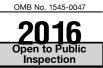
PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0957364

Form **990**

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

| AF | or th | e 2016 calendar year, or tax year beginning and | ending | | | | | | |
|--------------------------------|-----------------|--|---|----------------------------------|----------------------------------|--|--|--|--|
| B C a | heck if pplicab | e: C Name of organization | | D Employer identification number | | | | | |
| | Addre | | | | | | | | |
| | Name Chang | | | 95-3 | 501213 | | | | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | | |
| | Final Feturn | 480 N. ARROYO BOULEVARD | | 626- | 449-9144 | | | | |
| | termin ated | , , , , , , , , , , , , , , , , , , , | | G Gross receipts \$ | 6,024,357. | | | | |
| | Amen | PASADENA, CA 91105 | H(a) Is this a group re | | | | | | |
| | Applie tion | F Name and address of principal officer: MICHAEL SHANKLIIN | | for subordinates | ? Yes X No | | | | |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | | | | |
| | | empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (| or 527 | If "No," attach a | list. (see instructions) | | | | |
| | | te: KIDSPACEMUSEUM.ORG | | H(c) Group exemption | | | | | |
| | | f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨 | L Year | of formation: 1980 N | State of legal domicile: CA | | | | |
| Pa | rt I | Summary | | | | | | | |
| đ | 1 | Briefly describe the organization's mission or most significant activities: <u>NURT</u> | URE TH | E POTENTIAL | OF ALL | | | | |
| Activities & Governance | | CHILDREN THROUGH KID-DRIVEN EXPERIENCES. | | | | | | | |
| srna | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispos | sed of more | than 25% of its net ass | | | | | |
| ٥ ٧ | 3 | | | | 22 | | | | |
| ي م | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 22 114 | | | | |
| es | 5 | | otal number of individuals employed in calendar year 2016 (Part V, line 2a) | | | | | | |
| viti | 6 | Total number of volunteers (estimate if necessary) | | | 524 | | | | |
| Acti | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | ····· | 7b | 0. | | | | |
| | | | | Prior Year | Current Year | | | | |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 2,008,037. | 1,451,219. | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 2,653,307. | 2,825,414. | | | | |
| Sev | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 110,791. | -105,908. | | | | |
| - | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 164,709. | 252,989. | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 4,936,844. | 4,423,714. | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,236,576. 0. | 2,342,182. | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 70 | 0. | υ. | | | | |
| Хр | b | Total fundraising expenses (Part IX, column (D), line 25) • 459,9 | | 2,719,022. | 3,043,702. | | | | |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 4,955,598. | 5,385,884. | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -18,754. | -962,170. | | | | |
| ts ol | ~ | | | ginning of Current Year | End of Year | | | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 23,368,849. 3,582,132. | <u>22,108,543.</u> 3,306,456. | | | | |
| let A | 21 | Total liabilities (Part X, line 26) | | 19,786,717. | 18,802,087. | | | | |
| | 22 Irt II | Net assets or fund balances. Subtract line 21 from line 20 | | <u>19,100,111.</u> | 10,002,007. | | | | |
| | | | and statem | nte and to the best of mu | knowledge and belief it is | | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules | | | knowledge and bellet, it is | | | | |
| uue, | corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh | nun preparer | nas any knowledge. | | | | | |

| Sign Here | Signature of officer MICHAEL SHANKLIN, CEO Type or print name and title | | Date | | | | | | | |
|--------------|---|----------------------------|--|--|--|--|--|--|--|--|
| Paid | Print/Type preparer's name THOMAS SCHULTE | Preparer's signature Date | Check PTIN if self-employed P00637812 | | | | | | | |
| Preparer | Firm's name ARMANINO LLP | | self-employed P00637812 Firm's EIN ► 94-6214841 | | | | | | | |
| Use Only | Firm's address 12657 ALCOSTA BLY SAN RAMON, CA 94 | Phone no. 925 - 790 - 2600 | | | | | | | | |
| May the If | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | | |

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2016) KIDSPACE: A PARTICIPATORY MUSEUM 95-3501213 Page 2 |
|----------|--|
| Pa | rt III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | THE MISSION OF KIDSPACE CHILDREN'S MUSEUM IS TO NURTURE THE POTENTIAL |
| | OF ALL CHILDREN THROUGH KID-DRIVEN EXPERIENCES, INSPIRING THEM TO |
| | BECOME JOYFUL, ACTIVE LEARNERS. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| _ | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| 40 | revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,424,013. including grants of \$) (Revenue \$ 2,825,414.) |
| 4a | (Code:) (Expenses \$4,424,013. including grants of \$) (Revenue \$2,825,414.) AS THE PREMIER CHILDREN'S MUSEUM IN SOUTHERN CALIFORNIA, KIDSPACE |
| | PROVIDES INTERACTIVE NATURAL SCIENCE EXHIBITS AS WELL AS EDUCATIONAL |
| | ARTS AND CULTURAL PROGRAMMING THAT INVITES CHILDREN TO EXPLORE THE |
| | NATURAL WORLD, LEARN ABOUT SCIENCE, USE MATH, EXERCISE SOCIAL SKILLS, |
| | PRACTICE HEALTHY NUTRITIONAL HABITS, AND TAKE PART IN THE VISUAL AND |
| | PERFORMING ARTS. IN ADDITION, THE MUSEUM PRESENTS SPECIAL CULTURAL |
| | EVENTS THROUGHOUT THE YEAR SUCH AS BUTTERFLY RELEASE DAY, MLK DAY, |
| | PUMPKIN FESTIVAL, AND SNOW DAYS. |
| | |
| | THE MUSEUM IS RENOWNED FOR ITS SIGNATURE MULTIDISCIPLINARY APPROACH TO |
| | LEARNING, FOCUS ON ENVIRONMENTAL STEWARDSHIP AND NUTRITIONAL EDUCATION, |
| | AND FOR ARTISTIC PROGRAMMING THAT INSPIRES CREATIVITY AND CELEBRATES |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| <u></u> | |
| 4d | Other program services (Describe in Schedule O.) |
| <u> </u> | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 4,424,013. |
| 40 | Total program service expenses ► 4,424,013. Form 990 (2016) |
| | |

| 990 (2016) | KID |
|------------|-----|
| | |

 Form 990 (2016)
 KIDSPACE: A PARTICIPATORY MUSEUM

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-------|------|--------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | - v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 44.1 | | v |
| - | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 4 4 5 | | x |
| 100 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | | |
| 12d | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | - 23 | |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| ~ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G. Part III | 19 | | Х |

19 X Form 990 (2016)

| Form 990 (2 | | | | PARTICIPATORY | MUSEUM |
|-------------|----------------|----------------|-----|---------------|--------|
| Part IV | Checklist of R | equired Schedu | les | (continued) | |

| | | | Yes | No |
|-----|---|-----|-----|------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | <u>-</u> - |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| _ | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 37 | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | 1 |

Form 990 (2016)

| Form | 990 (2016) KIDSPACE: A PARTICIPATORY MUSEUM | | 95-3501 | 213 | P | age 5 | |
|------|---|----------|------------------|-----|-----|-------|--|
| Par | t 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 | | | | | | |
| | | | | | Yes | No | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 35 | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportal | ole gaming | | | | |
| | (gambling) winnings to prize winners? | | | 1c | Х | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 114 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ms? | • | 2b | Х | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction | | | | | | |
| 3a | | | | 3a | | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | - | 4a | | x | |
| b | If "Yes," enter the name of the foreign country: | | , | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccoun | ts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | | 5b | | X | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | - | | 6a | | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | | | | | | |
| | were not tax deductible? | | 0 | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| а | | | | | | | |
| b | b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | | |
| с | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | |
| | to file Form 8282? | | | | | | |
| d | d If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontrac | t? | 7e | | X | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | | 7f | | X | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 88 | 99 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation fi | e a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | d by th | e | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | - | | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | |
| | amounts due or received from them.) | 11b | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041 | ? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | |
| с | Enter the amount of reserves on hand | 13c | | | | | |
| 14a | Did the summing the time sector summaries for independent sectors in a sector during the terms of 0 | | | 14a | | X | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul | eO | | 14b | | | |

| Form | 990 | (2016) |
|------|-----|--------|
|------|-----|--------|

| | | 1. | | | res | INO | | |
|------------|---|-----------|------------------------|---------|-----|-------------|--|--|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | 22 | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 22 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi | p with a | ny other | | | | | |
| | officer, director, trustee, or key employee? | | | 2 | Х | <u> </u> | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under th | e direct | supervision | | | x | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form S | 990 was | s filed? | 4 | | X X | | |
| 5 | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | X | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | ppoint o | one or | | | | | |
| | more members of the governing body? | | | 7a | | X | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | tockho | ders, or | | | | | |
| | persons other than the governing body? | | | 7b | | X | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by the | following: | | | | | |
| а | The governing body? | | | 8a | Х | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | | X | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | iched a | t the | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | | | 9 | | X | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenue | Code.) | | | | | |
| | | | , | | Yes | No | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | | | |
| 11a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | |
| b | | | | | | | | |
| 12a | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | | | |
| с | | | | | | | | |
| | in Schedule O how this was done | , | | 12c | х | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | - | , | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | | | |
| b | Other officers or key employees of the organization | | | 15b | | X | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment w | th a | | | | | |
| | taxable entity during the year? | | | 16a | | X | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua | te its p | articipation | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | - | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | |
| Sec | tion C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 | r (Sectio | on 501(c)(3)s only) av | ailable | e | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | |
| | X Own website Another's website X Upon request Other <i>(explain in Schedule O)</i> | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | | , | financ | ial | | | |
| - | 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 bo | oks and | records: | | | | | |
| | MICHAEL SHANKLIN - 626-449-9144 | | · · · · · · | | | | | |
| | 480 N. ARROYO BLVD, PASADENA, CA 91103 | | | | | | | |
| 63200 | 3 11-11-16 | | | Form | 990 | (2016) | | |
| | | | | | | · · · · · / | | |

| Form 990 (2016) | KIDSPACE: | | | | | 95-350 | | |
|---------------------|----------------|------|-------------------------|-------------|------------------------------|------------------------|----------|----------|
| Part VI Governance, | Management, ar | nd [| Disclosure _F | or each "Ye | s" response to lines 2 throu | gh 7b below, and for a | a "No" i | response |

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

Section A. Governing Body and Management

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

95-3501213 Page 6

X

Yes No

| Part VII | Compensation of Officers, | Directors, | Trustees, | Key Employees, | Highest | Compensated |
|----------|---------------------------|------------|-----------|----------------|---------|-------------|
| | Employees, and Independe | ent Contra | ctors | | | |

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.

