN FERNANDO ST, S SAN JOSE, CA 95113			Dhona na 403	3-200-6400		
Mai	the i	RS discuss this return with the preparer shown abo	ve? See instructions					
iviay	1110	to resorge the retrief with the higherer alsown sho.	ver deciriou acutoris			X Yes No		

	m 990 (2021) SAN JOSE CHILDREN'S DISCOVERY MUSEUM	94-2870828	Page 2
1 1	art III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE INSPIRES CREATIVITY, CURIOSITY AND LIFELONG LEARNING.		
	AND HIPEHONG BEARNING.	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>	
	prior Form 990 or 990-EZ?	Yes [X No
	If "Yes," describe these new services on Schedule O.	2	
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 m	easured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and	ł
<i>i</i> = '	revenue, if any, for each program service reported.	<u></u>	
4a	(Code:) (Expenses \$ 2,270,647. including grants of \$) (Revenue CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE ("THE MUSEUM" OR "CDM") IS A	\$ 768,	411.)
	CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED IN 1982 AND		
	INCORPORATED IN 1983, THE MUSEUM OPERATES A CHILDREN'S MUSEUM WHICH		
	ADDRESSES THE EDUCATIONAL NEEDS OF CHILDREN, YOUTH, AND THEIR FAMILIES	, <u> </u>	
	IN SANTA CLARA COUNTY THROUGH PARTICIPATORY EXHIBITS AND PROGRAMS THAT		
	ENGAGE THE SENSES AND CHALLENGE THE MIND.	····	 .
		···	
	CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE (CDM) HAS SERVED OVER 9.8		
	MILLION ADULTS AND CHILDREN SINCE OPENING ITS DOORS IN THE SPRING OF		
	1990. WITH OVER 30 YEARS OF OPERATION, THE MUSEUM AND ITS STAFF STRIVE		
	TO ENHANCE THE VISITOR EXPERIENCE IN ITS 28,000 SQUARE FEET OF INDOOR		
	EXHIBITION SPACE WITH 13 DEDICATED GALLERIES, (CONTINUED ON SCHEDULE O)		
4b	(Code:) (Expenses \$ 1,991,199. Including grants of \$) (Revenue	\$.6.51,	678.)
	THE MUSEUM PROVIDES ON-SITE AND OUTREACH PROGRAMS WHICH COMPLEMENT ITS		
	EXHIBITS AND SUPPORT VISITOR INTERACTIONS AND LEARNING OPPORTUNITIES.		
	2021-2022 SAW THE RETURN OF GROUP VISITS TO THE MUSEUM, WITH 5,800		
	SERVED AND AN ADDITIONAL 512 SERVED THROUGH ON-SITE OR VIRTUAL		
	PROGRAMS. THE SANTA CLARA COUNTY OFFICE OF EDUCATION SPONSORED A		
	PRIVATE USE DAY AT CDM IN SPRING OF 2022 TO ACCOMMODATE STUDENTS AND		
	THEIR FAMILIES IN THE DISTRICT'S SPECIAL NEEDS PROGRAMS. IN RESPONSE		
	TO THE ONGOING COVID-19 PANDEMIC, THE MUSEUM HOSTED A TOTAL OF FOUR POP-UP VACCINATION CLINICS AND, AS AN INCENTIVE, PROVIDED PREE MUSEUM		
	ADMISSION, FOR UP TO 8 PERSONS, TO EACH FAMILY RECEIVING A VACCINATION.	-	
	SPONSORS STEPPING FORWARD TO SUPPORT THIS INITIATIVE INCLUDED THE		
	SILICON VALLEY COMMUNITY FOUNDATION, (CONTINUED ON SCHEDULE O)	· · · · · · · · · · · · · · · · · · ·	
4c			775 .
	THE MUSEUM CLOSED THE RETAIL SPACE IN DECEMBER 2018 DUE TO THE IMPACT	1,7	1.15.
	FROM MAJOR ONLINE RETAILERS. THE STORE IS STILL AN ACTIVE PROJECT AS A	· · · · · · · · · · · · · · · · · · ·	
	SMALL INVENTORY BALANCE REMAINS. DURING THE YEAR, THERE WERE SMALL		
	PROJECTS SUCH AS PINSCREEN AND GEAR TABLE SALES.		
			
			
ŧd	Other program services (Describe on Schedule O.)		
10	{Expenses S including grants of \$) (Revenue \$ Total program service expenses ► 4,268,319.		
rc	Total program service expenses ► 4,268,319.	- 000	

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)?		<u>.</u>	
_	If "Yes," complete Schedule A	1	X.	
2	is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	 -	<u> ^ </u>
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6.		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Parf III	8		×
.9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		i	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9.		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X.	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,		- 410 0 - 400 0	
	as applicable.	1 . 3		
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	x	
ď	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		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X.	11f	х	
12a.	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Ì	
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.		ĺ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<u>.</u> :_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	[**
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		[*
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	<u>x</u>
"		4-	x.	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	.=.	
10		40	x	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part Vill, line 9a? If "Yes."	18		
		40		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	- 	x
	TERRAL BANKS	20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	رين ع		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X.
	- Compared Scriptors (1) 1879 - Transfer Compared Scripto			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	INO
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X.
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		 	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	 	+-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		l x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		 	+
	, if the state of	24b		
G	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	┼
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		Ì	۱
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X,
Þ	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 /	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ļ .
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	1 1 1 1 1		
	instructions for applicable filing thresholds, conditions, and exceptions);			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	'	ĺ	ľ
	"Yes," complete Schedule L, Part IV	28a		x
ь	A family member of any individual described in line 28a? If "Yes;" complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1	· · · · · ·	
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		\vdash
		20.	ĺ	·x
31	contributions? If "Yes;" complete Schedule M Did the organization figuidate, terminate, or dissolve and cease operations? If "Yes;" complete Schedule N, Part I	30	 	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32				l ÷
00	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations.	l		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	.35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	:		1
	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 on Schedule O for Part VI, lines 11b and 19?			1
Si generali	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V		- 1 + / 4	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) Winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)

Pa	statements Regarding Other IRS Filings and Tax Compliance (continued)		<u> !</u>	Page 3
:	(conunuea)		Yes	Nie
2a	Enter the number of employees reported on Form W-3; Transmittal of Wage and Tax Statements.	0.0303	res	No
	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	X	1 1997,19
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	333	2330	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	eruk erubb	x
ъ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	 	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u> </u>		\vdash
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X.
þ	If "Yes," enter the name of the foreign country			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	.5b		х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		<u> </u>	\top
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			\Box
	were not tax deductible?	6Ъ		
7	Organizations that may receive deductible contributions under section 170(c).	175%		
а	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	x	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form.8282?	7c		·x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1,746X		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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	X.	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			eján.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations, Enter:			
·a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			46/403.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-020-002	Seeding 7
.	Note: See the instructions for additional information the organization must report on Schedule 0.			
D	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			
C.	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
1E	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	 -∤	
	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	(50000000000000000000000000000000000000	X .
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	90985880	X 50000000
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4866 P		\$50,200
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		- 1	
	If "Yes," complete Form 6069	17 3321	z-8882 3 .1:	200000

