

**Form 990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>CALIFORNIA ACADEMY OF SCIENCES</b>  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>55 MUSIC CONCOURSE DRIVE</b>  City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94118</b>  <b>F</b> Name and address of principal officer: <b>SCOTT SAMPSON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-1156258</b>  <b>E</b> Telephone number <b>(415) 379-5141</b>  <b>G</b> Gross receipts \$ <b>2,430,731,379.</b> <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		
<b>J</b> Website: ▶ <b>WWW.CALACADEMY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1904</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>44</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>44</b>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>743</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>777</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>90,603.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	32,916,896.	33,870,305.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,876,848.	15,835,906.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,014,625.	15,984,122.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	841,347.	764,316.
	<b>12</b>		<b>74,649,716.</b>	<b>66,454,649.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	98,103.	76,087.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	45,542,980.	48,034,278.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	119,402.	386.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,625,943.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,014,283.	38,217,162.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	91,774,768.	86,327,913.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-17,125,052.	-19,873,264.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	877,897,606.	804,050,299.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	368,201,690.	317,603,016.
<b>22</b>		<b>509,695,916.</b>	<b>486,447,283.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MIKE MCGEE, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>YONG ZHANG, CPA</b>	Preparer's signature <i>Yong Zhang</i>
	Firm's name ▶ <b>RSM US LLP</b>	Date <b>05/13/21</b>
	Firm's address ▶ <b>1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01249785</b>
		Firm's EIN ▶ <b>42-0714325</b>
		Phone no. <b>703-336-6400</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part 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: THE CALIFORNIA ACADEMY OF SCIENCES IS DEDICATED TO EXPLORING AND EXPLAINING THE NATURAL WORLD AND ADDRESSING THE CHALLENGE OF SUSTAINABILITY THROUGH ITS SCIENTIFIC RESEARCH AND EDUCATION INITIATIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 26,064,808. including grants of \$ 9,750. ) (Revenue \$ 2,191,338. ) EXHIBITS AND PUBLIC ENGAGEMENT: THE ALL-DIGITAL MORRISON PLANETARIUM USES SCIENTIFIC DATA TO SHARE CURRENT DISCOVERIES AND PRESENT IMMERSIVE SHOWS. THE GIANTS OF LAND AND SEA EXHIBIT CELEBRATES NORTHERN CALIFORNIA'S ICONIC NATURAL PHENOMENA LIKE REDWOODS, MARINE MAMMALS, AND FOG. THE COLOR OF LIFE EXHIBIT EXPLORES THE ROLE OF COLOR IN THE NATURAL WORLD WITH VIBRANT LIVE ANIMALS, SPECIMENS, AND IMMERSIVE INTERACTIVES. GEMS AND MINERALS UNEARTHED SHOWCASES SPECIMENS FROM THE ACADEMY'S RENOWNED GEOLOGY COLLECTION.

4b (Code: ) (Expenses \$ 17,757,748. including grants of \$ 17,410. ) (Revenue \$ 348,459. ) BIODIVERSITY SCIENCE AND SUSTAINABILITY: THE ACADEMY'S INSTITUTE FOR BIODIVERSITY SCIENCE AND SUSTAINABILITY (IBSS) IS AT THE FOREFRONT OF EFFORTS TO UNDERSTAND TWO OF THE MOST IMPORTANT TOPICS OF OUR TIME: THE NATURE AND FUTURE OF LIFE ON EARTH. IBSS IS HOME TO MORE THAN 100 SCIENTISTS, STATE-OF-THE-ART FACILITIES, AND NEARLY 46 MILLION SCIENTIFIC SPECIMENS FROM AROUND THE WORLD. IBSS ALSO LEVERAGES THE EXPERTISE AND EFFORTS OF MORE THAN 100 INTERNATIONAL ASSOCIATES AND 450 DISTINGUISHED FELLOWS. THROUGH EXPEDITIONS AROUND THE GLOBE, INVESTIGATIONS IN THE LAB, AND ANALYSIS OF VAST BIOLOGICAL DATASETS, THE INSTITUTE'S SCIENTISTS WORK TO UNDERSTAND THE EVOLUTION AND INTERCONNECTEDNESS OF ORGANISMS AND ECOSYSTEMS, THE THREATS THEY FACE AROUND THE WORLD, AND THE MOST EFFECTIVE STRATEGIES FOR REGENERATING

4c (Code: ) (Expenses \$ 12,277,771. including grants of \$ ) (Revenue \$ 12,295. ) AQUARIUM: THE STEINHART AQUARIUM IS HOME TO 38,000 LIVE ANIMALS FROM AROUND THE WORLD AND HOSTS THE LARGEST AND DEEPEST INDOOR CORAL REEF IN THE WORLD. THE FOUR-STORY RAINFOREST HAS FREE-FLYING BIRDS AND BUTTERFLIES AND EXOTIC REPTILES AND AMPHIBIANS. AFRICAN HALL IS HOME TO A COLONY OF AFRICAN PENGUINS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,104,056. including grants of \$ 48,927. ) (Revenue \$ 13,489,206. )

4e Total program service expenses 62,204,383.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 44 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 44		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, DC, FL, MA, NC, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶** \_\_\_\_\_  
**MIKE MCGEE - (415) 379-5141**  
**55 MUSIC CONCOURSE DRIVE, SAN FRANCISCO, CA 94118**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH R. PATTERSON CHAIR	2.00	X		X				0.	0.	0.
(2) MATTHEW BARGER VICE CHAIR	2.00	X		X				0.	0.	0.
(3) CHARLES MARSHALL PRESIDENT	2.00	X		X				0.	0.	0.
(4) TESSA HILL VICE PRESIDENT	2.00	X						0.	0.	0.
(5) VIRGINIA GOSS TUSHER SECRETARY	2.00	X		X				0.	0.	0.
(6) JOHN ADAMS TRUSTEE	0.50	X						0.	0.	0.
(7) ELIZABETH BLACKBURN TRUSTEE	1.00	X						0.	0.	0.
(8) DAN CARROLL TRUSTEE	0.50	X						0.	0.	0.
(9) HUIFEN CHAN TRUSTEE	0.50	X						0.	0.	0.
(10) FELICIA CHIU TRUSTEE	0.50	X						0.	0.	0.
(11) GRETCHEN C. DAILY TRUSTEE	1.00	X						0.	0.	0.
(12) TROY DANIELS TRUSTEE	1.00	X						0.	0.	0.
(13) WILLIAM F. DUHAMEL TRUSTEE	0.50	X						0.	0.	0.
(14) MARC EBBIN TRUSTEE	0.50	X						0.	0.	0.
(15) PETER FENTON TRUSTEE	0.50	X						0.	0.	0.
(16) CHRISTOPHER FIELD TRUSTEE	1.00	X						0.	0.	0.
(17) JACK FORESTELL TRUSTEE	0.50	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAURA FURSTENTHAL TRUSTEE	0.50	X						0.	0.	0.
(19) ADAM GAZZALEY TRUSTEE	1.00	X						0.	0.	0.
(20) NICK GIOVANNI TRUSTEE	0.50	X						0.	0.	0.
(21) KEVIN HARTZ TRUSTEE	0.50	X						0.	0.	0.
(22) NAUREEN HASSAN TRUSTEE	0.50	X						0.	0.	0.
(23) HAROLD MOONEY TRUSTEE	1.00	X						0.	0.	0.
(24) DAN JANNEY TRUSTEE	0.50	X						0.	0.	0.
(25) JAY KAHN TRUSTEE	0.50	X						0.	0.	0.
(26) DAVID M. KENNEDY TRUSTEE	0.50	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								4,198,222.	0.	385,584.
<b>d Total (add lines 1b and 1c)</b>								4,198,222.	0.	385,584.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **95**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RON FOTH RETAIL, INC. 8100 NORTH HIGH STREET, COLUMBUS, OH 43235	ADVERTISING SERVICES	5,231,017.
LOOKING POINT INC. PO BOX 398188, SAN FRANCISCO, CA 94139	IT SERVICES	965,622.
THE LUKENS COMPANY 2800 SHIRLINGTON ROAD, ARLINGTON, VA 22206	RESEARCH AND CONSULTING	745,577.
JOHN MURRAY PRODUCTIONS, INC 1196 32ND STREET, OAKLAND, CA 94608	EXHIBIT FABRICATION	476,050.
COMMERCIAL CONSTRUCTION AND IMPROVEMENT, 2 HENRY ADAMS STREET, SUITE M99, SAN	CONSTRUCTION SERVICES	382,282.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **34**