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

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

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|----------------------------|------------------------|-------------------------------|----------------------|-------------|--------------|---------------------------------|--------|-----------------|-----------------|------------------------------|
| Name and Title | Average | (do | | Pos | | ۱ than d | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pei | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer an | nd a d I | irecto | or/trus | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | es. | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | trust | | 98 | bens | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tr | tional | | voldu | t con | | | | and related organizations |
| | line) | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) J. KRISTOFFER POPOVICH | 2.00 | | _ | | | | - CL | | | |
| BOARD CHAIR | | x | | x | | | | 0. | 0. | 0. |
| (2) MARK MCKINLEY | 2.00 | | | | | | | | | |
| BOARD VICE PRESIDENT | | X | | X | | | | 0. | Ο. | 0. |
| (3) LAURA MOYLES-LABARGE | 2.00 | | | | | | | | | |
| BOARD SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (4) MIKE BRYANT | 2.00 | | | | | | | | | |
| BOARD TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) JASON BRIDGE | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (6) ANDRE CRONTHALL | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) LIZ DUBECK | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) GAIL ELLIS, PH.D. | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) STEPHEN FLAGG | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) SAMANTHA JESSNER | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) TRISHA FINK | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) DEBRA FIORI | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) AARON FYKE | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) MICHELLE HALL | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) KEVIN KOHORST | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) KEVIN MILLER | 2.00 | | | | | | | | | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (17) TRISHA NUR | 2.00 | | | | | | | _ | | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |

| Form 990 (2016) KIDSPACE | : A PAR'I | '1C | :Tb | A'I | 'OR | LΥ. | MU | ISEUM | 95-35 | 012 | 13 | Page 8 |
|--|-------------------|-------------------------------|----------------------|---------|--------------|---------------------------------|--------|---------------------------|------------------------------|------------|-----------------|---------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | d Hig | ghes | st C | ompensated Employee | s (continued) | | | |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | (F) | |
| Name and title | Average | | not ch | heck | | than o | | Reportable | Reportable | | Estima | |
| | hours per week | | , unles cer an | | | | | compensation | compensation from related | l . | amour | |
| | (list any | tor | | | | | Í | from the | organizations | | othe compens | |
| | hours for | direct | | | | 5 | | organization | (W-2/1099-MISC | | from t | |
| | related | tee or | ustee | | | ensate | | (W-2/1099-MISC) | , | , | organiz | ation |
| | organizations | l trus | nal tri | | oyee | omp(| | | | | and rel | |
| | below | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | organiza | ations |
| (18) CATHIE PARTRIDGE | line) | Ind | lns | Off | Key | e Hi | For | | | -+ | | |
| BOARD MEMBER | 2.00 | x | | | | | | 0. | | 0. | | 0. |
| (19) YLIANA PEREZ-GUERRERO | 2.00 | | | | | | | | | <u> </u> | | |
| BOARD MEMBER | | x | | | | | | 0. | | 0. | | 0. |
| (20) ORRIN SHIVELY | 2.00 | | | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | | 0. | | 0. |
| (21) JEFF SMITH | 2.00 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | 0. |
| (22) CARRIE WALKER | 2.00 | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | 0. |
| (23) PATTY RHEE | 2.00 | | | | | | | | | | | • |
| BOARD MEMBER RESIGNED | 2.00 | X | | | | | | 0. | | 0. | | 0. |
| (24) EMILY VIOLA BOARD MEMBER RESIGNED | 2.00 | x | | | | | | 0. | | 0. | | 0. |
| (25) MICHAEL SHANKLIN | 40.00 | | | | | | | 0. | | <u>•</u> + | | 0. |
| CEO | | | | х | | | | 170,613. | | 0. | 25.' | 752. |
| (26) CHRISTINE FRANKE | 40.00 | | | | | | | 2/0/0200 | | <u> </u> | / | |
| CHIEF DEVELOPMENT OFFICER | | 1 | | | | x | | 105,000. | | 0. | 5,0 | 040. |
| 1b Sub-total | • | | | | | | | 275,613. | | 0. | | 792. |
| c Total from continuation sheets to Part V | | | | | | | | 105,551. | | 0. | 4, | 296. |
| d Total (add lines 1b and 1c) | | | | | | | | 381,164. | | 0. | 35, | 088. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d at | ove | e) wh | o re | eceived more than \$100,0 | 000 of reportable | | | - |
| compensation from the organization | | | | | | | | | | | | 3 |
| | | | | | | | | | | Ē | Yes | s No |
| 3 Did the organization list any former officer | | | | | • | • | | • | | _ | | X |
| line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su | | | | | | | | | | | 3 | |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 | | | | | | | | | | | 4 X | - |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | – | | |
| rendered to the organization? If "Yes." con | | | | | - | | | • | | 🗖 | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated ind | lepe | nder | nt co | ontra | acto | rs th | nat received more than \$ | 100,000 of compe | ensatic | on from | |
| the organization. Report compensation for | the calendar ye | ear e | endin | ıg w | rith c | or wi | thin | the organization's tax ye | ear. | | | |
| (A) | | | | | | | | (B) | | 0 | (C) | |
| Name and business | | | | | | | | Description of s | ervices | Co | mpensat | ion |
| LEXINGTON ACQUISITION, IN | | 22 | 1 | | | | | | | | 110 | 212 |
| 12660 BRANFORD ST, ARLETA ADEX, INC., 1301 GLENDALE | | | | | | | - | EXHIBIT FABRI | LCATORS | | 418,3 | 545. |
| CINCINNATI, OH 45215 | 5 MILFOR | D | ĸD | ' | | | | EXHIBIT FABRI | | | 195,0 | იიი |
| GLENN BUILDING SERVICES, | TNC. | | | | | | - | GANIEDIT PADA. | | | <u></u> , | |
| PO BOX 92915, PASADENA, (| | | | | | | | JANOTORIAL SI | ERVICES | | 153,8 | 845. |
| | | | | | | | f | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncludina but na | ot lin | nited | to | thos | se lis | ted | above) who received mo | ore than | | | |

| Form 990 KIDSPAC | E: A PART | TIC | IP | PAT | 'OR | Y | MU | SEUM | 95-350 | 1213 |
|--|---|--------------------------------|---|---------|--|--|---|--|--|--|
| Part VII Section A. Officers, Directors, | Trustees, Key Er | nplo | yee | s, ai | nd H | ligh | est (| Compensated Employe | ees (continued) | |
| (A) Name and title | (B) Average hours | | (C) Position (check all that apply) | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | | | |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (27) MARYANN VIVIANO | 40.00 | | | | | | | | | 4 996 |
| CHIEF OPERATIONS OFFICER | | | | | | X | | 105,551. | 0. | 4,296. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | <u></u> | | | | | | 105,551. | | 4,296. |

| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
|---|------|--|----------------|--------------------|----------------------|---|---|---|
| ts S | 1 : | a Federated campaigns | 1a | | | | | |
| ran | I | b Membership dues | 1b | | | | | |
| ло С О | (| c Fundraising events | 1c | 269,167. | | | | |
| ìifts ar A | | d Related organizations | | | | | | |
| s, G milà | | e Government grants (contributio | | 31,177. | | | | |
| öö | | f All other contributions, gifts, grants | | | | | | |
| but | | similar amounts not included abov | e 1f | 1,150,875. | | | | |
| d off | 9 | g Noncash contributions included in lines 1a | a-1f: \$ | 353,036. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | h Total. Add lines 1a-1f | | ► | 1,451,219. | | | |
| | | | | Business Code | | | | |
| ė | 2 8 | a ADMISSIONS | | 900099 | 1,592,883. | 1,592,883. | | |
| e rci | I | b MEMBERSHIPS | | 900099 | 808,761. | 808,761. | | |
| i Se | (| c BIRTHDAY PROGRAM | | 900099 | 222,962. | 222,962. | | |
| ram leve | (| d EDUCATION CLASSES | | 611710 | 160,333. | 160,333. | | |
| Program Service Revenue | (| e OUTREACH | | 900099 | 28,475. | 28,475. | | |
| ā | | f All other program service rever | ue | 900099 | 12,000. | 12,000. | | |
| | | g Total. Add lines 2a-2f | | 🕨 | 2,825,414. | | | |
| | 3 | (U | | | | | | |
| | | other similar amounts) | | | 24,646. | | | 24,646. |
| | 4 | | • | | | | | |
| | 5 | Royalties | | | | | | |
| | • | | (i) Real | (ii) Personal | | | | |
| | | a Gross rents | 9,668 | | | | | |
| | | b Less: rental expenses | 9,668 | - | | | | |
| | | c Rental income or (loss) [d Net rental income or (loss) | , | | 9,668. | | | 9,668. |
| | | a Gross amount from sales of | (i) Securities | (ii) Other | 5,000. | | | 5,000. |
| | 1 | assets other than inventory | 936,831 | | | | | |
| | , | b Less: cost or other basis | ,001 | • | | | | |
| | | and sales expenses | 886,552 | . 180,833. | | | | |
| | | c Gain or (loss) | , | , | | | | |
| | | d Net gain or (loss) | , | , | -130,554. | | | -130,554. |
| | | a Gross income from fundraising | | | , | | | , |
| venue | | | 167. of | | | | | |
| eve | | contributions reported on line | | | | | | |
| Other Re | | Part IV, line 18 | | a 363,555. | | | | |
| the | I | b Less: direct expenses | | b 368,139. | | | | |
| 0 | | c Net income or (loss) from fundr | | > | -4,584. | | | -4,584. |
| | 9 a | a Gross income from gaming act | ivities. See | | | | | |
| | | Part IV, line 19 | | a 16,485. | | | | |
| | I | b Less: direct expenses | I | b 11,210. | | | | |
| | (| c Net income or (loss) from gamin | ng activities | 🕨 | 5,275. | | | 5,275. |
| | 10 a | a Gross sales of inventory, less r | eturns | | | | | |
| | | and allowances | | a <u>322,269</u> . | | | | |
| | | b Less: cost of goods sold | | b 153,909. | | | | |
| - | | c Net income or (loss) from sales | | > | 168,360. | | | 168,360. |
| ŀ | | Miscellaneous Revenue | | Business Code | 45.000 | | | 45 000 |
| | | a CAFE INCOME | | 722210 900099 | 45,003. | | | 45,003. |
| | | b MISCELLANEOUS | | 300033 | 29,267. | | | 29,267. |
| | | C | | | | | | |
| | | d All other revenuee Total. Add lines 11a-11d | | ► ► | 74,270. | | | |
| | 12 | | | ····· 5 | 4,423,714. | 2,825,414. | 0. | 147,081. |

Form 990 (2016)
Part VIII State

| 6) | KIDSPACE: | Α | PARTICIPATORY | MUSEUM |
|----|----------------------|---|---------------|--------|
| ; | Statement of Revenue | | | |

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

KIDSPACE: A PARTICIPATORY MUSEUM

| Sectio | on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons | | | nplete column (A). | |
|--------|---|-----------------------|------------------------------------|---|--------------------------------|
| | ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | · | | · · |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | 100 205 | 41 000 | 0.0 1.01 | |
| | trustees, and key employees | 196,365. | 41,236. | 86,401. | 68,728. |
| | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| | persons described in section 4958(c)(3)(B) | 1 000 670 | 1 166 121 | 101 500 | 220 700 |
| | Other salaries and wages | 1,808,672. | 1,466,434. | 121,530. | 220,708. |
| | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 190,840. | 158,985. | 10,183. | 21,672. |
| | Other employee benefits | 146,305. | 111,045. | 14,532. | 20,728. |
| | Payroll taxes | 140,303. | 111,045. | 14,552. | 20,120. |
| | Fees for services (non-employees): | 22,599. | | 22,599. | |
| | Management | 22,399. | | <u> </u> | |
| | | 45,290. | 12,559. | 30,420. | 2,311. |
| | Accounting | 45,250. | 12,555. | 50,420. | 2,511. |
| | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| - | column (A) amount, list line 11g expenses on Sch O.) | 56,730. | 42,364. | 13,555. | 811. |
| | Advertising and promotion | 321,537. | 320,706. | | 811. |
| | Office expenses | 158,976. | 130,159. | 20,970. | 7,847. |
| | Information technology | , | , | | • |
| | Royalties | | | | |
| | Occupancy | | | | |
| | Travel | 28,553. | 28,553. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 84,948. | | 84,948. | |
| | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 1,310,712. | 1,280,466. | 25,651. | 4,595. |
| | Insurance | 73,096. | 72,606. | 234. | 256. |
| | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| | EDUCATION EXPENSES | 349,223. | 346,357. | 1,100. | 1,766. |
| | MAINTENANCE AND JANITOR | 193,408. | 183,995. | 4,488. | 4,925. |
| | UTILITIES | 187,937. | 181,545. | 2,600. | 3,792. |
| | FUNDRAISING | 97,770. | , | ,, | 97,770. |
| | All other expenses | 112,923. | 47,003. | 62,688. | 3,232. |
| | Total functional expenses. Add lines 1 through 24e | 5,385,884. | 4,424,013. | 501,899. | 459,972. |
| | Joint costs. Complete this line only if the organization | | | - | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | · · · | | | | |

| IDSPACE: A PARTICIPATORY MUSEUM | |
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|---------------------------------|--|

95-3501213 Page 11

| Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, | (A) Beginning of year 863,655. 145,435. | | (B) End of year |
|--|---|---|---|
| Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, | Beginning of year 863,655. | | |
| Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, | | | |
| Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, | 145,435. | 1 | 1,189,690. |
| Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, | | 2 | 96,855. |
| Accounts receivable, net | 1,357,853. | 3 | 1,110,391. |
| Loans and other receivables from current and former officers, directors, | 6,379. | 4 | 14,338. |
| | | | |
| trustees, key employees, and highest compensated employees. Complete | | | |
| Part II of Schedule L | | 5 | |
| Loans and other receivables from other disqualified persons (as defined under | | | |
| section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Notes and loans receivable, net | | 7 | |
| Inventories for sale or use | 43,048. | 8 | 42,145. |
| Prepaid expenses and deferred charges | 32,951. | 9 | 35,457. |
| Land, buildings, and equipment: cost or other | | | |
| basis. Complete Part VI of Schedule D10a27,741,535.Less: accumulated depreciation10b10,229,601. | | | |
| Less: accumulated depreciation 10, 229, 601. | 18,122,295. | 10c | 17,511,934. |
| Investments - publicly traded securities | 2,122,925. | 11 | 1,454,333. |
| Investments - other securities. See Part IV, line 11 | | 12 | |
| Investments - program-related. See Part IV, line 11 | | 13 | |
| Intangible assets | | 14 | |
| Other assets. See Part IV, line 11 | 674,308. | 15 | 653,400. |
| Total assets. Add lines 1 through 15 (must equal line 34) | 23,368,849. | 16 | 22,108,543. |
| Accounts payable and accrued expenses | 336,457. | 17 | 271,285. |
| Grants payable | | 18 | 427 004 |
| Deferred revenue | 346,646. | 19 | 437,004. |
| Tax-exempt bond liabilities | | 20 | 1 |
| Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Loans and other payables to current and former officers, directors, trustees, | | | |
| key employees, highest compensated employees, and disqualified persons. | | | |
| Complete Part II of Schedule L | 2,899,029. | 22 | 2,598,167. |
| Secured mortgages and notes payable to unrelated third parties | 2,099,029. | 23 24 | 2,390,107. |
| Unsecured notes and loans payable to unrelated third parties | | 24 | |
| Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | 25 | |
| Schedule D Total liabilities. Add lines 17 through 25 | 3,582,132. | 26 | 3,306,456. |
| | 0,001,1011 | 20 | 0,000,1000 |
| | | | |
| | 15,296,722. | 27 | 15,049,646. |
| | | | 3,252,441. |
| | 500,000. | | 500,000. |
| | | | · · · · · · · · · · · · · · · · · · · |
| and complete lines 30 through 34. | | | |
| | | 30 | |
| | | 31 | |
| י מיש הי טי טמףונמי שנייףיטט, טי ומויע, טעוועוויוע, טי בעעוףוווכווג ועווע | | 32 | |
| Retained earnings, endowment, accumulated income, or other funds | 19,786,717. | 33 | 18,802,087. |
| | | — T | 22,108,543. |
| Org Col Un Ter Per Org and Ca | ganizations that follow SFAS 117 (ASC 958), check here X and mplete lines 27 through 29, and lines 33 and 34. restricted net assets | ganizations that follow SFAS 117 (ASC 958), check here ▶ X and mplete lines 27 through 29, and lines 33 and 34. restricted net assets mporarily restricted net assets ganizations that do not follow SFAS 117 (ASC 958), check here ▶ 3, 989, 995. ganizations that do not follow SFAS 117 (ASC 958), check here ▶ 3 d complete lines 30 through 34. pital stock or trust principal, or current funds id-in or capital surplus, or land, building, or equipment fund tained earnings, endowment, accumulated income, or other funds tal net assets or fund balances | ganizations that follow SFAS 117 (ASC 958), check here ▶ X and mplete lines 27 through 29, and lines 33 and 34. restricted net assets mporarily restricted net assets mporarily restricted net assets ganizations that do not follow SFAS 117 (ASC 958), check here ▶ 3, 989, 995. ganizations that do not follow SFAS 117 (ASC 958), check here ▶ 3 d complete lines 30 through 34. pital stock or trust principal, or current funds id-in or capital surplus, or land, building, or equipment fund tained earnings, endowment, accumulated income, or other funds |

Form 990 (2016)

Form 990 (2016) Part X Balance Sheet K]

| | 990 (2016) KIDSPACE: A PARTICIPATORY MUSEUM | 95- | <u>-3501</u> | 213 | Pa | _{.ge} 12 |
|----|---|---------|--------------|------|------------|-------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4 | ,42 | 3,7 | 14. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5 | ,38 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -96 | 2,1 | 70. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 19 | ,78 | 6,7 | 17. |
| 5 | Net unrealized gains (losses) on investments | 5 | | - | <u>1,5</u> | 51. |
| 6 | Donated services and use of facilities | 6 | | -2 | 0,9 | 09. |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 18 | ,80 | 2,0 | 87. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | О. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | | | | | |
| | Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red auc | it | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3b | 000 | |
| | | | | Form | 990 | (2016) |

| SCHEDULE A |
|------------|
|------------|

Department of the Treasury Internal Revenue Service

| (Form | 990 | or | 990- | EZ) |
|-------|-----|----|------|-----|
|-------|-----|----|------|-----|

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.