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to		7h halout and for a	NAJa"	rine in e	rage u
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	rrougr, See i	i (b below, and for a netnictions	700	respor	ise
	Check if Schedule O contains a response or note to any line in this Part VI	. 000 1	iou actionis.			X
Sec	tion A, Governing Body and Management					<u>[</u>
	Hott At dovottaling body dila mailagement				1 5	T
4	Patricklia months a structure as high and the second state and state and	F	:27	1965.60	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
ь	Enter the number of voting members included on line 1a, above, who are independent	1b	2.7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2	Ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa:	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5_		X
6	Did the organization have members or stockholders?			.6.		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?		•	7a		x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u> </u>		
	paragraph at high than the appropriate bank 0			7b	1	x
ai.	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10) (1000)	
8						1897
a ·				8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X.	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		<u></u>	9.	<u> </u>	X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)			
					Yes	No
	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 cha	ipters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		***********	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	X	
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
t2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
ь	and the second s			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo					
	on Schedule O how this was done	, ·uc		12c	×	
13	Did the organization have a written whistleblower policy?		*************************	13	x	
14	Did the organization have a written document retention and destruction policy?	4		14	X.	_
15	Did the process for determining compensation of the following persons include a review and approval			1000		545345
		Dy II to	rependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				X	884/61 D
	The organization's CEO, Executive Director, or top management official			15a		
Ð	Other officers or key employees of the organization			15b	X	www.
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a	~ 11399.	2000	(EXTY
	taxable entity during the year?			16a	E tamandas a	X
ь	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	,	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?		**********	16b		
sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-	T (section 501(c)(3)s	only) a	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.		7.77	.,,		
	X Own website Another's website X Upon request Other (explain	on Sái	nedule:O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			financ	ial	
	statements available to the public during the tax year.	·,	maniant bana's onto			
20	State the name, address, and telephone number of the person who possesses the organization's book	(siand	records 🕨			
	SUSAN CLARK - 408-298-5437	.o.cii IO	i dontara			
	180 WOZ WAY, SAN JOSE, CA 95110					

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

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

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

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

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

(A)	(B)			- (6	C)			(D)	(E)	(F)
Name and title	Average	Ide	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	t unie	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week	\vdash	cer ar	io:a q	recto	ir/trus	Тееј	from	from related	other
	(list any	iacto	1		ĺ	l.		the	organizations	compensation
	hours for related	10 E	<u>a</u>			saled		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ruste	Firms		a2)	meen		1099-NEC)	1099-NEC)	organization and related
	below	Individual frustee of director	Institutional trustee	.	Кеу етріоуее	Highest compensated amployee	<u></u>	,000,1420)		organizations
	line)	îndivi	instift	Officer	Eg e	HE HE	Farm			
(1) MARILEE JENNINGS	2.00				-		T-			
EXECUTIVE DIRECTOR]		x				256,173,	·0.	13,382.
(2) SUSAN CLARK	4.0.00					_				
DIRECTOR OF FINANCE & ADM		1		X				183,563.	.0,	15,335.
(3) CHERYL BLUMENTHAL	40.00					_	 		, -i-	
DIRECTOR OF INFORMATION SY		1				х		153,820.	0,	1,694.
(4) RICH TURNER	40.00		1	\Box					-	*
DIRECTOR EXHIBITS & FAC		1				х		135,560.	٥.	6,355.
(5) JESSICA TORRES	40,00					 	<u> </u>	· · · · · · · · · · · · · · · · · · ·		-
DIRECTOR OF EDUCATION & PROGRAMS		1				х		114,092	0.1	9,800.
(6) CECILIA CLARK	40.00					\vdash		, , ,		
PUBLIC RELATIONS AND COMMUNICATIONS		i				x		108,978.	á.	13,120.
(7) DEBBIE MCKENZIE	40.00	1				Ė				*****
ASSOCIATE DIRECTOR OF DEVELOPMENT		1				x.		105,603.	٥,	10,854.
(8) KEVAN KRYSLER	2,00									• •
CHAIR		x		x				0'.	0.	ø.
(9) ALAN MARKS	2.00						-			
VICE CHAIR		x		X				o.	0.	0.
(10) VY TRAN	2.00									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SECRETARY		х	l	х				0.	0.	0.
(11) JAY HANSON	2,00						-			
TREASURER		х		x				.0.	0.	0,
(12) DAN AMEND	2,00								···	
GOVERNANCE COMMITTEE CHAIR		x						o.	0.	0.
(13) CHARLES LYNCH	2.00									
AUDIT COMMITTEE CHAIR		x		-				0.,	a.	Q.
(14) CHANNING FLYNN	2.00								<u></u> ;:	
VICE AUDIT COMMITTEE CHAIR		x						o.	0.	0.
(15) JANA ARBANAS	2.00									
LEGACY CO-CHAIR		X.						σ.	0.	
(16) JEANETTE CALANDRA	2,00]	-	· · · · · · · · · · · · · · · · · · ·
LEGACY CO-CHAIR	V-1-2-12-11-11-11-11-11-11-11-11-11-11-11	x						0.	0.	0.
(17) KIM DECARLIS	2.00	-			\neg			,	1	<u>.</u>
BOARD MEMBER		х						0.	0.	0.
132007 12-09-21	· · · · · · · · · · · · · · · · · · ·									Form 990 (2021)

132007 12-09-21

Form 990 (2021)

Form 990 (2021) SAN JOSE CHI	DREN'S DIS	cov	ERY	MU	SBU	M			94-287082	8 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	and	iH b	ghes	st C	ompensated Employee	s (continued)	
(A).	(B)			((C)			(D)	(E)	(F)
Name and title	Average	ísto	not c	Pos fieck			ove.	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s bot	ian	compensation	compensation	amount of
	Week	-	Cer ai	Juau	recio	in as	iee)	from	from related	other
	(list any hours for	ndividual trustee or director				١.		the	organizations	compensation
	related	5 10	33			saled		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ruste	in in		8	шbей		1099 NEC)	1099-NEC)	organization and related
	below	d teat	ntions	Ļ	196	stco	**	1		organizations
	line)	Indiv	Institutional trustee	Officer	Кеу епіріоуее	Highest compensated employee	Former			J. Garment
(18) CHRISTINE BASTIAN	2.00									
COMP, COMMITTEE CHAIR (LEFT 9/21)		х						Q,	.0.,	0.
(19) RENU R. BHATIA	2.00	1								
BOARD MEMBER		x	L					0.	0;.	Q.
(20) BRIAN BREWSTER	2.00									
BOARD MEMBER		X						0.	ď.	o.
(21) CINDY CARTER	2.00									
BOARD MEMBER		x						ő,	0.	٥.
(22) IRIS CHEN	2.00	Ĭ								
BOARD MEMBER		х	İ					0.	0.	0
(23) PAULA DELANEY	2,00									
BOARD MEMBER		Х		ļ				0.	0.	0.
(24) PATRICIA K. EASTMAN	2.00							1		•
BOARD MEMBER		Х						0.	0,	0.
(25) LAURA PENNELL	2,00									
BOARD MEMBER		Х						0,	.0.	0.
(26) TOM LIVERMORE	2.00									
BOARD MEMBER		х						0.	0,	0.
1b Subtotal			,		- Consider	,. Ì		1,057,789.	0.	70,540.
c Total from continuation sheets to Part VII	Section A	e de circo		,,4,11,			>	0.	0.	0.
d Total (add lines 1b and 1c)			*****			.2A -	<u> </u>	1,057,789.	0,	70,540.
2 Total number of individuals (including but no	at limited to th	ose	liste	d ab	ove)) who	o re	ceived more than \$100,	000 of reportable	
compensation from the organization.							_			5
										Yes No
Did the organization list any former officer,							_		- '	
line 1a? If "Yes," complete Schedule J for su	ich individual		·							_3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	•							- :		
rendered to the organization? If "Yes," com	olete Schedule	JK	r su	ch p	erso	on			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 X
Section B. Independent Contractors	<u> </u>							· · · · · · · · · · · · · · · · · · ·		
1 Complete this table for your five highest cor		-								ion from
the organization, Report compensation for t	ne calendar ye	ar e	ndin	g wi	th o	r wit	hin	the organization's tax ye	ear.	
(A)								(B)		(C)
Name and business	address						\dashv	Description of se	ervices C	ompensation
MINDSPLASH INVENTIVE PLAYSCAPES, 889										
HONEST PLEASURE DRIVE, NAPERVILLE, IL							-	EXHIBIT FABRICATION	₹	123,000.
MEDIA CAUSE, INC., 1436 U STREET NW,	SOITE									
400, WASHINGTON, DC 20009								MARKETING SUPPORT		114,233.
-							+			
									Ì	
							+			
							ļ			
2 Total number of independent contractors (in	cluding but no	t lim	ited	to ti	hose	e list	ed a	above) who received mo	re than	
\$100,000 of compensation from the organization	ation 📂	<u>. </u>			2					
SEE PART VII, SECTION A CONTINU		rs		_						Form 990 (2021)