SEE PART VII, SECTION A CONTINUATION SHEETS



<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) SALMAN KHAN TRUSTEE	0.50	X						0.	0.	0.	
(28) JEFFREY KOSEFF TRUSTEE	1.00	X						0.	0.	0.	
(29) JANET LAMKIN TRUSTEE	0.50	X						0.	0.	0.	
(30) ZACK LARA TRUSTEE	0.50	X						0.	0.	0.	
(31) REBECCA LIN TRUSTEE	0.50	X						0.	0.	0.	
(32) MARIE LIPMAN TRUSTEE	0.50	X						0.	0.	0.	
(33) LAWRENCE MIAO TRUSTEE	0.50	X						0.	0.	0.	
(34) MICHAEL MILLMAN TRUSTEE	0.50	X						0.	0.	0.	
(35) KIRSTEN RHODES TRUSTEE	0.50	X						0.	0.	0.	
(36) MARTA SALAS-PORRAS TRUSTEE	0.50	X						0.	0.	0.	
(37) ADAM SAVAGE TRUSTEE	0.50	X						0.	0.	0.	
(38) ANDREW J. SCHWAB TRUSTEE	0.50	X						0.	0.	0.	
(39) NICHOLAS SIMON TRUSTEE	0.50	X						0.	0.	0.	
(40) GARY T. STEELE TRUSTEE	0.50	X						0.	0.	0.	
(41) GEISHA WILLIAMS TRUSTEE	0.50	X						0.	0.	0.	
(42) BILL YOUNGER TRUSTEE	0.50	X						0.	0.	0.	
(43) RON ZEFF TRUSTEE	0.50	X						0.	0.	0.	
(44) SCOTT SAMPSON EXECUTIVE DIRECTOR	40.00			X				165,795.	0.	8,097.	
(45) MIKE MCGEE INTERIM EXECUTIVE DIRECTOR AND CFO	40.00			X				453,356.	0.	33,773.	
(46) MELISSA FELDER CHIEF REVENUE & MARKETING OFFICER	40.00				X			319,466.	0.	44,290.	
Total to Part VII, Section A, line 1c .....											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Elizabeth Babcock, Scott Moran, Shannon Bennett, Isaac Kwon, Rebecca Schuett, Raul Del Barco, Jonathan Foley, Luiz Rocha, Margaret Lowman, William Shepherd III, and Michael Costanzo.

Total to Part VII, Section A, line 1c ..... 4,198,222. 385,584.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>	8,278,861.					
	<b>c</b> Fundraising events	<b>1c</b>	1,520,755.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	6,795,981.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	17,274,708.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,709,864.					
	<b>h Total.</b> Add lines 1a-1f			33,870,305.				
Program Service Revenue	<b>2 a</b> ADMISSIONS	<b>Business Code</b>						
		900099		11,864,368.	11,864,368.			
	<b>b</b> AUXILIARY ACTIVITIES	900099		3,971,538.	3,971,538.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			15,835,906.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			9,451,520.		90,603.	9,360,917.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties			262,649.	204,293.		58,356.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
					2370609617.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	2364077015.					
	<b>c</b> Gain or (loss)	<b>7c</b>	6,532,602.					
	<b>d</b> Net gain or (loss)			6,532,602.			6,532,602.	
<b>8 a</b> Gross income from fundraising events (not including \$ 1,520,755. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>							
				94,200.				
<b>b</b> Less: direct expenses	<b>8b</b>	199,715.						
<b>c</b> Net income or (loss) from fundraising events			-105,515.			-105,515.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			1,099.				
<b>b</b> Less: cost of goods sold	<b>10b</b>	0.						
<b>c</b> Net income or (loss) from sales of inventory			1,099.	1,099.				
Miscellaneous Revenue	<b>11 a</b> CAFE COMMISSIONS	<b>Business Code</b>						
		900099		606,083.			606,083.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			606,083.					
<b>12 Total revenue.</b> See instructions			66,454,649.	16,041,298.	90,603.	16,452,443.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	76,087.	76,087.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	4,583,807.	1,759,102.	2,526,845.	297,860.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	33,877,509.	25,763,974.	5,883,394.	2,230,141.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,185,283.	848,193.	259,183.	77,907.
<b>9</b> Other employee benefits .....	5,714,457.	4,089,289.	1,249,566.	375,602.
<b>10</b> Payroll taxes .....	2,673,222.	1,912,968.	584,547.	175,707.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	343,163.	68,191.	274,972.	
<b>c</b> Accounting .....	207,448.	7,007.	200,372.	69.
<b>d</b> Lobbying .....	72,950.		72,950.	
<b>e</b> Professional fundraising services. See Part IV, line 17	386.			386.
<b>f</b> Investment management fees .....	1,398,265.		1,398,265.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,273,813.	2,329,813.	796,842.	147,158.
<b>12</b> Advertising and promotion .....	3,687,344.	3,646,706.	33,396.	7,242.
<b>13</b> Office expenses .....	1,877,570.	1,310,848.	353,245.	213,477.
<b>14</b> Information technology .....	1,540,551.	1,051,108.	465,120.	24,323.
<b>15</b> Royalties .....	54,910.	25,509.	29,120.	281.
<b>16</b> Occupancy .....	3,069,648.	2,536,271.	508,042.	25,335.
<b>17</b> Travel .....	753,755.	581,552.	151,937.	20,266.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	110,720.	55,041.	51,887.	3,792.
<b>20</b> Interest .....	4,472,216.	3,644,297.	791,781.	36,138.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	12,749,812.	10,409,452.	2,236,547.	103,813.
<b>23</b> Insurance .....	545,909.		545,909.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EQUIPMENT	1,671,342.	1,151,873.	429,745.	89,724.
<b>b</b> PARTICIPANT SUPPORT	433,602.	429,342.	2,159.	2,101.
<b>c</b> ANIMAL SUPPORT	287,208.	284,618.	2,475.	115.
<b>d</b> FUNDRAISING EXP. LINE 8	-199,715.			-199,715.
<b>e</b> All other expenses	1,866,651.	223,142.	1,649,288.	-5,779.
<b>25</b> Total functional expenses. Add lines 1 through 24e	86,327,913.	62,204,383.	20,497,587.	3,625,943.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	19,408.	<b>1</b>	23,749.
	<b>2</b> Savings and temporary cash investments .....	5,500,019.	<b>2</b>	4,308,845.
	<b>3</b> Pledges and grants receivable, net .....	12,234,721.	<b>3</b>	6,885,654.
	<b>4</b> Accounts receivable, net .....	1,645,582.	<b>4</b>	845,269.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	87,844.	<b>5</b>	60,724.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,596,612.	<b>7</b>	324,471.
	<b>8</b> Inventories for sale or use .....	35,666.	<b>8</b>	34,178.
	<b>9</b> Prepaid expenses and deferred charges .....	660,523.	<b>9</b>	1,040,871.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 495,599,650.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 183,682,628.		
	<b>11</b> Investments - publicly traded securities .....	322,978,525.	<b>10c</b>	311,917,022.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	372,580,978.	<b>11</b>	325,930,392.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	103,681,711.	<b>12</b>	105,714,839.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	56,876,017.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	877,897,606.	<b>15</b>	46,964,285.	
		<b>16</b>	804,050,299.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,997,299.	<b>17</b>	5,724,243.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	6,595,636.	<b>19</b>	4,642,249.
	<b>20</b> Tax-exempt bond liabilities .....	279,267,932.	<b>20</b>	279,425,999.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	74,340,823.	<b>25</b>	27,810,525.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	368,201,690.	<b>26</b>	317,603,016.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	372,568,116.	<b>27</b>	351,796,948.
	<b>28</b> Net assets with donor restrictions .....	137,127,800.	<b>28</b>	134,650,335.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	509,695,916.	<b>32</b>	486,447,283.
<b>33</b> Total liabilities and net assets/fund balances .....	877,897,606.	<b>33</b>	804,050,299.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	66,454,649.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	86,327,913.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-19,873,264.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	509,695,916.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,230,071.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-145,298.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	486,447,283.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  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? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**  
**▶ Attach to Form 990 or Form 990-EZ.**