Form 990 or Form 990-EZ.

| | ZU IU |
|-----|-----------------------|
| | Open to Public |
| | Inspection |
| vor | identification number |

OMB No. 1545-0047

21-00

| Attach to F |
|--|
| Information about Schedule A (Form 990 o |

hedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Nam | e of t | the organization | | | | | | Employer | identification number | |
|----------|---|--|-------------------------|--|------------------------|------------------|-----------------|----------------|----------------------------|--|
| _ | KIDSPACE: A PARTICIPATORY MUSEUM 95-3501213 | | | | | | | | | |
| Pa | rt I | Reason for Public (| Charity Status 🖟 | All organizations must co | omplete th | is part.) Se | e instructions | s. | | |
| The | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck 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 sect | ion 170(b)(1)(A)(ii). | Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | nization described in s | ection 170 |)(b)(1)(A)(ii | i). | | | |
| 4 | | A medical research organiz | | | | | | .)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | X | An organization that norma | - | | | | | ne general r | public described in | |
| | | section 170(b)(1)(A)(vi). (C | - | | Ū | | | • | | |
| 8 | | A community trust describe | | 1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | | An agricultural research org | | | - | ed in conju | inction with a | land-grant | college | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | e or | |
| | | university: | | | | | | - | | |
| 10 | | An organization that norma | Ily receives: (1) more | than 33 1/3% of its sup | oort from a | contributio | ns, membersl | nip fees, an | d gross receipts from | |
| | | activities related to its exem | npt functions - subjec | ct to certain exceptions, | and (2) no | more than | 33 1/3% of it | ts support f | from gross investment | |
| | | income and unrelated busir | ness taxable income | (less section 511 tax) fro | m busines | sses acqui | red by the org | ganization a | after June 30, 1975. | |
| | | See section 509(a)(2). (Con | mplete Part III.) | | | | | | | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sa | fety. See | section 50 |)9(a)(4). | | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | he functior | ns of, or to ca | rry out the | purposes of one or | |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). C | Check the box in | |
| | | lines 12a through 12d that | describes the type of | f supporting organizatior | n and com | plete lines | 12e, 12f, and | l 12g. | | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | ported orga | anization(s), t | ypically by | giving | |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | upporting | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | tion with it | s supporte | d organizatio | n(s), by hav | ving | |
| | | control or management o | of the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | oorted | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| С | | Type III functionally inte | | | | | | ly integrate | ed with, | |
| | | its supported organization | | - | | | | | | |
| d | | Type III non-functionally | | | | | | - | | |
| | | that is not functionally int | | | • | | - | l an attentiv | /eness | |
| | | requirement (see instructi | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| е | | Check this box if the orga | | | | | Туре I, Туре | II, Type III | | |
| | - . | functionally integrated, or | • · | hally integrated supporting | ng organiz | ation. | | | | |
| Ť | | er the number of supported o | • | | | | | | | |
| <u> </u> | | vide the following information i) Name of supported | ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the org | anization listed | (v) Amount o | f monetary | (vi) Amount of other | |
| | `` | organization | () | (described on lines 1-10 | in your governi Yes | ng document? | support (see ir | , | support (see instructions) | |
| | | | | above (see instructions)) | 103 | | | | | |
| | | | | | | | | | | |
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| Tota | 1 | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2016 KIDSPACE: A PARTICIPATORY MUSEUM Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) a

95-3501213 Page 2

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.)

| Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and grants, ') 20, 572. <td< th=""><th>Sec</th><th colspan="8">Section A. Public Support</th></td<> | Sec | Section A. Public Support | | | | | | | |
|--|------|--|----------------------|----------------------|------------------------|---------------------------|----------------------|-----------|--|
| membership fees received. (Do not include any "unusual grants.") 4511949. 2715166. 1426738. 2008037. 1463120. 12125010. 2 Tax revenues levied for the organization's benefit and ether paid to or expended on its behalf 4511949. 2715166. 1426738. 2008037. 1463120. 12125010. 3 The value of services or facilities furnished by agovernmetal unit to the organization without charge agovernmetal unit or publicly supported organization included on list 1 that exceeds 2% of the amount shown on line 11. column (f) 20,572. 20,572. 20,572. 20,572. 20,909. 103,197. 4 Total. Add lines 1 through 3 4532521. 2735738. 1447310. 2028609. 1484029. 12228207. 5 Public support. Sometime to maint asceeds 2% of the amount shown on line 11. column (f) 4532521. 2735738. 1447310. 2028609. 1484029. 12228207. 6 Public support. Sometime to maint asceeds and income from similar sources. 9 Net income from unreliated tarbities, etc. (see instructions) 12 2015 (e) 2016 (f) Total 42 2027075. 12 2078 receipts from reliated arinvines, etc. (see instructions) <t< td=""><td>Cale</td><td>ndar year (or fiscal year beginning in) 🕨</td><td>(a) 2012</td><td>(b) 2013</td><td>(c) 2014</td><td>(d) 2015</td><td>(e) 2016</td><td>(f) Total</td></t<> | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | |
| Include any "unusual grants") 4511949. 2715166. 1426738. 2008037. 1463120. 12125010. 2 Tax revenues levied for the organization included on inservices or facilities furnished by a governmental unit to the organization without charge and services or facilities furnished by a governmental unit to the organization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on inse 1 that exceeds 2% of the arganization included on income from interest, dividends, payments received on securities load business argulary carried on 10 Charl income 1. (a) 2013 (c) 2014 (d) 2015 (d) 2015 (d) 2015 (d) 744, 270. 239, 600. 11 Total support. Add lines 7 through 10 38, 861. 41, 184. 43, 095. 42, 190. 74, 270. 239, 600. 12 Corpos receipts from related achieves and stop precentage for 2016 (ine 6, column (i) (ine 14) 14 59. 42, 1 | 1 | | | | | | | | |
| ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities threished by a governmental unit to the organization without charge 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support subtractines from text. 6 Public support subtractines from text. 7 Amounts from line 4 8 Coss income from interest, dividends, payments received on securities lossing end the synthesis of the organization or loss from the sale of capital ansets (Explain in Part VI). 18 Coss from the sale of capital ansets (Explain in Part VI). 18 Coss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain in Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain Part VI). 19 Other income. Do not include gain or loss from the sale of capital ansets (Explain | | | 4511949. | 2715166. | 1426738. | 2008037. | 1463120. | 12125010. | |
| or expended on its behalf 3 The value of services or facilities firmished by a governmental unit to the organization without charge 20,572. 20,572. 20,572. 20,572. 20,909. 103,197. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 26 of the amount shown on line 11. column (f) 4532521. 2735738. 1447310. 2028609. 1484029. 12228207. 6 Public support. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 26 of the amount shown on line 11. column (f) 4831780. 6 Public support. 5 Section B. Total Support. (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 43.37,606. 65,957. 39,431. 24,646. 210,268. 9 Net income from initrares, orgatiles and income from initrares, orgatiles and income the sale organization. 38,861. 41,184. 43,095. 42,190. 74,270. 239,600. 11 Total support. Add lines 7 through 10 38,861. 41,184. 43,095. 42,190. 74,270. 239,600. 12 Corport percentage for 2016 (line 6, column (f) divided by line 11, column (f). 14 58.34 /g.55.80 | 2 | Tax revenues levied for the organ- | | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 20,572. 20,572. 20,572. 20,909. 103,197. 4532521. 2735738. 1447310. 2028609. 1484029. 12228207. 573. 573. 573. 573. 573. 573. 573. 57 | | ization's benefit and either paid to | | | | | | | |
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| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | organization meets the "facts-and-circ | umstances" test. 7 | The organization q | ualifies as a public | ly supported orgar | nization | | |
| | 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instructions | <u>s</u> | |

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 KIDSPACE: A PARTICIPATORY MUSEUM Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Se | ction A. Public Support | | | | | | |
|------|--|---------------------|-----------------------|-----------------------------|---------------------|-----------------|--------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | 6 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 2 | Gross receipts from activities that | | | | | | |
| 3 | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disgualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (=) 2012 | (b) 2012 | (a) 2014 | (4) 2015 | (a) 2016 | |
| | | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | 6 (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired offer Jupe 20, 1075 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | L | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) org | ganization, |
| | check this box and stop here | | | | | | |
| See | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2016 (li | ine 8. column (f) d | ivided by line 13. c | olumn (f)) | | 15 | % |
| | Public support percentage from 2015 | | | (" | | 16 | % |
| - | ction D. Computation of Inves | | | <u></u> | | 1.01 | , |
| | Investment income percentage for 20 | | | no 13 column (f)) | | 17 | 04 |
| | | | B | | | | % |
| | Investment income percentage from 2 | | | an line 1 4 and line | | 18 | % |
| 198 | 33 1/3% support tests - 2016. If the | - | | | | | |
| Ł | more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the | | | | | | ► |
| | line 18 is not more than 33 1/3%, che | - | | | | | |
| 20 | Private foundation. If the organizatio | | | | | | |
| | | | | ,, | | | |