TORRESSO	HILDREN'S DIS								94-28708	128
Part VII Section A. Officers, Directors,	Trustees, Key En	npla	yee:	s, a	nd H	lighe	est (Compensated Employe	es (continued)	<u> </u>
(A) (B)					C)			(D)	(E)	(F)
Name and title	Average					Reportable	Reportable	Estimated		
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				emp		organization	(W-2/1099-MiSC)	from the organization
	hours for related	Individual trustee or director	. 23			Highest compensated employee		(W-2/1099-MISC)		and related
	organizations	(rays)	20		<u>8</u>	E I			j	organizations
	below	EE	institutional trustez	<u>;</u>	Key employee	1 25	. I			
	line)	E	lustii	Officer	Key	Fig.	Former			
(27) CINDY LOGGINS	2.00	Ι								
BOARD MEMBER		x						0.	0	0 <u>.</u>
(28) CRAIG MARTIN	2.00									
BOARD MEMBER (LEFT 01/22)	<u> </u>	х					ĺ	0.	Ó.	0.
(29) KATHLEEN RAMIREZ	2.00	Ė	-			\Box			• "	
BOARD MEMBER		x						0.	o.	0.
(30) SONNY SINGH	2.00								· · · · · · · · · · · · · · · · · · ·	
BOARD MEMBER		x						0.	o.	0.
(31) PAUL SMITH	2.00			-	\vdash	\vdash	_			
BOARD MEMBER		x						o.	a:,	0.
(32) ANNE VRANICIC	2.00	-				-		· · · · · · ·		
BOARD MEMBER (LEFT 09/21)	1	x		<u> </u>				0.,	0.	O.
(33) IRENE WONG	2.00									
BOARD MEMBER		x						0.	0	0.
	2.00	-				<u> </u>				
(34) JIA LI	2.00	x				}		Ö,	ō.	o.
BOARD MEMBER	2.00	_		 						
(35) BRIAN MADDOX BOARD MEMBER	2.00	x						0.	٥٠,	0
(36) DEVI MADHAVAN-JARSCHEL	2.00	_						<u> </u>		
	2,00	x						0.	٠.,	0
BOARD MEMBER	2,00	^	┝			-				
(37) MONICA NAYAR	2.00	X						0.	0.	0.
BOARD MEMBER (START 8/22)		<u> ^-</u> -	├	H	-	\vdash			<u></u>	
		ł								
		<u> </u>		<u> </u>	┢	-				· · ·
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		-						1		
		<u> </u>			<u> </u>	Į	L_			
								}		
Total to Part VII, Section A, line 1c		<u>,</u>	<u></u>	· · · · · ·				<u> </u>		

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		·		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns					
Gra		b Membership dues 15	329,990. 1,133,691.	_			
Ağı,	'	c Fundraising events 1c					
후혈	'	d Related organizations 1d	2,536,496.	1			
S.H	1	e Government grants (contributions) 1e	-				
흠욁	1	f All other contributions, gifts, grants, and					
듩뜊		similar amounts not included above 1f	733,231.				
e er	. !	Noncash contributions included in lines 1a-1f 1g \$	33,272.				
<u> </u>		h Total. Add lines 1a-1f		4,733,408.			
	_	2 TAIT do to vo	Business Code				
Program Service Revenue	2 :		611600	1,371,685	1,371,685.		
울의	. !	TRAVELING EXHIBITS	611600	670.	670.		-
Sugar	,	PROGRAM FEES	611600	600.	600.		
E 23	(
ĕ	•	<u> </u>					
-		All other program service revenue			Name of the state		
\dashv		Total. Add lines 2a-2f		1,372,955.			
	3	Investment income (including dividends, intere		Í l			2 4
- [other similar amounts)		87,012.	· · · · · · · · · · · · · · · · · · ·		87,012.
ĺ	4	Income from investment of tax-exempt bond p		· ·			
	5	Royalties (i) Real		Terminal and the latest action to	Marka a de la como de l	9 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
			(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c	L				
		Net rental income or (loss)	(7) Other	FA NOTE OF VOICE OF THE A	e (notive de la menerola en en en en en	And the second of the second o	CALVE CONSUMER WATER STREET
	1 2	Gross amount from sales of (i) Securities	(ii) Other				
- 1		assets other than inventory 7a 1,420,422.					
	E	Less: cost or other basis					
her Revenue		and sales expenses 7b 1,399,867. Gain or (loss) 7c 20,555.					
8			<u> </u>	20,555.			
<u>~</u>		Net gain or (loss) Gross income from fundraising events (not		20,333.	rawi turka wikilikuwa sa		20,555.
ŧ,	0.6	including \$ 1,133,691. of					
~		contributions reported on line 1c). See					
		Part IV, line 18	51,800.				
		Less; direct expenses 8b	163,766				
		Net income or (loss) from fundraising events	203,700.	-111,966.			111 066
		Gross income from gaming activities. See		744,700,			-111,966.
		Part IV, line 19					
	t	Less: direct expenses 9b					
- 1		Net income or (loss) from gaming activities		and the second and th	tien was turb others her chroma hay to mbet ex	ententialen de Espainion, da Taribe e en	
ŀ		Gross sales of inventory, less returns					s konsovendništai.
		and allowances 10a	33,471.				
	ь	Less: cost of goods sold 10b	0.				
		Net income or (loss) from sales of inventory		33,471.	33,471,	emeranie servicina servicina de la la	<u>ananananananan (). (</u>
			Business Code		,,		
Miscellaneous Revenue	11 a	MISC INCOME	611600	15,438,	15,438.		A CONTRACTOR OF THE STATE OF TH
ane Tit	b						
ĕĕ	Q					<u>-</u>	
ξE		All other revenue					
-		Total. Add lines 11a-11d		15,438.			
	12	Total revenue, See instructions	>	6,150,873.	1,421,864.	0.	-4,399.
132009	12-09	-21					Form 990 (2021)