**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

<b>Name of the organization</b> CALIFORNIA ACADEMY OF SCIENCES	<b>Employer identification number</b> 94-1156258
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	46,321,748.	42,064,076.	46,599,481.	32,916,896.	33,870,305.	201,772,506.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	46,321,748.	42,064,076.	46,599,481.	32,916,896.	33,870,305.	201,772,506.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4,979,541.
<b>6 Public support.</b> Subtract line 5 from line 4.						196,792,965.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	46,321,748.	42,064,076.	46,599,481.	32,916,896.	33,870,305.	201,772,506.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	7,649,306.	7,793,976.	9,380,728.	12,312,462.	9,419,273.	46,555,745.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,002,999.	997,686.	1,251,577.	1,279,345.	700,283.	5,231,890.
<b>11 Total support.</b> Add lines 7 through 10						253,560,141.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	118,027,289.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	77.61 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	77.55 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CAFE COMMISSIONS

2015 AMOUNT: \$ 1,002,999.

2016 AMOUNT: \$ 997,686.

2017 AMOUNT: \$ 1,000,310.

2018 AMOUNT: \$ 1,035,775.

2019 AMOUNT: \$ 606,083.

FUNDRAISING

2017 AMOUNT: \$ 251,267.

2018 AMOUNT: \$ 243,570.

2019 AMOUNT: \$ 94,200.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number

94-1156258

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Name of organization  CALIFORNIA ACADEMY OF SCIENCES	Employer identification number  94-1156258
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,260,975.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,165,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 689,321.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 6,106,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCKS _____ _____ _____	\$ 1,260,975.	12/31/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  CALIFORNIA ACADEMY OF SCIENCES	Employer identification number  94-1156258
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">CALIFORNIA ACADEMY OF SCIENCES</p>	Employer identification number <p style="text-align: center;">94-1156258</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	76,509.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	76,509.													
<b>d</b>	Other exempt purpose expenditures	86,451,119.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	86,527,628.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	5,911.	2,905.	30,340.	76,509.	115,665.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	2,195.				2,195.

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

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

**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
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 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
a Total number of conservation easements .....	1
b Total acreage restricted by conservation easements .....	3,060,000.00
c Number of conservation easements on a certified historic structure included in (a) .....	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 0

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 0.

8 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)? .....

Yes  No

9 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 organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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.

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 .....

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

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

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	194,490,419.	193,049,579.	175,157,469.	156,821,589.	161,297,369.
<b>b</b> Contributions	249,853.	486,165.	11,793,083.	2,010,979.	9,548,382.
<b>c</b> Net investment earnings, gains, and losses	4,635,383.	9,661,586.	14,536,103.	23,304,184.	-8,417,245.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	9,025,177.	8,706,911.	8,437,076.	6,979,283.	5,023,650.
<b>f</b> Administrative expenses					583,267.
<b>g</b> End of year balance	190,350,478.	194,490,419.	193,049,579.	175,157,469.	156,821,589.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  36.00 %
  - b** Permanent endowment  49.00 %
  - c** Term endowment  15.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes       | No                                  |
|--|-----------|-------------------------------------|
| <b>(i)</b> Unrelated organizations   |           | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations  |           | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <b>3b</b> |                                     |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		710,000.		710,000.
<b>b</b> Buildings		440,184,133.	152,004,581.	288,179,552.
<b>c</b> Leasehold improvements		2,635,380.	1,297,391.	1,337,989.
<b>d</b> Equipment		30,001,560.	23,458,188.	6,543,372.
<b>e</b> Other		22,068,577.	6,922,468.	15,146,109.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				311,917,022.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) EXCHANGE TRADED FUNDS	4,009,670.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE & OTHER	976,307.	END-OF-YEAR MARKET VALUE
(C) INVESTMENTS HELD IN TRUST	5,634,873.	END-OF-YEAR MARKET VALUE
(D) EQUITY HEDGE FUNDS	17,808,371.	END-OF-YEAR MARKET VALUE
(E) ABSOLUTE RETURN POOLED FUNDS	59,626,563.	END-OF-YEAR MARKET VALUE
(F) PRIVATE EQUITY INVESTMENTS	17,659,055.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	105,714,839.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM INVESTMENTS	46,964,285.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	46,964,285.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	1,953,527.
(3) OTHER LONG-TERM LIABILITIES	208,157.
(4) PAYABLE FOR INVESTMENTS PURCHASED	17,542,096.
(5) PAYCHECK PROTECTION PROGRAM LOAN	8,106,745.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,810,525.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	61,880,730.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-3,230,071.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	54,417.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-3,175,654.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	65,056,384.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,398,265.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,398,265.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	66,454,649.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	85,129,363.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	199,715.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	199,715.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	84,929,648.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,398,265.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,398,265.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	86,327,913.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5:

THE ORGANIZATION MONITORS DEED RESTRICTIONS OF THE CONSERVATION EASEMENT.