Schedule A (Form 990 or 990-EZ) 2016 KIDSPACE: A PARTICIPATORY MUSEUM

95-3501213 Page 4

Yes

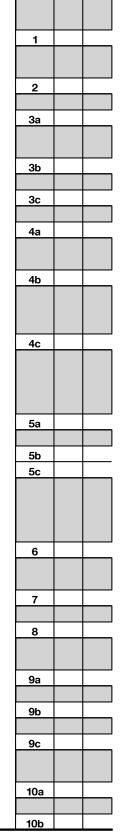
No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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



Schedule A (Form 990 or 990-EZ) 2016 KIDSPACE: A PARTICIPATORY MUSEUM Part IV Supporting Organizations (continued)

| 11 Has the originization accepted a gift or contribution from any of the following persons? A postion with directly or influency controls, ether a date or together with persons described in (b) and (c) below, the governing tody of a supported organization? 11a 1 0 A framity member of a period discribed in (b) dive? 11a 1 1 0 A framity member of a period discribed in (b) dive? 11a 1 1 2 Section B. Type I Supporting Organizations 11a 1 1 2 Did th directors, functions, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization a directors or trustees at all times during the lax yea?? If No; 'describe in Part V. how the supported organization doer than one supported organization, describe how the governation and what conditioned the supported organization organization (b) that operated, organization, describe how the governation and what conditioned the supported organization organization (b) that operated, supported organization and what conditioned the supported organization of the supported organization organization (b) that organization and what conditioned the supported organization of the supported organization organization organization and what conditioned the supported organization organization and what conditioned and the supported organization organization organization and what conditioned and the supported organization organization organization organization organization organization and the supported organization and what condindintation and organization organization and the supp | | | | Yes | No |
|--|----------|--|-----------|-----|----|
| below, the governing body of a supported organization? below? below? below? c. A 35% controlled entity of a person described in (8) or (b) above? the support of the support of the organization and the support of organization and the support of the definition of the organization and the organization and the organization and the support of organization and the organization and the organization and the organization and the support of organization and the organization or the support of organization and the organization of the support organization and the support or organization of the support organization and the support organization or organization and the support organizati | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| b A family member of a preson described in (b) above? c. A 39% controlled withy of a preson described in (b) of (b) above? c. A 59% controlled with of a preson described in (b) of (b) above? c. A 59% controlled with of a preson described in (b) of (b) above? c. A 59% controlled with of a preson described in (b) of (b) above? c. A 59% controlled with organizations c. A 59% controlled with a preson described in (b) of (b) above? c. A 59% controlled with a preson described in (b) of (b) above? c. A 59% controlled with a organization is directors or trustees at all times during the tx year? if with a controlled we appreciate and we many apported organization, describe how the powers to apported organization, describe how the powers to apport and/or removes were allocated and more than one supported organization, describe how the powers to apport and/or removes were allocated and more than one supported organization, describe how the powers to apport and/or removes were allocated and the support of appreciated organization? f wes, "septien in Part VI. how the support appreciated and the support of appreciated organization? f wes, "septien in Part VI. how the support appreciated and the support of appreciated organization? f wes, "septien in Part VI. how control or remangement of the support of appreciated organization? f wes, a mangement of the supporting Organizations f wes any of the organization is supported organization. f wes any of the organization is supported organization, by the last day of the fifth month of the organization is supported organization. f wes any of the organization is supported organization, by the last day of the fifth month of the organization is supported organization, appreciated appreciation is supported organization? f wes are of the supporting Organization, we were in the same persons that controlled or manage if a uppersond organization is supported organization, it was also a majority of the fifth month or | а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| C A 35% controlled entity of a person described in [a) of [b] above? If Yes' to a b, or c. provide detail in Part U. Section B. Type I Supporting Organizations Ves No Tegulary appoint or elect at least a majority of the organization's directors or trustees at all times during the twy off If Yes, "describe in Part VI how the supported organization is directors or trustees at all times during the twy off If Yes, "describe in Part VI how the supported organization's directors or trustees at all times during the supported organization and what conditions or restrictions, if any, applied to acturp hower during the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2. Did the organization supported organization and more supported organization, by the supported organization or earts office the supported organization and prove supported organization is supported organization are supported organization is the supporting Organization are supported organization if Yes," regular in approxement of the supporting Organizations Yes No or trustees of each of the organization's directors or trustees ware also a majority of the directors or trustees of each of the organization's directors or trustees of augoritation and with conditions Yes No Section C. Type II Supporting Organizations Yes No Trustees of each of the organization's directors, or trustees ware also a majority of the directors or trustees of each of the organization's directors, or trustees ware also a majority of the directors or trustees of each of the supported organization, by the last day of the fifth month of the organization's directors, or trustees each of the supported organization and With conditions the supported organization's directors, or trustees ware also at directory ware as a directory of the fifth directory of the fifth worthe supported organization's the organization is director, or tru | | below, the governing body of a supported organization? | 11a | | |
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| Section B. Type I Supporting Organizations Yes No Description of view of the endinectors, trustees, or membership of one or more supported organizations have the power to menutation is director or trustees at all times during the tax year (11 No., 'describe har 14 how the supported organization's directors or trustees of all times during the tax year (11 No., 'describe har 14 how the supported organization's directors or trustees of all times during the tax year. (12 No., 'describe how providing organization or electron or trustees at all times during the tax year. (14 No., 'describe how providing organization) and the supported organization of the test of an organization of the supporting organization of the supporting organization organization of the test of an organization's directors or trustees of all the supporting organization are of the support of organization and organization's directors or trustees of all the supporting organization are the test of an organization's directors or trustees of all the supporting organization are used to the directors or trustees of a support provided during the prior tax year. (1) a organization was vested in the same persons that controlled or managed the upporting organization was vested in the same persons that controlled or managed the upport of the organization is supported organization's directors or trustees etter allocated organization's and the organization was vested in the same persons that controlled or managed the upport of the organization was vested in the same persons that controlled or managed the upport of the organization is upported organization's director by the supported organization's and the organization and the organ | с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a b or c provide detail in Part VI | 11c | | |
| In Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "We," describe in Part VI. how the supported organization of directively operated organization, describe how the powers to appoint and/or emove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or emove directors or trustees were allocated among the supported organization of the organization and wate conditions or restrictors, if any, applied to such powers during the tax year. 2 Did the organization supported organization of there are supported organizations and wate conditions or restrictors, if any, applied to such powers during the tax year. 3 Powers to appoint and/or emove directors or trustees were allocated among the supported organization and wate conditions or restrictors, if any, applied to such powers during the tax year. 3 Present O. Type II Supporting Organizations 4 Yes No or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees describe in the same persons that controlled or manageed or analyzed organization provide to each of the supported organization, and (ii) copies 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 Grow Sol that was more creativitied in the daries of the organization's poweride? 4 Were amy of the organization is bupported organization is puported organization and (ii) copies of the organization is apport | Sec | tion B. Type I Supporting Organizations | | | |
| Del the directors, trustees, or membership of one or more supported organization's directors or trustees at all times during the tax year? If "No," describe in Part U. how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part U. how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part U. how the supported organization or effects or trustees are allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees are allocated among the supported organizations and what conditions or restrictors, if any, applied to such powers during the tax year? De the organization operated, supervised, or controlled the supported organization? If "Yes," explain in Part V. how provides guide how provides during the purposes of the supporting organization? If "Yes," explain in Part V. how provides guide integration of the there of an any supported organization of the three of any supported organization? If "Yes," explain in Part V. how provides guide integration was vested in the supporting organization? If "Yes," explain in ortugate during the supporting organization and the time tax year? Were a majority of the organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization is supported organization? If "No," describe in Part V. how the organization is the supporting organization was vested in the atter organization and (ii) copies of the organization of the organization is the organization was vested in the directing the use of the organization is supported organization? If "No," explain in Part V. how the organization is supported organization? If "No," explain in Part V. how the organization is the parent of the supporting Organization as supported organizations income or assets at all times during the tax y | | | | Yes | No |
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| argainzations and what conditions or restrictions, if any, applied to such powers during the tar year. a Did the organization operate for the benefit of any supported organization other than the supporting organization? argainzation(s) that operated, supervised, or controlled the supporting organization? argainzation(s) that operated, supervised, or controlled the supporting organization? argainzation(s) that operated, supervised, or controlled the supporting organization? argainzation argainzation argainzation's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? if 'No,' describe in Part V how control or management of the supporting organizations supervised. Section D. All Type III Supporting Organizations Section D. All Type III Supporting Organizations are readerly field as of the date of notification, and (ii) copies of the organization's any readorship describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, and (ii) copies of the organization's diverse, or trustees either (i) appointed organization's previously provided? Were any of the organization's differst, directors, or trustees either (i) appointed organization's income or assets at all times during the tax yea? I' a supported organization's diverse, or trustees either (i) appointed organization's tax year, (i) a copy of the Form 990 that tax year? I' a supported organization's diverse, or trustees either (i) appointed organizations, by the last day of the fifth month of the organization is diverse the proveming body of a supported organizations and the supported organization's income or assets at all times during the tax year? I' by the organization and the organization is upported organization's in | | | | | |
| 2 Dot the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes, 'explain in Pert VI how providing such benefit carried out the purposes of the supported organization(s) that operated, a controlled the supporting organization? Section C. Type II Supporting Organizations 2 were a majority of the organization's supported organization? If 'Ne,' describe in Part VI how control or management of the supporting organization(s) that operated organizations apported organization's upported organization? 9 Were a majority of the organization's supported organization(s) If 'Ne,' describe in Part VI how control or management of the supporting Organizations. 9 Uto the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of notification, and (ii) copies of the organization's officers, directors, or trustees either (i) appointed organization's apported organization's upported organization's | | | | | |
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| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify those supported organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's novlement. 3 Parent of Supported Organization's involvement. 3 Parent of Supported Organizations? Provide details in Part VI. 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? Provide details in Part VI. b Did th | Sec | | 5 | | |
| a The organization satisfied the Activities Test. <i>Complete line 2 below.</i> b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> c The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i> 2 Activities Test. <i>Answer (a) and (b) below.</i> a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization (s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization's involvement, one or more of the activities constituted substantially all of its activities.</i> b Did the activities constituted substantially all of its supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's involvement.</i> 3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> a 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 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | | | |
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| those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a 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? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | а | | | | |
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| 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</i> "Yes," <i>explain in Part VI the reasons for the organization's involvement.</i> 2b 3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> a 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 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | how the organization was responsive to those supported organizations, and how the organization determined | | | |
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| a 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 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3 | • | | | |
| trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3a | а | | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | 3a | | |
| | b | | | | |
| | | | 3b | | |