Form 990 (2021) SAN JOSE CHILDREN'S DISCOVERY MUSEUM Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all column	s. All other organizations must complete column (A).
Observation of the state of the	(C) 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	Check if Schedule O contains a respons				,,,
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
.3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	460 000	450.040		
_	trustees, and key employees	468,835.	153,012.	246,273.	69,550.
.6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	ļ			
	persons described in section 4958(c)(3)(B)			~	
7	Other salaries and wages	1,682,195.	1,219,787.	355,565.	106,843.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	a la militaria mana		<u> </u>	
9	Other employee benefits	193,955.	98,435.	32,652.	62,868,
10	Payroll taxes	147,378.	99,182.	36,701.	11,495.
11	Fees for services (nonemployees):				
a	Management				
þ	Legal	1,677.		1,677.	<u>-</u> .
C	Accounting	56,586.		56,586.	
d	Lobbying		e de la propia de la compansión de la comp	Towns and the second second	
e	Professional fundraising services, See Part IV, line 17	4 600			
f	Investment management fees	1,600.		1,600.	
g	Other. (If line 11g amount exceeds 10% of line 25,		46	·	
	column (A), amount, list line 11g expenses on Sch O.)	532,544.	420,619.	70,635.	41,290.
12	Advertising and promotion	00.400			
13	Office expenses.	97,193.	86,056.	5,850.	5,287.
14	Information technology				
15	Royalties				
16	Occupancy	205,429.	191,057.	10,263.	4,109.
17	Travel	34,433,	34,411	22.	
18	Payments of travel or entertainment expenses		į		
	for any federal, state, or local public officials		2 6 6 6		
19	Conferences, conventions, and meetings	93,256.	3,247.	14,171.	75,838.
20	Interest				
21	Payments to affiliates	3 300 Kgg	1 202 000	de la ce	
22	Depreciation, depletion, and amortization	1,399,670.	1,323,291,	50,846.	25,533.
23	Insurance Other expenses them as a series of the series of	84,009.	79,002.	3,327.	1,680.
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	437,876.	429,409.		8,467.
b	SMALL EQUIPMENT	149,788.	130,811.	16,026	2,951.
	TRAINING	2,986.		2,986,	
ď					
	All other expenses	i			
25	Total functional expenses. Add lines 1 through 24e	5,589,410.	4,268,319.	905,180.	415,911.
26	Joint costs. Complete this line only if the organization	· · · · · · · · · · · · · · · · · · ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.]	j		
	Check here If following SOP 98-2 (ASC 958-720)	1	1		
132010	12-09-21	L			Form 990 (2021)

Form 990 (2021)

					(A) Beginning of year		(B) End of year
	i	Cash - non-interest-bearing			119,954.	1	56,547
	2	Savings and temporary cash investments			5,950,280.	-	5,906,266
	3	Pledges and grants receivable, net		974,538.		1,100,887	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or for		100 M			
		trustee, key employee, creator or founder, substar		10			
		controlled entity or family member of any of these			and the state of t	5	a and the control of the special of the con-
i	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described in				6	
,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			14,054.		14,054
Aŝ	9				170,515.		127,737
	10a	Land, buildings, and equipment; cost or other	·	e e e a de la composition de la compania de la comp		17.0	
	,	basis, Complete Part VI of Schedule D	10a	19,672,450			
	ь	Less: accumulated depreciation	10b	14,576,212.	5,837,438.	10c	5,096,238
	11	Investments - publicly traded securities	100		3,576,311.	11	3,812,179
	12	Investments - other securities. See Part IV, line 11			22,961.	12	0
	13	Investments - program-related. See Part IV, line 11	22,244,	13			
1	14					14	1
	15	Other assets. See Part IV, line 11	8,662,970.	15	8,311,135		
	16	Total assets. Add lines 1 through 15 (must equal	inn 22)	4	25,329,021.	16	24,425,043
\dashv	17	Accounts payable and accrued expenses	449 149.	17	468,953		
	18		***,***.		200,233		
	19				281,576.	18	378,848
	20	Deferred revenue			201,370.	19 20	270,040
	21	Tax-exempt bond liabilities]
		Escrow or custodial account liability. Complete Pa				21	ger gerörftigkung albag Juris Davier e
es	22	Loans and other payables to any current or former		and the second s			
Liabilities		trustee, key employee, creator or founder, substan		1		21000	
ᄪ		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate	-	,,,		23	
	24	Unsecured notes and loans payable to unrelated the				24	
ļ	25	Other liabilities (including federal income tax, paya					
- 1		parties, and other liabilities not included on lines 1	7-24), Co	mplete Part X	3 076 400		150 000
		of Schedule D			1,076,423.		152,000
	26	Total liabilities, Add lines 17 through 25			1,807,148.	26	999,801.
္ဖ		Organizations that follow FASB ASC 958, check	nere p				
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.]	11 927 940	- 40000 	10 145 000
룛ㅣ	27	Net assets without donor restrictions			11,837,840.	27	12,145,000.
<u> </u>	28	Net assets with donor restrictions		····	11,684,033.	28	11,280,242,
<u> </u>		Organizations that do not follow FASB ASC 958	, check l	nere 🟲 📖			
-		and complete lines 29 through 33.		[*			
2	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid in or capital surplus, or land, building, or equip				30	
ک	31	Retained earnings, endowment, accumulated inco	me, or ot	her funds	no con den 1	31	
≝	32			······	23,521,873.	32	23,425,242,
- 1	33	Total liabilities and net assets/fund balances			25,329,021.	33	24,425,043.

	1990 (2021) SAN JOSE CHILDREN S DISCOVERY MUSEUM	94-28708	28	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,150	873.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	589	410
3	Revenue less expenses. Subtract line 2 from line 1	3		561	463
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,3	,521	873.
5.	Net unrealized gains (losses) on investments	5		-275	702.
6	Donated services and use of facilities	6		-382	392.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	23	,425	242.
Pa	tt XIII Financial Statements and Reporting				
··-	Check if Schedule O contains a response or note to any line in this Part XII			·	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		700.5		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	120		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.			
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	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	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		35		
			Form	990	(2021)
					· l

SCHEDULE A

(Form 990)

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

2021

Open to Public Inspection

Nam	e of t	the organization						Employe	r identification number		
				DISCOVERY MUSEUM					94-2870828		
Pai	t I	Reason for Public	Charity Status.	(All organizations must	complete	this part.) \$	See instruction	s,			
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.)			· · · · · · · · · · · · · · · · · · ·		
1		A church, convention of ch				on 170(b)(1)(A)(i).				
2		A school described in sec									
3		A hospital or a cooperative									
4:		A medical research organiz	zation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)	(iii). Ente	r the hospital's name,		
		city, and state:	-	, <u>, , , , , , , , , , , , , , , , , , </u>							
5		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 go	vernment or governr	nental unit described in	section 1	70(b)(1)(A)(v).				
7	Х	An organization that norma	ally receives a substa	intial part of its support	from a gov	emmental	unit or from th	e general	public described in		
		section 170(b)(1)(A)(vi). (C		,							
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)						
9		An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) operat	ted in conj	unction with a	land-grant	college		
		or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of t	he colleg	e or		
		university:									
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from a	contributio	ns, membershi	p fees, an	d gross receipts from		
		activities related to its exer									
		income and unrelated busin									
		See section 509(a)(2). (Co									
11 [An organization organized	and operated exclus	ively to test for public sa	fety. See	section 5	09(a)(4),				
12 [An organization organized						ry out the	purposes of one or		
		more publicly supported or									
		lines 12a through 12d that									
а		Type I. A supporting orga							giving		
		the supported organization									
		organization. You must o									
ь		Type II. A supporting org			tion with it	s supporte	ed organization	(s), by hav	zina		
		control or management of									
		organization(s). You mus									
c		Type III functionally inte			in connec	tion with, a	and functionally	/ integrate	ed with.		
		its supported organizatio									
ď		Type III πon-functionally						ed organi:	zation(s)		
		that is not functionally int									
		requirement (see instruct									
e		Check this box if the orga						Type III			
		functionally integrated, or									
f	Ente	r the number of supported o	organizations								
g	Prov	ide the following information									
	(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed Ing document?	(v) Amount of r		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)		
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				1906 szerketketések fillálásása melletet	Programme and the second						
Fotal -			SASSESS SERVICES			ISHENNESE K					