THE PURPOSE OF THE DEED RESTRICTION IS TO PRESERVE AND PROTECT THE OPEN

SPACE, NATURAL, ECOLOGICAL AND SCENIC VALUES OF THE PROPERTY AND TO

PREVENT ANY USE OF THE PROPERTY THAT WILL SIGNIFICANTLY IMPAIR OR DEGRADE

THOSE VALUES.

PART II, LINE 9:

THE LAND IS BEING HELD FOR PRESERVATION PURPOSES, THEREFORE, REVENUE

GENERATING ACTIVITIES ARE NOT TAKING PLACE ON THE LAND. THE EXPENSES

RELATED TO MONITOR OR ENFORCE THE EASEMENT ARE RECORDED IN THE PERIOD

INCURRED AS AN OPERATING EXPENSE.

**Part XIII** Supplemental Information (continued)

PART III, LINE 1A:

CONTRIBUTIONS OF LIVING AND OTHER COLLECTIONS HELD AS PART OF A COLLECTION

- FOR EDUCATION, RESEARCH OR PUBLIC EXHIBITION RATHER THAN FOR SALE - ARE

NOT RECOGNIZED OR CAPITALIZED. SUCH ITEMS WHICH HAVE BEEN ACQUIRED THROUGH

PURCHASE HAVE SIMILARLY NOT BEEN CAPITALIZED.

PART III, LINE 4:

THE LIBRARY COLLECTION CONSISTS OF RARE BOOKS. CONTRIBUTIONS OF LIVING AND

OTHER SPECIMENS HELD AS PART OF A COLLECTION - FOR EDUCATION, SCIENCE OR

PUBLIC EXHIBITION RATHER THAN FOR SALE - ARE NOT RECOGNIZED OR

CAPITALIZED.

PART V, LINE 4:

THE INTENDED USES OF THE ACADEMY'S ENDOWMENT FUNDS ARE A BALANCE BETWEEN

PROVIDING CURRENT PURPOSE RESTRICTED PROGRAM FUNDING, CURRENT OPERATING

FUNDING, AND PRESERVATION OF THE ENDOWMENT TO ENSURE THE AVAILABILITY OF

FUNDS FOR FUTURE OPERATIONS OF THE ACADEMY.

PART X, LINE 2:

THE ACADEMY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF

SECTION 501(A) OF THE INTERNAL REVENUE CODE ("IRC" OR "THE CODE") AS AN

ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3) AND IS NOT CLASSIFIED AS A

PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ACADEMY IS ALSO A

PUBLIC-BENEFIT, TAX-EXEMPT CORPORATION UNDER THE LAWS OF THE STATE OF

CALIFORNIA AND IS THEREFORE EXEMPT FROM CALIFORNIA INCOME AND FRANCHISE

TAXES ON OPERATIONS RELATED TO ITS EXEMPT PURPOSE AND ANY EXCLUDABLE

INVESTMENT INCOME.

**Part XIII** Supplemental Information *(continued)*

THE ACADEMY FILES U.S. EXEMPT ORGANIZATION RETURNS AND, AS APPLICABLE,  
UNRELATED BUSINESS INCOME TAX RETURNS IN FEDERAL AND STATE JURISDICTIONS.

THE ACADEMY'S TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2016, 2017, 2018,  
AND 2019 ARE OPEN FOR POTENTIAL IRS/STATE TAX BOARD EXAMINATION. THE  
PARTNERSHIP FILES U.S. PARTNERSHIP TAX RETURNS AND, AS APPLICABLE, INCOME  
TAX RETURNS IN STATE JURISDICTIONS. THE PARTNERSHIP'S TAX RETURNS FOR THE  
YEARS ENDED DECEMBER 31, 2016, 2017, 2018, AND 2019 ARE OPEN FOR POTENTIAL  
IRS/STATE TAX BOARD EXAMINATION. TO DATE, NEITHER THE ACADEMY NOR THE  
PARTNERSHIP HAVE BEEN NOTIFIED BY TAXING AUTHORITIES OF ANY PENDING  
EXAMINATION.

THE ACADEMY FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS  
BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, "ACCOUNTING  
FOR UNCERTAINTY IN INCOME TAXES". MANAGEMENT EVALUATED THE ACADEMY'S TAX  
POSITIONS AND CONCLUDED THAT THERE WERE NO MATERIAL UNCERTAINTIES IN  
INCOME TAXES AS OF JUNE 30, 2020 OR 2019.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INVESTMENTS HELD IN TRUST	-145,298.
FUNDRAISING EVENT EXPENSES	199,715.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	54,417.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	199,715.
----------------------------	----------

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization  CALIFORNIA ACADEMY OF SCIENCES	Employer identification number  94-1156258
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	FIELDWORK AND EXAMINE SPECIMENS	1,987.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	FIELDWORK AND EXAMINE SPECIMENS	148,760.
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	EXAMINE SPECIMENS AND WORKSHOPS	28,431.
NORTH AMERICA			PROGRAM SERVICES	FIELDWORK AND EXAMINE SPECIMENS	18,672.
SOUTH AMERICA			PROGRAM SERVICES	FIELDWORK AND EXAMINE SPECIMENS	79,429.
SUB-SAHARAN AFRICA	1	4	PROGRAM SERVICES	FIELDWORK AND EXAMINE SPECIMENS	79,396.
<b>3 a</b> Subtotal .....	1	4			356,675.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	4			356,675.

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

Schedule F (Form 990) 2019

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS.

PART I, LINE 3

FOR MORE THAN 160 YEARS, THE ACADEMY HAS TRAVELED THE GLOBE, COLLECTING

ALL MANNER OF ROCKS AND ORGANISMS THAT CONTINUALLY TEACH US ABOUT WHERE

WE'VE COME FROM AND WHERE WE ARE GOING. DIGGING, DIVING, AND

DISCOVERING, ACADEMY SCIENTISTS HAVE LED EXPEDITIONS TO DOCUMENT THE

PLANET'S DIVERSE FLORA AND FAUNA.