Schedule A (Form 990 or 990-EZ) 2016

| | (Form 990 or 990-EZ) 2016 | | | | |
|--------|---------------------------|------------------|-----|-----------------------|--------------|
| Part V | Type III Non-Function | onally Integrate | d 5 | 09(a)(3) Supporting O | rganizations |

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 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | • | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | _ | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 KIDSPACE: A PARTICIPATORY MUSEUM

| Par | 't V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|-------|---|------------------------------|--|---|
| Sect | ion D - Distributions | | · · · | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| ~ | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| | From 2013 | | | |
| | From 2014 | | | |
| | From 2015 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount | | | |
| i | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount | | | |
| - | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | Excess from 2013 | | | |
| C | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| e | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

| Schedule A | (Form 990 or 990-EZ) 2016 KIDSPACE : | A PARTICIPATORY | Y MUSEUM | 95-3501213 Page 8 |
|------------|---|--|---|--|
| Part VI | Supplemental Information. Provide th Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a line 1; Part IV, Section D, lines 2 and 3; Part IV Section D, lines 5, 6, and 8; and Part V, Section (See instructions.) | ne explanations required by Pa a, 6, 9a, 9b, 9c, 11a, 11b, and /, Section E, lines 1c, 2a, 2b, 3 | art II, line 10; Part II, line 17a o 11c; Part IV, Section B, lines a, and 3b; Part V, line 1; Part | 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, |
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Schedule B (Form 990 990-F7 or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

****** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

95-3501213

| | KIDSPACE: | Α | PARTICIPATORY | MUSEUM |
|------------------------|-----------|---|---------------|--------|
| Organization type (che | eck one): | | | |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | \fbox{X} 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

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

Sor 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

X 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

95-3501213

KIDSPACE: A PARTICIPATORY MUSEUM

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 227,900. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 203,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 101,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 6 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

95-3501213

KIDSPACE: A PARTICIPATORY MUSEUM

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Χ Person Payroll 32,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 33,500. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

KIDSPACE: A PARTICIPATORY MUSEUM

95-3501213

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

| Name of orga | nization | | Employer identification number |
|-----------------|--|--|--|
| KIDSPA | CE: A PARTICIPATORY MUS | SEUM | 95-3501213 |
| Part III | Exclusively religious, charitable, etc., contr the year from any one contributor Complete of | ibutions to organizations described columns (a) through (e) and the follo | I in section 501(c)(7), (8), or (10) that total more than \$1,000 for |
| | completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona | , charitable, etc., contributions of \$1,000 o | r less for the year. (Enter this info. once.) 🕨 \$ |
| (a) No. | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| · | | | [|
| | | | |
| | | (e) Transfer of gi | ift |
| | Transferee's name, address, ar | $d 7IP \pm 4$ | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | [| |
| (a) No. | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| · | | | |
| | | | |
| | | (e) Transfer of gi | íft |
| | Transferee's name, address, ar | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | (~) | (0) 000 01 3 | |
| | | | |
| | | | |
| | | (a) T uanafan af ai | |
| | | (e) Transfer of gi | at a start |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| (-) N- | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | |
| | | | |
| | | | |
| | | (e) Transfer of gi | l |
| | | (-, | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| . | | | |
| | | | |
| · | | | |

| SCHEDU | JLE D |
|--------|-------|
|--------|-------|

| (Form | 990) |
|-------|------|
|-------|------|

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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

KIDSPACE: A PARTICIPATORY MUSEUM

Employer identification number 95-3501213

| Pa | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds | or Accounts. Complete if the |
|----|---|---|--|
| | organization answered "Yes" on Form 990, Part IV, lin | e 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 v | writing that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's of | exclusive legal control? | YesNo |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other purpose | conferring |
| | | | |
| Pa | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | ducation) Preservation of a his | torically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied 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 |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired a | | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cons | servation easements during the year |
| - | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conserva | ition easements during the year |
| • | | | |
| 8 | Does each conservation easement reported on line 2(d) above and easting $170(h)(4)(D)(ii)$ 2 | | |
| • | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation | | |
| 9 | include, if applicable, the text of the footnote to the organization | - | |
| | conservation easements. | ion s intancial statements that describes | the organization's accounting for |
| Pa | | Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | nent and balance sheet works of art. |
| | historical treasures, or other similar assets held for public exh | | |
| | the text of the footnote to its financial statements that describ | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue statement | and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ec | | |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • \$ |
| | | | • · · |
| 2 | If the organization received or held works of art, historical trea | | |
| | the following amounts required to be reported under SFAS 1 | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | • • • |
| b | Assets included in Form 990, Part X | | ► \$ |

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| Sche | | E: A PARTIC | | | | | | | 5012 | | |
|------|---|------------------------|-----------|----------------|----------------|--------------------|---------------------|------------|---------------------|----------|--------|
| Par | t III Organizations Maintaining C | ollections of Art | :, Hist | orical Tre | asures, or | ^r Other | [.] Simila | r Asse | ets _{(cor} | tinued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check | c any of the f | ollowing that | are a sig | gnificant u | use of its | s collecti | on item | s |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | | Loan or excl | hange progra | ims | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ellections and explain | how th | ney further th | e organizatio | n's exerr | npt purpo | se in Pa | art XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | Yes" on | Form 990 | D. Part I | | or | |
| | reported an amount on Form 990, Par | | | U | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedi | ary for | contributions | s or other ass | ets not i | ncluded | | | | |
| | on Form 990, Part X? | | • | | | | | [| Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | · | Ũ | | | | | | Amo | unt | |
| с | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fe | | | | | | tv? | [| Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | | | | | | | 0. | | | | |
| | | (a) Current year | | Prior year | (c) Two year | | (d) Three | years bad | ck (e) F | our year | s back |
| 1a | Beginning of year balance | 612,203. | | 623,547. | 607 | ,834. | 5 | 542,260 | 5. | 566 | ,565. |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | 21,471. | | -11,344. | 15 | 5,713. | | 65,568 | з. | 50 | ,701. |
| d | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | 75 | ,000. |
| g | End of year balance | 633,674. | | 612,203. | 623 | 547. | 6 | 507,834 | 4. | 542 | ,266. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1 | g, column (a) |) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | • | | | | | | |
| | Permanent endowment > 78.90 | % | _ | | | | | | | | |
| с | Temporarily restricted endowment 2 | 1.10 % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organizat | tion tha | t are held an | d administer | ed for th | e organiz | ation | | | |
| | by: | C C | | | | | Ū | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | Ja(| i) | X |
| | | | | | | | | | | - | X |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | • | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV | /, line 11a. S | ee Form 990, | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or ot | ther | (b) Cost | or other | (c) A | ccumulate | ed | (d) B | ook vali | Je |
| | | basis (investm | nent) | basis | (other) | dep | oreciation | 1 | | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | 16,79 | 4,789. | 5,1 | L81,7 | 80. | 11,6 | 13,0 | 09. |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | 6,237. | 6 | 572,4 | 11. | | 93,8 | 26. |
| | Other | | | | 0,509. | | 375,4 | 10. | | 05,0 | |
| _ | . Add lines 1a through 1e. (Column (d) must e | oual Form 990. Part > | K. colun | | | ····· | ····· | | 17,5 | | |
| | | | | | | | | | | | |

| | Complete if the organization answered "Yes" | on Form 990. Part IV. lin | e 11b. See Form 990. Part X. | line 12. |
|---|---|---------------------------|--|-------------------------------------|
| (a) Descrip | otion of security or category (including name of security) | (b) Book value | | n: Cost or end-of-year market value |
| (1) Financi | al derivatives | | | |
| | -held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, lin | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation | n: Cost or end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" | | e 11d. See Form 990, Part X, | |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| | | | | |
| (7) | | | | |
| (8) | | | | |
| (8) (9) | | | | |
| (8) (9) Total. (Colu | umn (b) must equal Form 990. Part X. col. (B) line | 15.) | | |
| (8) (9) | Other Liabilities. | | | |
| (8) (9) Total. (Colu Part X | Other Liabilities. Complete if the organization answered "Yes" | | | Part X, line 25. |
| (8) (9) Total. (Colu Part X | Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | | e 11e or 11f. See Form 990, (b) Book value | Part X, line 25. |
| (8) (9) Total. (Colt. Part X 1. (1) Fee | Other Liabilities. Complete if the organization answered "Yes" | | | Part X, line 25. |
| (8) (9) Total. (Colu Part X 1. (1) Fec (2) | Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | | | Part X, line 25. |
| (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3) | Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | | | Part X, line 25. |
| (8) (9) Total. (Coll. Part X 1. (1) Fec (2) (3) (4) | Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | | | Part X, line 25. |
| (8) (9) Total. (Colt. Part X 1. (1) Fec (2) (3) (4) (5) | Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | | | Part X, line 25. |
| (8) (9) Total. (Colt. Part X 1. (1) Fec (2) (3) (4) (5) (6) | Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | | | Part X, line 25. |
| (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3) (4) (5) (6) (7) | Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | | | Part X, line 25. |
| (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3) (4) (5) (6) (7) (8) | Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | | | Part X, line 25. |
| (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3) (4) (5) (6) (7) (8) (9) | Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | on Form 990, Part IV, lin | | Part X, line 25. |