94-2870828

Schedule A (Form 990) 2021 SAN JOSE CHILDREN'S DISCOVERY MUSEUM 94-287082 [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 (II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
.1	Gifts, grants, contributions, and					1	• •
	membership fees received. (Do not		Į				
	include any "unusual grants.")	5,244,819.	5,088,364,	3,459,142.	4,133,243.	4,733,408.	22,658,976.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	İ					
	or expended on its behalf.						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	575,902.	566,277.	556,008.	545,054.	575,592.	2,818,833.
4	Total. Add lines 1 through 3	5,820,721.	5,654,641.	4,015,150.	4,678,297.	5,309,000.	25,477,809,
- 5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,464,877.
6	Public support. Subtract line 5 from the 4.						24,012,932.
	ction B. Total Support	Langua series (Alexa) (20)	permitted to the control of	reserve and property of their	with dalamakanaa kee	And in present the search of the in-	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	5,820,721.	5,654,641.	4,015,150.	4,678,297.	5,309,000	25,477,809.
	Gross income from interest,		, ,		. , , .	, , -	, ,
~	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	149,400.	163 345	123,291.	65,887.	87,012.	588,935.
۵	Net income from unrelated business	, , ,	,		,	4.1.4	
3	activities, whether or not the						
	business is regularly carried on						
40	Other income. Do not include gain					1	
10	or loss from the sale of capital						
		141,341.	139,331.	5,886.	20,219	67,238.	374,015.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10		77° 1 83 100 00	7,000.		50 - 50 - 50 - 50 - 50 - 50 - 50 - 50 -	26,440,759.
11	Gross receipts from related activities,	oto (oso isstructio	<u> </u>	10 1 A SECTION AND	I UM COLORADOR MAI	12	9,756,095.
	First 5 years. If the Form 990 is for th			and a fifth and			3,730,033.
10	organization, check this box and stop					,	. □
Sec	tion C. Computation of Publi			***************************************			
	Public support percentage for 2021 (li			olumio (M)		14	90.82 %
	Public support percentage from 2020					15	90.82 %
	33 1/3% support test - 2021. If the o						
100	stop here. The organization qualifies			•			
h	33 1/3% support test - 2020. If the o					ármará aback thia	
170	and stop here. The organization quali 10% -facts-and-circumstances test						
174							
	and if the organization meets the facts					_	
ı	meets the facts-and-circumstances tes		and the second s				
D	10% -facts-and-circumstances test		. "				0% or
	more, and if the organization meets the					- **	` <u>.</u> . ——
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box an	d see instructions	

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 SAN JOSE CHILDREN'S DISCOVERY MUSEUM 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.)

Disease year (or fixed year beginning in) ► (al) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total membaniship floer received. (Co not include any trustal grants. 1) 2. Gross receipts from ediministors, correctionates and or servicina performed, or facilities furnished in any activity that is related to the organization's tax-excempt purpose. 3 Gross receipts from ediministors, correctionates and or servicina performed, or facilities from leaf to the organization's tax-excempt purpose. 3 Gross receipts from ediministors, correctionates section 513 are serviced from ediministors, correctionates exceed the personal performance of the organization's tax-excent and either part to or supended on its behalf. 3. Tax revenues levide for the organization's tax-excent in each excellent and either part to or supended on its behalf is furnished by a governmental unit to the organization's behalf is serviced or facilities furnished by a governmental unit to the engineering without drange. 6. Total, Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons be exceed the please of \$45,000 or list of lines associated to the exceed the please of \$45,000 or list of lines associated to the exceed the please of \$45,000 or list of lines associated to the exceed the please of \$45,000 or list of lines associated to line 10 through \$45,000 or list of lines associated to line 10 through \$45,000 or list of lines associated to line 10 through \$45,000 or list of lines \$45,000	Se	ction A. Public Support						
membarship face received. (Do not included any furnished in congruence and membarship face received. (Do not included any furnished in any actifivity facilities furnished in any actifivity facilities furnished in any actifivity facilities for material and included on the organization is tax-exempt purpose 3 Gross receipts from activities that are not an unrelated frade or bub-insest under section \$13 and \$14 are not an unrelated frade or bub-insest under section \$13 and \$14 are not an unrelated frade or bub-insest under section \$13 and \$14 are not an unrelated frade or bub-insest under section \$13 and \$14 are not an unrelated frade or bub-insest under section \$13 and \$14 are not an unrelated frade or bub-insest under section \$13 and \$14 are not an unrelated frade or bub-insest under section \$15 are not an unrelated frade or bub-insest under section \$15 are not section \$15 are not section \$15 are not section \$15 are not section \$15 are not section \$15 are not section decapitated persons bub and section section \$15 are not section \$	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any "unusual grants") 2 Grass receipts from adheleons, creatchardise social or services participants and property from adheleon and common and control to the contr	1	Gifts, grants, contributions, and						
2. Gross receipts from admissions, merchanolises old or servicione performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from advisities that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization's benefit and either poid to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to the organization without charge of Total. Add fines 1 through 5. 7. A mounts included on lines 1 2, and 3 received from discuplified persons be received from discuplified persons be expended from discuplified persons. 5. Power form discuplified persons be expended from discuplified persons be expended from discuplified persons. 6. Public support. Seemaline (see level to the total persons to the seemal on the 15 for the year or Add fines 7a and 7b. 7. Amounts from line 6. 10. Clearlay year (or fisal year beginning in)							1	
crierchandles social or services par- formed, or facilities furnished in any activity that is related to the organization's teachersphapobe 3. Gross receipts from activities that are not an unrelated trade or bub- insiss under section 153 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 crit to the organization without charge 6. Totals, Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons. 5. The value of services of scilities for micropartic organization without charge 6. Totals, Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons. 5. Invalve broken lines 2 and 1 revenued from other time discussive phonons but received by expected in lines 2 and 1 revenued from other time and 1 revenued from other time discussive phonons but received by expected in lines 2 and 1 revenued from other time discussive phonons but received by expected in lines 2 and 1 revenued from other time and 2 revenued from other time and 2 revenued from other time 3 revenued from other time and 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued from other 1 revenued in lines 2 revenued to the 1 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 revenued and 2 r		include any "unusual grants.")					i	-
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 unveilated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to or expended on its behalf to the organization without change in the paid to or expended on its behalf to the organization without change in the paid to or expended on its behalf to the organization without change in the paid to or expended on its behalf to the organization without change in the paid to the pai	2	and the contract of the contra						
ary activity that for related to the organization's tax-exempt purpose of a Cross receipts from activities that are not an uncertaid trade of business under section 513 4 Tax revenues levial for the organization's benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to expended persons. 5 Tevaluation of the paid to expended persons be accessed as greater of the trian despatied persons. 6 Add lines 7a and 7b 7 Public suspport. cliente in a treater) 8 Public suspport. cliente in a treater) 9 Amounts from fine 6 10 Across incorrier from infered, dividends, payments received on expended persons. 9 Add cross incorrier from infered, dividends, payments received on expended persons. 10 Across incorrier from infered, dividends, payments received on expended persons. 11 In the incorrier from infered to incorrect the payment of the pa						İ		
or ganization's taxe-exempt purpose 3 Gross recipits 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 A Amounts included on lines 1, 2, and 3 received from disqualified persons by furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons by furnished by a disqualified person but coccetite prayed on fires 2 and 7 accepted sony other than disqualified persons but coccetite prayed on fires 2 and 7 and 7 b 8 Public support, glavar beginning in) 9 Amounts from fires 1 and Gross income from inference						[
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 A Amounts included on lines 1, 2, and 3 received from disqualified persons but the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons but the disqualified but the disqualified persons but the disqualified but the disqualified persons but the dis								
iness under section 513 4 Tax revenues levied for the organization'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 of Total, Add lines it through 5 7a Amounts included on lines 1, 2, and 3 received from discussified persons be furnished themselves are serviced from discussified persons be furnished from discussified persons be furnished themselves are serviced from discussified persons be furnished themselves are serviced from discussified persons be considered and serviced from the train discussified persons be considered from serviced from discussified persons be considered from serviced from discussified persons be considered from serviced from the serviced from the serviced from the serviced from the serviced from the serviced from the serviced from the serviced from serviced from the serviced from	3	Gross receipts from activities that						
4 Tax revenues levied for the organization'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 it through 5. 6 Total. Add lines 1 through 5. 7 A Amounts included on lines 1.2, and 3 received from disqualified persons benefit the included on lines 1.2, and 3 received from disqualified persons benefit the included on lines 1.2, and 3 received from disqualified persons benefit that d		are not an unrelated trade or bus-					1	
ization's benefit and either pald 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 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2, 2 and consider the state of \$2,000 to 15c fine mineral on its 5ct in layer c Add lines 1 through 5 9 Amounts included on lines 1, 2, and 10a Gross incorne from inferest, dividends, pagent, Baseatist kines less and incorne from inferest, dividends, pagent, Baseatist kines less and incorne from inferest, dividends, pagent als sections b Urnelated business taxable income (less section 51 taxas) from absinsass acquired after June 30, 1975 c Add lines 10a and 10b 11 Net incorne. Do not include gain or loss from the sels of capital accounts from included on line 10b, wherther or not the business is regularly carefied on 12 Other incorne. Do not include gain or loss from the sels of capital accounts (Spipha in Part VI), 13 Total Support Percentage 14 Priest 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 17 Investment incorne percentage from 2020 Schedule A, Part III, line 15 18 Howestment incorne percentage from 2020 Schedule A, Part III, line 17 19 A33 1739 support testes 2021. If the organization did not check a box on line 14, and line 16 is more than 33 1/396, and line 17 is not more than 33 1/396, check this box and stop here. The organization qualifies as a publicly supported organization		iness under section 513						
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		line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	>
	20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	, or 19b, check thi	s box and see ins	tructions	▶□