THE MADAGASCAR BIODIVERSITY CENTER (MBC) IS A MALAGASY NGO FUNDED AND

MANAGED BY THE CALIFORNIA ACADEMY OF SCIENCES. THE CENTRAL MISSION OF

MBC IS TO IMPROVE AND ACCELERATE INDIVIDUAL AND INSTITUTIONAL CAPACITY

IN BIODIVERSITY RESEARCH IN MADAGASCAR. THE CENTER INCLUDES TRAINING

FACILITIES FOR MALAGASY STUDENTS AND PROVIDES AN ENVIRONMENT WHERE

MALAGASY SCIENTISTS CAN PARTICIPATE IN CONSERVATION DECISION-MAKING.

MBC HAS ESTABLISHED COLLABORATIONS WITH PARC BOTANIQUE ET ZOOLOGIQUE DE

TSIMBAZAZA, ASSOCIATION NATIONALE POUR LA GESTION DES AIRES PROTEGEES,

AND INTERNATIONAL CONSERVATION AGENCIES IN MADAGASCAR TO ENSURE THAT

OUR RESULTS WILL BE CONSIDERED AS THEY DESIGN PRIORITY AREAS, MODEL

CLIMATE CHANGE, OR MANAGE LOCAL PARKS.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number

94-1156258

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

- 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.
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BIG BANG GALA (event type)	SUPERNATURAL (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	1,342,493.	272,462.		1,614,955.
	<b>2</b> Less: Contributions .....	1,342,493.	178,262.		1,520,755.
	<b>3</b> Gross income (line 1 minus line 2) .....		94,200.		94,200.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	9,890.	14,691.		24,581.
	<b>7</b> Food and beverages .....	5,114.	85,607.		90,721.
	<b>8</b> Entertainment .....	2,300.	7,150.		9,450.
	<b>9</b> Other direct expenses .....	36,290.	38,673.		74,963.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				199,715.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-105,515.	

**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 gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2019)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO STUDENTS FOR STUDY AND RESEARCH	71	76,087.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PARTICIPANTS WORK CLOSELY WITH THEIR DEPARTMENTAL ADVISER, WHO IS REQUIRED

TO SUBMIT REPORTS DESCRIBING PROJECT OUTCOMES THROUGHOUT THE TERM OF THE

SCHOLARSHIP OR ASSISTANCE.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number

94-1156258

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence              |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees                |
| <input type="checkbox"/> Discretionary spending account            | <input checked="" type="checkbox"/> 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT SAMPSON EXECUTIVE DIRECTOR	(i)	135,160.	30,000.	635.	0.	8,097.	173,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIKE MCGEE INTERIM EXECUTIVE DIRECTOR AND CFO	(i)	391,109.	61,143.	1,104.	2,699.	31,074.	487,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELISSA FELDER CHIEF REVENUE & MARKETING OFFICER	(i)	318,362.	0.	1,104.	13,250.	31,040.	363,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH BABCOCK CHIEF PUBLIC ENGAGEMENT OFFICER	(i)	317,864.	0.	1,104.	13,250.	22,912.	355,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SCOTT MORAN (06/28/19) SENIOR DIRECTOR, EXHIBITS	(i)	153,837.	0.	140,726.	7,746.	5,557.	307,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHANNON BENNETT CHIEF OF SCIENCE & SUSTAIN	(i)	292,097.	0.	1,014.	13,250.	453.	306,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ISAAC KWON COO & AND HEAD OF GOVERNME	(i)	272,290.	0.	1,029.	13,036.	22,547.	308,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) REBECCA SCHUETT INTERIM CHIEF PHILANTHROPY	(i)	224,734.	40,000.	818.	11,114.	21,194.	297,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RAUL DEL BARCO CHIEF HUMAN RESOURCES OFFICER	(i)	233,885.	0.	1,515.	9,426.	10,189.	255,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JONATHAN FOLEY (06/30/19) FMR EXEC. DIR. & SR. SCHOLAR	(i)	342,177.	0.	307,502.	13,246.	14,455.	677,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LUIZ ROCHA ASSOCIATE CURATOR, ICTHYOLOGY	(i)	237,868.	0.	509.	10,672.	27,748.	276,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARGARET LOWMAN (12/13/19) SR. CURATOR & LINDSAY CHAIR OF BOTAN	(i)	232,688.	0.	4,400.	2,398.	2,743.	242,229.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) WILLIAM SHEPHERD III SR. DIR OF STEINHART AQUARIUM	(i)	228,850.	0.	505.	10,676.	30,235.	270,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MICHAEL COSTANZO GENERAL COUNSEL AND DIRECTOR OF SECU	(i)	223,372.	0.	821.	11,141.	25,436.	260,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

HOUSING ALLOWANCE" AS A CONDITION OF EMPLOYMENT, THE EXECUTIVE DIRECTOR IS

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

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

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

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

NOT TREATED AS TAXABLE COMPENSATION TO THE EXECUTIVE DIRECTOR. EMERGENCIES

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

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

HOUSING AND ASSOCIATED PERSONAL SERVICES ARE NOT TREATED AS TAXABLE

COMPENSATION TO THE EXECUTIVE DIRECTOR.

JONATHAN FOLEY, FORMER EXECUTIVE DIRECTOR AND SENIOR SCHOLAR, RECEIVED

TAXABLE HOUSING BENEFITS \$169,676 DURING CALENDAR YEAR 2019.

PART I, LINES 4A-B:

ONE EMPLOYEE WHO RECEIVED A SEVERANCE PAYMENT FROM THE ORGANIZATION,

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

SCHEDULE J, PART II.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE TERMS AND CONDITIONS OF THE AGREEMENT ARE CONFIDENTIAL AND CAN BE MADE

AVAILABLE TO THE IRS UPON REQUEST. ALL AMOUNTS PAID DURING THE PERIOD

COVERED BY THIS RETURN, ARE APPROPRIATELY INCLUDED IN FORM 990, PART VII,

AND IN SCHEDULE J, PART II AS A PART OF REPORTABLE COMPENSATION REPORTED ON

HER RESPECTIVE FORM W-2.

JONATHAN FOLEY, FORMER EXECUTIVE DIRECTOR AND SENIOR SCHOLAR, RECEIVED

NON-QUALIFIED DEFERRED COMPENSATION IN THE FORM OF EMPLOYER CONTRIBUTIONS

TO A 457(F) RETIREMENT PLAN. THIS AMOUNT IS INCLUDED IN PART II, COLUMN (B)

IN THE AMOUNT OF \$197,274.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK	63-0304653	13034AZG8	08/01/18	70,370,000.	REFINANCING OF DEBT		X		X		X
<b>B</b> CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK	63-0304653	13034AZH6	08/01/18	70,360,000.	REFINANCING OF DEBT		X		X		X
<b>C</b> CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK	63-0304653	13034AZJ2	08/01/18	70,360,000.	REFINANCING OF DEBT		X		X		X
<b>D</b> CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK	63-0304653	13034AZK9	08/01/18	70,360,000.	REFINANCING OF DEBT		X		X		X

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired										
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	70,370,000.		70,360,000.		70,360,000.			70,360,000.		
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows	70,370,000.		70,360,000.		70,360,000.			70,360,000.		
<b>7</b> Issuance costs from proceeds										
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds										
<b>11</b> Other spent proceeds										
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2008		2008		2008		2008			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X		X	
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

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

Schedule K (Form 990) 2019

<b>Part III Private Business Use</b>								
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....								
<b>6</b> Total of lines 4 and 5 .....								
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X		X	

<b>Part IV Arbitrage</b>								
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....	X		X		X		X	
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....								
<b>b</b> Exception to rebate? .....								
<b>c</b> No rebate due? .....								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X		X		X	



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2019**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SHANNON BENNETT	CHIEF OF	HOME LOA		X	133,000.	27,818.		X	X		X	
LUIZ ROCHA	ASSOCIAT	HOME LOA		X	150,000.	32,906.		X	X		X	
<b>Total</b> .....						▶ \$	60,724.					