KIDSPACE: A PARTICIPATORY MUSEUM

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

95-3501213 Page 3

| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
|-------|---|--------------------|------------------------|----------|---------------------|
| а | Net unrealized gains (losses) on investments | 2a | -1,551. | | |
| b | Donated services and use of facilities | 2 b | 8,999. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 11,210. | | |
| е | Add lines 2a through 2d | | | 2e | 18,658. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,319,363. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 104,351. | | |
| с | Add lines 4a and 4b | | | 4c | 104,351. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 4,423,714. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stater | nents With | Expenses per R | letur | า. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 5,322,651. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2 a | 29,908. | | |
| b | Prior year adjustments | 2b | | | |
| с | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 11,210. | | |
| е | Add lines 2a through 2d | | | 2e | 41,118. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,281,533. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 104,351. | | |
| с | Add lines 4a and 4b | | | 4c | 104,351. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 5,385,884. |
| Pa | t XIII Supplemental Information. | | | | |
| Prov | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b a | and 2b; Part V, line 4 | ; Part) | ۲, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac | dditional inform | ation. | | |
| | | | | | |
| | | | | | |

KIDSPACE: A PARTICIPATORY MUSEUM

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

Total revenue, gains, and other support per audited financial statements

PART V, LINE 4:

Schedule D (Form 990) 2016

1 2

FOR THE GENERAL SUPPORT OF KIDSPACE'S PROGRAMS AND OPERATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAMING EXPENSES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAFE EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMING EXPENSES

1

4,338,021.

104,351.

11,210.

Schedule D (Form 990) 2016 KIDSPACE: A PARTICIPATORY MUSEUM Part XIII | Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAFE EXPENSES

104,351.

PART XII, LINE 2B AND PART XIII, LINE 2A

THE ORGANIZATION LEASES THE MUSEUM PROPERTY FROM THE CITY OF PASADENA FOR A LEASE COST OF \$1 PER YEAR THROUGH THE YEAR 2048. THE FAIR MARKET VALUE OF THIS LEASE WAS INITIALLY RECORDED AS REVENUE IN THE INITIAL YEAR OF THE LEASE, AND THE RELATED PROPERTY USE ASSETS IS BEING AMORTIZED AS RENT EXPENSE ON A STRAIGHT-LINE BASIS (IN ACCORDANCE WITH US GAAP) OVER THE 50-YEAR TERM OF THE LEASE.

THE AMOUNT AMORTIZED AS RENT EXPENSE (\$20,909) REPRESENTS THE 12 MONTHS OF THE CURRENT CALENDAR YEAR. THE CORRESPONDING REVENUE WAS ALL RECOGNIZED IN THE INITIAL YEAR OF THE LEASE, THE DONATED SERVICES AND USE OF FACILITIES EXPENSE REPORTED ON PART XIII, LINE 2A EXCEEDS THE DONATED SERVICES AND USE OF FACILITIES REVENUE REPORTED ON PART XII, LINE 2B BY THE SAME AMOUNT \$20,909.

NOTE: THIS ALSO EXPLAINS THE \$20,909 ADJUSTMENT REPORTED ON FORM 990, PART XI, LINE 6.

| (Form 990 or 990-F7) | lete if th | ental Information Regarding e organization answered "Yes" on organization entered more than \$15 | Form | 990, F | Part IV, line 17, 18, o | | | 10 | MB No. 1545-0047 |
|---|--|--|---------------------------------------|--|---|--------|--|--------------------|---|
| Department of the Treasury Internal Revenue Service | | Attach to Form 990 | | | | | | | en to Public |
| Name of the organization | ormation a | about Schedule G (Form 990 or 990-EZ) | and its | instru | ctions is at www.irs.c | nov/fo | | | pection |
| - | DSPAC | E: A PARTICIPATORY | MITS | तात्रह | л | | 95-35 | | |
| Eundraising Aa | | Complete if the organization answe | | | | ine 1 | | | |
| Part I required to complet | e this par | t. | icu i | 03 01 | 11 onn 550, 1 art 10, 1 | | 7.10111000 | , | |
| a Mail solicitations b Internet and email so c Phone solicitations d In-person solicitation 2 a Did the organization have a key employees listed in Formation | olicitations s a written c m 990, P paid indiv | s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with pr viduals or entities (fundraisers) pursua | ion of ion of fundra (incluc | non-g gover aising ding of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | - | | Yes o be | No No |
| (i) Name and address of indiv or entity (fundraiser) | vidual | (ii) Activity | fundi have c or cor | Did raiser ustody ntrol of utions? | (iv) Gross receipts from activity | tò (o | Amount pai or retained b fundraiser ted in col. (i | ^(y) t | (vi) Amount paid o (or retained by) organization |
| | | | Yes | No | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | ► | | | | | |
| 3 List all states in which the o or licensing. | rganizatio | on is registered or licensed to solicit c | ontrib | utions | or has been notified | it is | exempt from | n regis | stration |
| | | | | | | | | | |
| | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 KIDSPACE: A PARTICIPATORY MUSEUM 95-350<u>1213 Page 2</u>

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.

| | | of fundraising event contributions and gro | | , | <u> </u> | s greater than \$5,000. |
|-----------------|-------|---|------------------------|--|-------------------|---|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | PUMPKIN | NONE | (add col. (a) through |
| | | | ANNUAL GALA | FESTIVAL | | col. (c)) |
| ~ | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 403,586. | 229,136. | | 632,722. |
| ц | 2 | Less: Contributions | 233,346. | 35,821. | | 269,167. |
| | 3 | Gross income (line 1 minus line 2) | 170,240. | 193,315. | | 363,555. |
| | 4 | Cash prizes | | | | |
| (0 | 5 | Noncash prizes | 75,000. | 35,498. | | 110,498. |
| pense | 6 | Rent/facility costs | 118,401. | 24,862. | | 143,263. |
| Direct Expenses | 7 | Food and beverages | 527. | 46,410. | | 46,937. |
| D | 8 | Entertainment | 2,500. | | | 4,250. |
| | 9 | Other direct expenses | 33,981. | 29,210. | | 63,191. |
| | 10 | Direct expense summary. Add lines 4 through | 9 in column (d) | | ► | 368,139. |
| D | 11 | | | | | -4,584. |
| Pa | ιττ Ι | Je e en piere in the enganization i | answered "Yes" on Form | 1 990, Part IV, line 19, or i | eported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | 1 | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Reve | 1 | Gross revenue | | | 16,485. | 16,485. |
| | | | | | | |

| S | 2 | Cash prizes | | | | | | | |
|-----------------|--|---|--------------------------|-----|----------|--------|--------------|----|--------|
| Direct Expenses | 3 | Noncash prizes | | | | 1 | 1,210. | 11 | .,210. |
| Direct E | 4 | Rent/facility costs | | | | | | | |
| | 5 | Other direct expenses | | | | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | Yes | <u> </u> | X Yes_ | <u>100</u> % | | |
| | 7 | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | ► | 5 | ,275. |
| 9 | Ent | ter the state(s) in which the organization condu | cts gaming activities: C | A | | | | | |
| | a Is the organization licensed to conduct gaming activities in each of these states? | | | | | | | | |
| D | IT " | No," explain: | | | | | | | |
| | | | | | | | | | |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