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			100 mag 15 24 3 0 0 15
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	115		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1237.00		2007/75/0 2007/2008
	detail in Part VI.	11c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sec	tion B. Type I Supporting Organizations			
		"	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1	aran kerdek	10.4.0.4.6.4.6.4
2	Did the organization operate for the benefit of any supported organization other than the supported			Cane.
	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		VII. "
Sec	tion C. Type II Supporting Organizations	44	<u></u>	
			Yes	<u></u>
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	11 7 37 2	res	No
	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).			7/11.
Sec	tion D. All Type III Supporting Organizations	1 1		
		,	 T	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	14 1567,488 8	Yes	No
•	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			900000 90000 90000
	group by a copy of the Form 350 that was most recently filed as of the date of notification, and (iii) copies of the	1.79		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	400.000 NA 70	25/25/95
7.	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			900) 88887
9	the organization maintained a close and continuous working relationship with the supported organization(s).	2	197 March 19	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
ier.	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	l.	
7	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction <u>s</u>))	
2	Activities Test. Answer lines 2a and 2b below.			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		
ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2265
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	rganskij 1466	ostryky".
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			9)58
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard:	3b	mm () [25]	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	1 20,50
1	Check here if the organization satisfied the integral Part Test as a qualifyi			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	tion 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		ļ
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	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
.8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		· · · · · · · · · · · · · · · · · · ·
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	16		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(exolain in detail in Part VI):			
. 2	Acquisition indebtedness applicable to non-exempt-use assets	2	the state of the s	<u> </u>
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	 		
	see instructions).	4		
5.	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	· ····=	
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	<u>, u</u>		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting organ	ization (see
-	instructions)			negati (oso,

Schedule A (Form 990) 2021

SAN JOSE CHILDREN'S DISCOVERY MUSEUM

	dule A (Form 990) 2021 SAN JOSE CHILDREN'S				94-2870828	Page 7
Par	Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Yea	<u>r</u> .
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		. 1		;
2,	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	·	
6	Other distributions (describe in Part VI), See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which to	he organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10.	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	រុន	(iii) Distributable Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
_	able cause required - exolain in Part VI). See instructions.		•			
3	Excess distributions carryover, if any, to 2021					
	From 2016					
	From 2017					
	From 2018					
	From 2019					
	From 2020			S-160749		
	Total of lines 3a through 3e	Towns seems 2 feet to the common age to				
******	Applied to underdistributions of prior years		A CHANGE COMMISSION OF CONTRACT OF A CHANGE			
	Applied to 2021 distributable amount					
	Carryover from 2016 not applied (see instructions)			9.30%		
 i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D;					
. •	line 7:					
	Applied to underdistributions of prior years					302525-01
	Applied to 2021 distributable amount					
	Remainder, Subtract lines 4a and 4b from line 4.	The second reserved and the second second section is a second sec				
<u>_</u> _	Remaining underdistributions for years prior to 2021, if		y terror and are a situated as a section of the projection.	·		
Ģ	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.		:			
6	Remaining underdistributions for 2021. Subtract lines 3h			3178778°	Transfer and the second	13 14 90404 IS IS
0	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
		The second second and second s				
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c. Breakdown of line 7:			ministri Heriotori		
8	· · · · · · · · · · · · · · · · · · ·					Y SAN SAN SAN SAN SAN SAN SAN SAN SAN SAN
	Excess from 2017					
	Excess from 2018	\$5000000000000000000000000000000000000		en seddel Kanasya		
	Excess from 2019					30000000000000000000000000000000000000
	Excess from 2020					
e	Excess from 2021	 Province Process (SERGO) in the SERGO SER	processors accessors section and accessors and a second accessors an	OWNERS AND	- 151 (140) 51-52(145) (140) (150) (150)	contract the state of

Schedule A (Form 990) 2021

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. Name of the organization Employer identification number SAN JOSE CHILDREN'S DISCOVERY MUSEUM 94-2870828 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6... (a) Donor advised funds (b) Funds and other accounts-Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year _____ [Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2ċ d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure fisted in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1

organization's accounting for conservation easements.

(ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132051 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

2,653,032.

5 096 238.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

11,189,619,

13,842,651.

Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
2) Closely held equity interests (3) Other			
(A)			•
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			•
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		Line 1 to the property of the property of the second secon	2
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
_(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		· · · · · · · · · · · · · · · · · · ·	
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		e de la companya del companya de la companya del companya de la co	egulyan Mewy see samaa
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11d, See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) DONATED RENT RECEIVABLE			8,307,265
(2) OTHER CURRENT ASSETS			3,870
(3)		· "	· · · · · · · · · · · · · · · · · · ·
(4)			
(5)	·		
(6)			
(7)			
(8)	·		
(9)	·····		
fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		8,311,135
Part X Other Liabilities.		1	, ,
Complete if the organization answered "Yes" or	n Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25.	
(a) Description of liability			(b) Book válue
(1) Federal income taxes			
(2) CUSTOMER DEPOSITS			2 000
(3) ECONOMIC INJURY DISASTER LOAN			150,000
(4)	•		· · · · · · · · · · · · · · · · · · ·
(5)			
(6)			
(7)			
(8)			
(9)			
· ,-		<u> </u>	152,000
otal. (Column (b) must equal Form 990. Part X. col. (B) line 2 Liability for uncertain tax positions. In Part XIII, provide th			
organization's liability for uncertain tax positions under F.	· ·		
- 2-3-magnetic manney for propertient tex positions differ 1)	WOLFIGO 1 TO, OHECK HEL	2 if the toye of the locators (192 healt bio.	FREE OFF BLEVIER