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

SEE PART V FOR CONTINUATIONS





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		457.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	1,696,620.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	9	12,787.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: 29

	Yes	No
30a 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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b 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, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION RECEIVED NONCASH CONTRIBUTIONS OF SCIENTIFIC  
SPECIMENS. AS ALLOWED UNDER SFAS 116, NO VALUE FOR THESE ITEMS WAS  
INCLUDED ON FORM 990, PART VIII, STATEMENT OF REVENUE, LINE 1G, BECAUSE  
THE ORGANIZATION DID NOT CAPITALIZE ITS COLLECTIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

CALIFORNIA ACADEMY OF SCIENCES

Employer identification number

94-1156258

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

TO EXPLORE, EXPLAIN, AND SUSTAIN LIFE USING THE RESOURCES OF OUR  
RESEARCH INSTITUTE, AQUARIUM, PLANETARIUM, NATURAL HISTORY MUSEUM, AND  
RAINFOREST TO SHARE SCIENTIFIC KNOWLEDGE WITH THE PUBLIC.

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

THROUGH EXPEDITIONS AROUND THE GLOBE AND INVESTIGATIONS IN THE LAB,  
ACADEMY SCIENTISTS STRIVE TO UNDERSTAND THE EVOLUTION AND  
INTERCONNECTEDNESS OF LIFE AND GUIDE CRITICAL CONSERVATION DECISIONS.

THROUGH EXHIBITIONS, EDUCATIONAL PROGRAMS, AND PARTNERSHIPS THAT  
ADDRESS THESE SAME TOPICS-ON-SITE, IN THE COMMUNITY, IN BIODIVERSITY  
HOTSPOTS AROUND THE WORLD, AND ONLINE-THE ACADEMY AIMS TO IGNITE  
CURIOSITY ABOUT THE NATURAL WORLD, INSPIRE AND MENTOR THE NEXT  
GENERATION OF SCIENTISTS AND EDUCATORS, CULTIVATE A MORE SCIENTIFICALLY  
LITERATE PUBLIC, AND KINDLE A COMMITMENT TO RESPONSIBLE STEWARDSHIP OF  
OUR PLANET.

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

THEM INTO THE FUTURE. THROUGH INNOVATIVE PARTNERSHIPS AND COMMUNITY  
ENGAGEMENT INITIATIVES, THEY ALSO GUIDE CRITICAL CONSERVATION DECISIONS  
WORLDWIDE, INSPIRE AND MENTOR THE NEXT GENERATION OF SCIENTISTS, AND  
FOSTER RESPONSIBLE STEWARDSHIP OF OUR PLANET SO THAT HUMANS AND NATURE  
CAN THRIVE TOGETHER.

Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
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## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION AND OUTREACH: THE ACADEMY IS AN INNOVATIVE LEADER IN EFFORTS TO INCREASE SCIENTIFIC AND ENVIRONMENTAL LITERACY WORLDWIDE. THE MUSEUM IS HOME TO SCIENCE EDUCATORS AND COMMUNICATORS AS WELL AS MORE THAN HIGHLY TRAINED DOCENTS WHO ENGAGE PEOPLE OF ALL AGES—BOTH HERE IN CALIFORNIA AND AROUND THE WORLD—IN THE SCIENTIFIC CONCEPTS AND ISSUES THAT WILL SHAPE OUR FUTURE. THROUGH INTENSIVE PARTNERSHIPS WITH SCHOOLS AND TEACHERS, INNOVATIVE PROGRAMS AND EXHIBITS FOR ALL AGES, ENGAGING ONLINE LEARNING AND DIGITAL MEDIA OFFERINGS, AND IMMERSIVE SCIENCE VISUALIZATION PRODUCTIONS, ACADEMY EDUCATORS INCREASE THE PUBLIC'S UNDERSTANDING AND APPRECIATION OF THE NATURAL WORLD AND INSPIRE PARTICIPANTS TO HELP SUSTAIN THE RICH DIVERSITY OF LIFE ON EARTH.

VOLUNTEERS HELP SUPPORT THE ACADEMY ANNUALLY AND PROVIDE A CONNECTION BETWEEN THE DIVERSE BAY AREA COMMUNITY AND THE ACADEMY'S MUSEUM, RESEARCH, AND ADMINISTRATION. AS ONE OF THE BAY AREA'S LEADING CULTURAL INSTITUTIONS DEDICATED TO OPENING ITS DOORS TO THE ENTIRE COMMUNITY, THE ACADEMY OFFERS A VARIETY OF FREE AND REDUCED ADMISSION OPPORTUNITIES AND ACCESS PROGRAMS TO SERVE ALL VISITORS.

EXPENSES \$ 3,479,018. INCLUDING GRANTS OF \$ 48,927. REVENUE \$ 162,976.

MEMBERSHIP: THE ACADEMY'S MEMBERSHIP PROGRAM PROVIDES YEAR ROUND ACCESS TO OUR OFFERINGS TO NEARLY 40,000 HOUSEHOLDS. THROUGH THEIR MONTHLY AND ANNUAL GIFTS, MEMBERS SUPPORT THE ACADEMY'S MISSION TO EXPLORE, EXPLAIN AND EXPLAIN LIFE ON EARTH. ON AVERAGE, ACADEMY MEMBERS VISIT BETWEEN TWO AND THREE TIMES A YEAR, PARTICIPATING IN OUR PUBLIC PROGRAMS, EXPLORING THE ICONIC EXHIBITS, SUCH AS THE STEINHART AQUARIUM AND RAINFOREST, ATTENDING WORKSHOPS AND LECTURES, AND SHARING THE

Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
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EXPERIENCE WITH THEIR FRIENDS AND FAMILIES. A SIGNIFICANT NUMBER OF THE

ACADEMY'S MEMBERS HAVE BEEN A PART OF THE ACADEMY "FAMILY" FOR MANY

GENERATIONS.

EXPENSES \$ 2,625,038. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ADMISSIONS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,326,230.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY RSM US LLP ("RSM"), BASED ON INFORMATION

PROVIDED BY THE ORGANIZATION'S STAFF. PRIOR TO FILING WITH THE IRS, THE

FORM 990 IS DISTRIBUTED TO THE TRUSTEES FOR THEIR REVIEW.

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

PERSONS COVERED: THE CODE OF CONDUCT, CONFLICT OF INTEREST AND

CONFIDENTIALITY POLICY SHALL APPLY TO THE CONDUCT OF ANY "INTERESTED

PERSON," AND ANY TRANSACTION OR ARRANGEMENT WITH AN "INTERESTED PERSON."

AN "INTERESTED PERSON" IS A TRUSTEE, AN OFFICER, AN EXECUTIVE DIRECTOR, A

HIGHLY COMPENSATED EMPLOYEE, A SUBSTANTIAL CONTRIBUTOR OR A MEMBER OF A

COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT

"FINANCIAL INTEREST". DETERMINATION OF CONFLICTS: ANY QUESTIONS WITH REGARD

TO A PARTICULAR CIRCUMSTANCE OR OCCURRENCE SHOULD BE ADDRESSED TO THE CHAIR

OF THE AUDIT COMMITTEE, WHO MAY CONSULT WITH LEGAL COUNSEL AS APPROPRIATE.

ACTUAL CONFLICTS REVIEWED: AS SOON AS IS PRACTICABLE AFTER DETERMINING THAT

A POTENTIAL CONFLICT OF INTEREST EXISTS, THE BOARD SHALL DELIBERATE THE

MATTER, AND THE POTENTIALLY INTERESTED PERSON, AFTER SUPPLYING SUCH

INFORMATION AS THE BOARD SHALL REQUEST, SHALL RECUSE HIMSELF OR HERSELF.

Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
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RESTRICTIONS IMPOSED: REQUIRE THAT THE INTERESTED PERSON LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT MAY CREATE THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:  
 THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION IS REVIEWED ANNUALLY. INCREASES IN PAY ARE RECOMMENDED CONSISTENT WITH GUIDELINES FOR ALL STAFF. THE CHAIRMAN OF THE BOARD RECOMMENDS AN INCREASE FOR THE EXECUTIVE DIRECTOR. THIS RECOMMENDATION IS BASED ON COMPENSATION DATA PREPARED BY THE ORGANIZATION'S ATTORNEYS. COMPENSATION DATA MAY INCLUDE A COMPENSATION SURVEY BY THE HAY GROUP AND 990 ORGANIZATIONS.

THE PERFORMANCE AND COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE REVIEWED ANNUALLY. THE EXECUTIVE DIRECTOR RECOMMENDS INCREASES THAT ARE CONSISTENT WITH THE GUIDELINES FOR THE REST OF STAFF AND REVIEWS THESE RECOMMENDATIONS WITH THE CHAIRMAN OF THE BOARD. COMPENSATION STUDIES FOR THESE POSITIONS MAY BE CONDUCTED BY THE HAY GROUP TO PROVIDE SUPPORT FOR RECOMMENDATIONS.

FORM 990, PART VI, SECTION C, LINE 19:  
 THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
 CHANGE IN VALUE OF INVESTMENTS HELD IN TRUST -145,298.

FORM 990, PART XII, LINE 2C

Name of the organization CALIFORNIA ACADEMY OF SCIENCES	Employer identification number 94-1156258
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THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND  
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL  
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP - 47-2271303, C/O CAMBRIDGE ASSOCIATES, 125	INVESTMENT	MA	CALIFORNIA ACADEMY OF SCIENCES	INVESTMENT	2,104,882.	181,342,142.		X	90,603.	X		99.99%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>	X	
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>	X	
<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP	B	3,500,000.	GAAP
<b>(2)</b>	CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP	R	10,160,967.	GAAP
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



**Part VII Supplemental Information**

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

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

CALIFORNIA ACADEMY OF SCIENCES ENDOLITH ENDOWMENT FUND, LP

EIN: 47-2271303

C/O CAMBRIDGE ASSOCIATES, 125 HIGH ST

BOSTON, MA 02110

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS	VARIOUS	SL	39.00	MM	16	368,557,245.			368,557,245.	02,972,987.			9,223,181	12,196,168.
	* 990 PAGE 10 TOTAL BUILDINGS						368,557,245.			368,557,245.	02,972,987.			9,223,181	12,196,168.
	MACHINERY & EQUIPMENT														
6	FURNITURE, EQUIPMENT, AND SOFTWARE	VARIOUS	200DE	7.00	HY	17	30,001,560.			30,001,560.	22,199,875.			1,258,313	23,458,188.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						30,001,560.			30,001,560.	22,199,875.			1,258,313	23,458,188.
	LAND														
1	LAND	VARIOUS	L				710,000.				710,000.			0.	
	* 990 PAGE 10 TOTAL LAND						710,000.				710,000.	0.		0.	0.
	OTHER														
3	AQUARIUM	VARIOUS	SL	39.00	MM	16	34,007,747.			34,007,747.	8,482,143.			940,141	9,422,284.
4	PLANETARIUM	VARIOUS	SL	39.00	MM	16	7,206,392.			7,206,392.	2,780,128.			633,980	3,414,108.
5	LIBRARY AND RARE BOOKS	VARIOUS	NC	.000	HY		12,526,087.			12,526,087.				0.	
7	PHONE AND INFORMATION TECHNOLOGY/ INFRASTRUCTURE	VARIOUS	200DE	5.00	HY	17	7,111,871.			7,111,871.	6,825,199.			97,269	5,922,468.
8	EXHIBIT HALLS	VARIOUS	SL	39.00	MM	16	30,412,749.			30,412,749.	26,558,273.			413,748	25,972,021.
9	CONSTRUCTION IN PROGRESS	VARIOUS	NC	.000	HY		2,430,619.			2,430,619.				0.	
10	TENANT IMPROVEMENTS	VARIOUS	SL	15.00			2,635,380.			2,635,380.	1,114,211.			183,180	1,297,391.
	* 990 PAGE 10 TOTAL OTHER						96,330,845.			96,330,845.	45,759,954.			2,268,318	43,028,272.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>CALIFORNIA ACADEMY OF SCIENCES</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>55 MUSIC CONCOURSE DRIVE</b>  City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94118</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>94-1156258</b>  <b>E</b> Unrelated business activity code (See instructions.)  <b>525990</b>
---	------------------------------	--	--

<b>C</b> Book value of all assets at end of year <b>804,050,299.</b>	<b>F</b> Group exemption number (See instructions.) ▶	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---	--

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 6 Describe the only (or first) unrelated trade or business here ▶ **PARTNERSHIP INVESTMENTS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **MIKE MCGEE** Telephone number ▶ **(415) 379-5141**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 7,047.		7,047.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> 83,556.	STMT 1	83,556.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 90,603.		90,603.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		500.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>		
<b>22</b> Depletion	<b>22</b>		
<b>23</b> Contributions to deferred compensation plans	<b>23</b>		
<b>24</b> Employee benefit programs	<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>		
<b>27</b> Other deductions (attach schedule) SEE STATEMENT 2	<b>27</b>		4,000.
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>		4,500.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>		86,103.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 3	<b>30</b>		9,302.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>		76,801.