Schedule D (Form 990) 2021

1 Total revenue, gains, and other support per audited financial statements		V. 1	1	6,449,438
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		***************************************	A.3.46	•
a Net unrealized gains (losses) on investments	2a	-275,702.		
b Donated services and use of facilities		575,867.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	300,165
3 Subtract line 2e from line 1			3	6,149,273
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1-11-18-9-01-4-0-10-0-10-0	2333	· · · · · · · · · · · · · · · · · · ·
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	1,600.		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	1,600
5 Total revenue, Add fines 3 and 4c. (This must equal Form 990, Part I, line 12			5	6,150,873
Part XII Reconciliation of Expenses per Audited Financial St	atements With I	xpenses per F		
Complete if the organization answered "Yes" on Form 990, Part IV, lii	ne 12a.	•	·	
Total expenses and losses per audited financial statements			1	6,546,069
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		,		
a Donated services and use of facilities	2a [958 259		
b Prior year adjustments				
c. Other losses				
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	958,259
3 Subtract line 2e from line 1	e est dis a se trata e resea e a e estat estat e a fre a signa e ata e	dennique en en en en en en en en en en en en en	3	5,587,810
	خىدونىيى وسورىيى بالاستاندانية		3	3,507,010
	1.4-1	1,600,		
a Investment expenses not included on Form 990, Part VIII, line 7b		1,000,		
b Other (Describe in Part XIII.)	•		4:34	1 500
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			4c.	1,600 5,589,410
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an			Part X, III	e 2; Part XI,
PART V, LINE 4:				
THE INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS IS TO GENE	RATE INCOME			
FOR VARIOUS PROGRAMS.		·		
PART X, LINE 2:				
UNCERTAINTY IN INCOME TAXES:				
GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING A	ND DISCLOSURE			
GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX	RETURNS THAT			
MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIO	ns and			
BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE MUSEUM IN ITS	PEDERAL AND			
STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NO	т то ве			

Rart XIII Supplemental Information (continued)	94-2870828	Page 5
Cappiemental Information (continued)		
SUSTAINED UPON EXAMINATION.		
	· · · · · · · · · · · · · · · · · · ·	·
THE MUSEUM'S FEDERAL RETURNS FOR THE YEARS ENDED AUGUST 31, 2021, 2020,		
AND 2019 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES.		
		·
GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THE MUSEUM'S STATE RETURNS	<u> </u>	
FOR THE YEARS ENDED AUGUST 31, 2021, 2020, 2019, AND 2018 COULD BE SUBJECT		
		·····
TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER		
THEY ARE FILED.		
	-	
		
	-	
		
	· · · · · · · · · · · · · · · · · · ·	
	- 	 .

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number SAN JOSE CHILDREN'S DISCOVERY MUSEUM 94-2870828 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e ____ Solicitation of non-government grants а Internet and email solicitations b Solicitation of government grants Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) fundraiser from activity organization contributions? listed in col. (i) MASE DGE LLC - 1735 INVERNESS Yes Νo DRIVE PETALUMA, CA 94954 EVENT PRODUCTION х 1,128,911. 1,185,491. 56,580. Total 1,185,491. 1 128 911. 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.

132081 10-21-21

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

Schedule G (Form 990) 2021

(event type) (event type) (total number) 1 Gross receipts 1,185,491. 2 Less: Contributions 1,133,691. 3 Gross income (line 1 minus line 2) 51,800. 4 Cash prizes 5 Noncash prizes 45,727. 6 Rent/facility costs 45,727. 7 Food and beverages 81,349. 8 Entertainment 26,600. 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.	(d) Total events (add col. (a) through col. (c)) 1,185,491, 1,133,691, 51,800, 46,727, 81,349, 26,600, 9,090, 163,766, -111,966, (d) Total gaming (add col. (a) through col. (c))
## CHILDREN AWARD (event type) (event type) (total number)	(add col. (a) through col. (c)) 1,185,491 1,133,691 51,800 46,727 81,349 26,600 9,090 163,756 -111,966 (d) Total gaming (add
1 Gross receipts 1,185,491. 2 Less: Contributions 1,185,491. 3 Gross income (line 1 minus line 2) 51,809. 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 45,727. 7 Food and beverages 81,349. 7 Food and beverages 81,349. 8 Entertainment 26,600. 9 Other direct expenses 9,090. 10 Direct expenses summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (c) Other gaming (c) Other gaming (c) Other gaming (c) Other gaming (c) Other gaming (d) Pull labs/instant bingo/progressive bingo (d) Other gaming (d) Other gamin	col. (c)) 1,185,491 1,133,691 51,800 46,727 81,349 26,600 9,090 163,766 -111,966
(event type) (event type) (total number)	1,185,491 1,133,691 51,800 46,727 81,349 26,600 9,090 163,766 -111,966
2 Less: Contributions 1,133,691. 3 Gross income (line 1 minus line 2) 51,800. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 45,727. 7 Food and beverages 81,349. 8 Entertainment 26,600. 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other garning (c)	1,133,691 51,800 46,727 81,349 26,600 9,090 163,766 -111,966
2 Less: Contributions 1,133,691. 3 Gross income (line 1 minus line 2) 51,809. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 45,727. 7 Food and beverages 81,349. 8 Entertainment 26,600. 9 Other direct expenses 9,090. 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3; column (d) 12 Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other garning (c)	1,133,691 51,800 46,727 81,349 26,600 9,090 163,766 -111,966
3 Gross income (line 1 minus line 2) 51,800. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 45,727. 7 Food and beverages 81,349. 8 Entertainment 26,600. 9 Other direct expenses 9,090. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2art III: Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c)	46,727 81,349 26,600 9,090 163,766 -111,966
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 1,349. 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming	46,727 81,349 26,600 9,090 163,766 -111,966 (d) Total gaming (add
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming	81,349 26,600 9,090 163,766 -111,966 (d) Total gaming (add
6 Rent/facility costs 7 Food and beverages 81,349. 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming	81,349 26,600 9,090 163,766 -111,966 (d) Total gaming (add
7 Food and beverages 81,349. 8 Entertainment 26,600. 9 Other direct expenses 9,090. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c)	81,349 26,600 9,090 163,766 -111,966 (d) Total gaming (add
8 Entertainment 26,600. 9 Other direct expenses 9,090. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c)	81,349 26,600 9,090 163,766 -111,966 (d) Total gaming (add
8 Entertainment 26,600. 9 Other direct expenses 9,090. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other garning (c)	26,600 9,090 163,766 -111,966 (d) Total gaming (add
8 Entertainment 26,600. 9 Other direct expenses 9,090. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c)	9,090 163,766 -111,966 (d) Total gaming (add
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bingo/progressive bingo (c) Other gaming co	
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1 Gross revenue	1 1
1 Gross revenue	
1 Global Artalia Annual	
2 Cash prizes	
	
3 Noncash prizes	
3 Noncash prizes	
3 Noncash prizes 4 Rent/facility costs	
5 Other direct expenses	
Yes% Yes% Yes%	
6 Volunteer labor No No	
7 Direct expense summary. Add lines 2 through 5 in column (d)	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)	
Enter the state(s) in which the organization conducts gaming activities:	
a is the organization licensed to conduct gaming activities in each of these states?	Yes No
b If "No," explain:	
a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes No
b If "Yes," explain:	
982 10-21-21 Schedul	

Sch	edule G (Form 990) 2021	SAN JOSE CHILDREN'S DISCO	VERY MUSEUM	94-2870828	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	
12	Is the organization a grantor, ben	eficiary or trustee of a trust, or a me	mber of a partnership or other entity formed		
				Yes	□ No
13	Indicate the percentage of gamin	activity conducted in:	***************************************		
				13a	%
					%
14	Enter the name and address of th	e person who prepares the organiza	tion's gaming/special events books and record	de la la la la la la la la la la la la la	<u>,,,,</u>
		- Parada Maria	and a garming opposit of a to books and local	20.	
	Name 🕨				
	Address >				
15 a	Does the organization have a con	ract with a third party from whom the	ne organization receives gaming revenue?	Yes	No.
Ŀ	If "Yes," enter the amount of gam	ng revenue received by the organiza	ation 🕨 \$ and the amo	ount.	
		third party ➤ \$			
C	If "Yes," enter name and address				
	Name >				
	Address ▶				
16	Gaming manager Information:				
10	Carning manager information.				
	Name >				
	Gaming manager compensation				
	Garning manager compensation 1	,			
	Description of services provided	•			
	Social position of the social provider of				