<b>Part III Total Unrelated Business Taxable Income</b>			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	80,154.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	80,154.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>	36	79,792.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	362.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

<b>Part IV Tax Computation</b>			
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

<b>Part V Tax and Payments</b>			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	6,400.
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	12,569.
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	18,969.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	18,969.
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> 18,969. <b>Refunded</b>	56	0.

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>MADAGASCAR</b>	X	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b>		

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

<b>Signature of officer</b>	_____	<b>Date</b>	_____	<b>CFO Title</b>	_____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<b>Print/Type preparer's name</b>		_____		<b>Preparer's signature</b>	
<b>Paid Preparer Use Only</b>	<b>YONG ZHANG, CPA</b>				<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b>
	<b>Firm's name</b> <b>RSM US LLP</b>					<b>P01249785</b>
	<b>1861 INTERNATIONAL DRIVE, SUITE 400</b>				<b>Firm's EIN</b>	<b>42-0714325</b>
	<b>MCLEAN, VA 22102</b>				<b>Phone no.</b>	<b>703-336-6400</b>

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year .....	<b>1</b>		6 Inventory at end of year .....	<b>6</b>	
2 Purchases .....	<b>2</b>		7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	<b>7</b>	
3 Cost of labor .....	<b>3</b>				
4a Additional section 263A costs (attach schedule) .....	<b>4a</b>				
b Other costs (attach schedule) .....	<b>4b</b>				
5 <b>Total.</b> Add lines 1 through 4b .....	<b>5</b>		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.



**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
<b>Totals</b> .....		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

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

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

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	125,098.
CAS ENDOLITH ENDOWMENT FUND, LP - NET RENTAL REAL ESTATE INCOME	-992.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER NET RENTAL INCOME (LOSS)	33.
CAS ENDOLITH ENDOWMENT FUND, LP - INTEREST INCOME	668.
CAS ENDOLITH ENDOWMENT FUND, LP - DIVIDEND INCOME	527.
CAS ENDOLITH ENDOWMENT FUND, LP - ROYALTIES	26.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER PORTFOLIO INCOME (LOSS)	-82.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	-41,722.
<b>TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5</b>	<b>83,556.</b>

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
INCOME TAX PREPARATION FEES	4,000.
<b>TOTAL TO FORM 990-T, PAGE 1, LINE 27</b>	<b>4,000.</b>

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	306,305.	0.	306,305.	306,305.
<b>NOL CARRYOVER AVAILABLE THIS YEAR</b>			<b>306,305.</b>	<b>306,305.</b>

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16	23,147.	0.	23,147.	23,147.
06/30/17	36,033.	0.	36,033.	36,033.
06/30/18	20,612.	0.	20,612.	20,612.
NOL CARRYOVER AVAILABLE THIS YEAR			79,792.	79,792.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

1

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

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

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

Department of the Treasury  
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 211110

Describe the unrelated trade or business ▶

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <u>STATEMENT 5</u>		<b>5</b> -66,622.		-66,622.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> -66,622.		-66,622.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)		<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		0.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		-66,622.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		-66,622.

LHA **For Paperwork Reduction Act Notice, see instructions.**

**Schedule M (Form 990-T) 2019**

FORM 990-T (M)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 5

DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	13.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	-66,635.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-66,622.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

2

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

Department of the Treasury  
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 211120

Describe the unrelated trade or business ▶

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <u>STATEMENT 6</u>		<b>5</b>	-84,257.	-84,257.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b>	-84,257.	-84,257.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>21b</b>		
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)		<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		0.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		-84,257.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		-84,257.

LHA **For Paperwork Reduction Act Notice, see instructions.**

**Schedule M (Form 990-T) 2019**

FORM 990-T (M)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 6

DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	4,993.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	-89,250.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-84,257.



**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

3

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 211130

Describe the unrelated trade or business ▶

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <u>STATEMENT 7</u>		<b>5</b> 3,353.		3,353.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 3,353.		3,353.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)		<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		0.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		3,353.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		3,353.

LHA **For Paperwork Reduction Act Notice, see instructions.**

**Schedule M (Form 990-T) 2019**

FORM 990-T (M)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 7

DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	13,759.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	-10,406.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	3,353.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

4

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 532420

Describe the unrelated trade or business ▶

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <u>STATEMENT 8</u>		<b>5</b> -143,448.		-143,448.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> -143,448.		-143,448.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)		<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		0.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		-143,448.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		-143,448.

LHA **For Paperwork Reduction Act Notice, see instructions.**

**Schedule M (Form 990-T) 2019**

FORM 990-T (M)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 8

DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	-143,448.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-143,448.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

5

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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Department of the Treasury  
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 551112

Describe the unrelated trade or business ▶

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <u>STATEMENT 9</u>		<b>5</b>	-550.	-550.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b>	-550.	-550.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)		<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>	0.	
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>	-550.	
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>	0.	
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>	-550.	

LHA **For Paperwork Reduction Act Notice, see instructions.**

**Schedule M (Form 990-T) 2019**

FORM 990-T (M)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 9

DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - INTEREST INCOME	1.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	-551.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-550.

**Capital Gains and Losses**  
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 ▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2019**

Name  CALIFORNIA ACADEMY OF SCIENCES	Employer identification number  94-1156258
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				818.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	818.

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				685.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	5,544.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	6,229.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	818.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	6,229.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns .....	<b>18</b>	7,047.

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

**2019**  
 Attachment  
 Sequence No. **12A**

**▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.**  
**▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

Name(s) shown on return

**Social security number or taxpayer identification no.**

94-1156258

CALIFORNIA ACADEMY OF SCIENCES

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

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
 **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
 **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	CAS ENDOLITH ENDOWMENT FUND, LP							818.

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶

**818.**

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



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

**Social security number or taxpayer identification no.**  
94-1156258

CALIFORNIA ACADEMY OF SCIENCES

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.  
**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	CAS ENDOLITH ENDOWMENT FUND, LP							685.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								685.

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

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

OMB No. 1545-0184

**2019**  
 Attachment  
 Sequence No. **27**

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

CALIFORNIA ACADEMY OF SCIENCES

Identifying number  
 94-1156258

**1** Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	CAS ENDOLITH ENDOWMENT FUND, LP						5,544.
<b>3</b>	Gain, if any, from Form 4684, line 39						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows <b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						<b>7</b> 5,544.
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						<b>9</b> 5,544.

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


<b>11</b>	Loss, if any, from line 7	<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
<b>13</b>	Gain, if any, from line 31	<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
<b>17</b>	Combine lines 10 through 16	<b>17</b>
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
<b>18a</b>	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	
<b>18b</b>	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	