	Director/officer	Employee In	dépendent contractor		
17	Mandatory distributions:				
а	is the organization required under	state law to make charitable distribu	itions from the gaming proceeds to		
	The second of th			Yes	☐ No
þ			outed to other exempt organizations or spent in		•
	organization's own exempt activiti	es during the tax year 🕨 \$			
Pa	rt IV Supplemental Infor	nation. Provide the explanations	required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9,	9b, 10b,
		applicable. Also provide any additio			
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Schedule G (Form 990) SAN JOSE CHILDREN'S DISCOVERY MUSEUM	94-2870828	Page 4
Schedule G (Form 990) SAN JOSE CHILDREN'S DISCOVERY MUSEUM Part IV Supplemental Information (continued)		•
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

94-2870828

Name of the organization

SAN JOSE CHILDREN'S DISCOVERY MUSEUM

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract 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: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? X If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 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 \mathbf{x} 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

SAN JOSE CHILDREN'S DISCOVERY MUSEUM

Page 2

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

94-2870828

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).

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 1000 Miss	On 4 0000 First				
			compensation	grand rossined	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
ſ		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(c) (a)	ri Coudini (b) reported as deferred on prior Form 990
(1) MARIDES JENNINGS EXECUTIVE DISERVED	€	226,173.	30,000.	0.	0	13 382.	269 555	
(2) CHOSM CLASS		0.	0	0	0	0		9
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	8	143,820.	10,000.	0,	0	769 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0,
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Schedule J (Form 990) 2021

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

SAN JOSE CHILDREN'S DISCOVERY MUSEUM

Employer identification number 94-2870828

Check if applicable in the contribution of applicable in the contribution of applicable in the contribution of applicable in the contribution of applicable in the contribution of amounts reported on amounts	Pa	rt Types of Property				
Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Clars and other vehicles X 1 1 211. PMV Boats and planes Intellectual property Boats and planes Intellectual property Securities - Closely held stock Securities - Closely held stock Securities - Closely held stock Securities - Partnarship, LLC, or trust interests Securities - Partnarship, LLC, or trust interests Countified conservation contribution Historic structures Caudified conservation contribution Historic structures Historic structures Caudified conservation contribution Historic structures Caudified conservation contribution Historic structures Historic structures Historic structures Caudified conservation contribution Historic structures Historic structures Historic structures Caudified conservation contribution Historic structures			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining
2 Aft - Historical treasures 3 Aft - Fractional Interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 X 1 211, PWV 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 8 X 2 12, 960, PMV 9 Securities - Publicly traded 8 X 2 12, 960, PMV 9 Securities - Publicly traded 9 Securities	1	Art - Works of art].	*	
4 Books and publications 5 Clothing and household goods 6 Cars and other Vehicle 7 Seats and planes 8 Intellectual property 9 Securities - Publicly traded 7 Securities - Publicly traded 8 Securities - Publicly traded 8 Securities - Publicly traded 9 Securities - Publicly traded on Securities - Publicly traded on Securities - Publicly traded on Securities - Publicly traded on Securities - Publicly traded on Securities - Publicly traded on Securities - Publicly traded on Securities - Publicly traded on Securities - Publicly traded on Securities - Publicly traded on Securities - Publi	2	Art - Historical treasures				,
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During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked.	29					
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#15000001 Various #1500000	b	If "Yes," describe in Part II.	,	,		
#15000001 Table 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	ked,
				<u></u> .		

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

Schedule M (Form 990) 2021

132142 11-17-21

Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAN JOSE CHILDREN'S DISCOVERY MUSEUM

Employer identification number.

SAN JOSE CHILDREN'S DISCOVERY MUSEUM	94-2870828
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
EACH HOUSING 8-10 INTERACTIVE EXHIBITS THAT ADDRESS THE DISTINCTIVE	
NEED FOR CHILDREN TO LEARN THROUGH CONCRETE INTERACTIONS: AN ADJACENT	
30,000 SQUARE FOOT OUTDOOR NATURE EDUCATION CENTER, BILL'S BACKYARD:	
BRIDGE TO NATURE, OFFERS EXHIBIT SIGNAGE IN ENGLISH, SPANISH AND	
VIETNAMESE THAT FOCUSES VISITOR INTERACTIONS ON THE UNIQUENESS OF	
OUTDOOR PLAY, SUCH AS BUILD, ROLL, CLIMB, PLANT, AND OBSERVE, TO NAME A	
FEW. TEN DIFFERENT LOCAL SPECIES OF ANIMALS AND INSECTS WBRE CAST IN	
BRONZE AND PLACED APPROPRIATELY THROUGHOUT THE AREA TO ALLOW CHILDREN	
TO DISCOVER THEM IN THEIR NATURAL HABITAT. A 7,200-GALLON RAIN-HARVEST	
SYSTEM IS USED TO TRRIGATE THE NATIVE LANDSCAPE AND TO TEACH VISITORS	· · · · · · · · · · · · · · · · · · ·
ABOUT WATER CONSERVATION AT THE SAME TIME. BY BRINGING NATURE TO	and the second s
CHILDREN, CDM HOPES TO CREATE A SPARK SO THAT CHILDREN WILL THEN SEEK	
OUT OTHER OUTDOOR OPPORTUNITIES CLOSE TO THEIR HOME, AND BECOME	
ENVIRONMENTAL STEWARDS AS THEY GROW UP.	
THE MAJORITY OF CDM'S EXHIBITS ARE DESIGNED FOR CHILDREN TO AGE 10 AND	
THEIR PARENTS AND CAREGIVERS, WHILE THE WONDER CABINET SERVES THE NEEDS	
OF THE MUSEUM'S YOUNGEST VISITORS AS AN EARLY LEARNING ENVIRONMENT WITH	
EXHIBITS DESIGNED TO SUPPORT THE COGNITIVE, EMOTIONAL AND SOCIAL	m-remark.
DEVELOPMENT OF INFANTS, TODDLERS AND PRESCHOOLERS. WHETHER CHILDREN	
ARE ROLE PLAYING A FIREFIGHTER ON THE AUTHENTIC FIRE ENGINE IN THE	
STREETS OF SAN JOSE EXHIBIT, OR USING COLORFUL PLASTIC BALLS TO STUDY	
HOW WATER RUSHES AND FLOWS IN WATERWAYS, THEY ARE ACTIVELY ENGAGED IN	
LEARNING, INSPIRED BY THEIR OWN CURIOSITY TO INVESTIGATE HOW THINGS	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

132212 11-11-21

CONTINUING THE MUSEUM'S BOARD AND EXECUTIVE STAFF FOCUS ON OPERATING

FEASIBILITY IN TERMS OF MISSION AND FINANCIAL LIQUIDITY, COMMITMENTS

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Schedule O (Form 990) 2021

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EXPLORATORIUM TO IMPROVE STEM PARTICIPATION BY LATINX AUDIENCES

LEVERAGING CDM'S DECADE-LONG CCLI PLANNING AND IMPLEMENTATION WITH THE

132212 11-11-21

132212 11-11-21

WAY EVENING. A SMALL EVENT TO WHICH FAMILIES WITH CHILDREN ON THE

132212 . 11-11-21