632082 09-12-16

| Sch | edule G (Form 990 or 990-EZ) 2016 KIDSPACE: A PARTICIPATORY MUSEUM 95-3 | 3501213 | Page 3 |
|-----|---|---------------|----------|
| | Does the organization conduct gaming activities with nonmembers? | X Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | XNo |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | | 13a | % |
| | The organization's facility An outside facility | 13b 100 | |
| | | таріятор | • 0 0 70 |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name KRIS JENSEN | | |
| | Address Address Address Addr | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 🗌 Yes | X No |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | |
| | of gaming revenue retained by the third party ▶ \$ | | |
| с | If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name KRIS JENSEN | | |
| | Gaming manager compensation ► \$ 600. Description of services provided ► GAMING MANAGER PROCESSES THE PURCHASES OF RA | א היהו ה | |
| | TICKETS. | | |
| | Director/officer | | |
| | | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | _ |
| | retain the state gaming license? | X Yes | No No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year 🕨 💲 | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); a | nes 9, 9b, 10 | b, 15b, |
| | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions | | |
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| le G (Form 990 or 990-EZ) | KIDSPACE: | А | PARTICIPATORY | MUSEUM | |
|---------------------------|-----------|---|---------------|--------|--|
| | | | | | |
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| Schedule G | (Form 990 or 990-EZ) | KIDSPACE: A | PARTICIPATORY | MUSEUM | 95-3501213 Page 4 |
|------------|--|--------------------|---------------|--------|-------------------|
| Part IV | (Form 990 or 990-EZ) Supplemental Infor | mation (continued) | | | |
| | •• | (continued) | | | |
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| SC | HEDULE J | Compensation Information | | ОМВ | No. 1 | 545-004 | 47 |
|---|-----------------------|--|-----------|----------|----------|---------|----------|
| (Fo | rm 990) | - For certain Officers, Directors, Trustees, Key Employees, and Highest | | ſ | n | 16 | |
| | | Compensated Employees | | | U | 16 |) |
| Dena | tment of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | | | Publ | ic |
| | al Revenue Service | Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for | | | | ction | |
| Nan | ne of the organizatio | | Employer | | | | nber |
| | | KIDSPACE: A PARTICIPATORY MUSEUM | 95- | 35012 | 213 | 3 | |
| Ра | rt I Question | s Regarding Compensation | | | | | |
| | | | | _ | _ | Yes | No |
| 1a | | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or o | | | | | | |
| | Travel for com | | | | | | |
| | | cation and gross-up payments | | | | | |
| | Discretionary | spending account Personal services (such as, maid, chauffe | ur, chef) | | | | |
| ~ | | | | | | | |
| b | | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| | | provision of all of the expenses described above? If "No," complete Part III to explain | | 1 | b | | |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | | 2 | | <u> </u> |
| - | | | | | | | |
| 3 | | ny, of the following the filing organization used to establish the compensation of the organiza | | | | | |
| | | ector. Check all that apply. Do not check any boxes for methods used by a related organization | on to | | | | |
| | · | ation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | Compensation | | | | | | |
| | · | compensation consultant | | | | | |
| | Form 990 of c | ther organizations X Approval by the board or compensation c | ommittee | | | | |
| | | | | | | | |
| 4 | | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a re | | | | | | X |
| a | | e payment or change-of-control payment? | | ····· | a | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | | | lb Ia | | X |
| | | | | | c | | ~ |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | |
| | Only socian E01 | (2) 501(c)(4) and 501(c)(20) organizations must complete lines 5.0 | | | | | |
| F | | :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | |
| 5 | contingent on the r | | " | | | | |
| • | - | | | 6 | ia | | x |
| a b | Any related organi- | ration? | | | ib ib | | X |
| D. | | ation? or 5b, describe in Part III. | | | | | |
| 6 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | |
| 0 | contingent on the r | | | | | | |
| а | | | | E E | ia i | | x |
| | | ation? | | | ib ib | | X |
| U | | ation? or 6b, describe in Part III. | | ··· | ~ | | |
| 7 | | on B, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| ' | - | nes 5 and 6? If "Yes," describe in Part III | | | 7 | Х | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | ····· | | | |
| U | | | | E E | 8 | | x |
| 9 | | | | ····· ⊢' | 5 | | |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | 9 | | |
| | Regulations section | 1 53.4958·0(C)? | | | 3 | | L |

 $\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Schedule J (Form 990) 2016 KIDSPACE: | AC1 | E: A PARTICIPA | LIPATORY MUSEUM | JSEUM | 95-3501213 | .213 | | Page 2 |
|--|-----------------|--|---|---|--------------------------|-------------------------|--|--|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed | nplo | yees, and Highest C | compensated Emple | oyees. Use duplica | te 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. | oe rep orm 9 | oorted on Schedule J 190, Part VII. | , report compensati | on from the organiz | ation on row (i) and frc | m related organization | s, described in the instr | uctions, on row (ii). |
| Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total | pui p | lividual must equal th | | orm 990, Part VII, Se | ection A, line 1a, appli | cable column (D) and (F | amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. | ridual. |
| | | (B) Breakdown of W-2 an | N-2 and/or 1099-MIS | id/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Dellelles | (n)-()(a) | in column (b) reported as deferred on prior Form 990 |
| (1) MICHAEL SHANKLIN | (i) | 153,113. | 17,500. | .0 | .0 | 25,752. | 196,365. | .0 |
| CEO | (ii) | 0. | .0 | .0 | .0 | .0 | • 0 | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | | | | | | | Schedu | Schedule J (Form 990) 2016 |

| Schedule J (Form 990) 2016 KIDSPACE: A PARTICIPATORY MUSEUM | 95-3501213 | Page 3 |
|--|--------------------------------------|---------------|
| 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 for any additional information. | |
| PART I, LINE 7: | | |
| MICHAEL SHANKLIN, CEO, RECEIVED A BONUS IN THE AMOUNT OF \$17,500 DURING THE | | |
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| | Schedule J (Form 990) 2016 | 90) 2016 |

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

SCHEDULE M

(Form 990)

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

Open To Public Inspection

2016

| Internal Revenue Service | Information about Schedule M (Form 990) and its instructions is at | www.irs.aov/t | form990. |
|--------------------------|--|---------------|----------|
| Name of the organization | | | Employ |

Employer identification number KIDSPACE: A PARTICIPATORY MUSEUM 95-3501213 Types of Property Part I

| 1 Art - Works of art | | | | | |
|--|------------------|----------|--|--|--|
| 2 Art - Historical treasures | | | | | |
| 4 Books and publications | | | | | |
| 4 Books and publications | | | | | |
| 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes | | | | | |
| 7 Boats and planes | | | | | |
| 7 Boats and planes | | | | | |
| | | | | | |
| 8 Intellectual property | | | | | |
| 9 Securities - Publicly traded X 4 156, 584. STOCK QU | UOTES | | | | |
| 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 | | | | | |
| 9 Food inventory | | | | | |
| D Drugs and medical supplies | | | | | |
| 21 Taxidermy | | | | | |
| 22 Historical artifacts | | | | | |
| 23 Scientific specimens | | | | | |
| 24 Archeological artifacts | | | | | |
| 25 Other ► (AUCTION ITEMS) X 266 110,498.FMV | | | | | |
| 26 Other ► (PRINT AND INT) X 2 74,744.FMV | | | | | |
| 27 Other ► (GAMING/RAFFLE) X 6 11,210.FMV | | | | | |
| 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 | s 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? | <u>30a</u> | <u> </u> | | | |
| 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? | <u>31 X</u> | <u> </u> | | | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | 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. | | | | | |
| | dule M (Form 990 |) (2016) | | | |

Schedule M (Form 990) (2016) KIDSPACE: A PARTICIPATORY MUSEUM

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, PART I, COLUMN (B):

THE NUMBER OF NONCASH CONTRIBUTIONS ARE REPORTED ACCORDING TO THE

NUMBER OF CONTRIBUTORS.

| (Form 990 or 990-EZ) | upplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | -EZ | OMB No. 1545-0047 | | | | | | |
|---|--|----------|------------------------------|--|--|--|--|--|--|
| Department of the Treasury Internal Revenue Service | Attach to Form 990 or 990-EZ. mation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/ | form990. | Open to Public Inspection | | | | | | |
| Name of the organization | IDSPACE: A PARTICIPATORY MUSEUM | | identification number 501213 | | | | | | |
| FORM 990, PART II | I, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN | ITS: | | | | | | | |
| CULTURAL DIVERSIT | Y. KIDSPACE WELCOMED OVER 305,480 CHILDE | EN, FA | MILY | | | | | | |
| MEMBERS, AND CAREGIVERS IN 2016. MORE THAN 2.9 MILLION GUESTS HAVE | | | | | | | | | |
| VISITED THE MUSEUM SINCE IT OPENED AT ITS NEW BROOKSIDE PARK LOCATION | | | | | | | | | |
| IN 2004, ADJACENT TO THE ROSE BOWL. THIS TREMENDOUS FIGURE INCLUDES | | | | | | | | | |
| 31,000 ELEMENTARY | CHILDREN SERVED ANNUALLY. | | | | | | | | |
| | | | | | | | | | |
| FORM 990, PART VI, SECTION A, LINE 2: | | | | | | | | | |
| GAIL ELLIS AND CARRIE WALKER HAVE A FAMILY RELATIONSHIP. | | | | | | | | | |
| | | | | | | | | | |
| J. KRISTOFFER POPOVICH AND TRISHA FINK HAVE A FMAILY RELATIONSHIP | | | | | | | | | |
| | | | | | | | | | |
| FORM 990, PART VI, SECTION A, LINE 8B: | | | | | | | | | |
| KIDSPACE HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING | | | | | | | | | |
| BODY, THUS THE QUESTION IS NOT APPLICABLE. | | | | | | | | | |
| | | | | | | | | | |
| FORM 990, PART VI | , SECTION B, LINE 11B: | | | | | | | | |
| THE TREASURER AND | CEO REVIEW THE FORM 990 AND DISTRIBUTE I | T TO A | LL THE | | | | | | |
| BOARD MEMBERS FOR | REVIEW PRIOR TO FILING. | | | | | | | | |
| | | | | | | | | | |
| FORM 990, PART VI | , SECTION B, LINE 12C: | | | | | | | | |
| | REQUIRED TO SIGN AN ANNUAL CONFLICT-OF-I | | | | | | | | |
| DISCLOSURE STATEM | ENT. IF A CONFLICT IS DISCLOSED, IT WILI | BE RE | VIEWED BY | | | | | | |
| THE BOARD MEMBERS | WHO ARE DISINTERESTED PERSONS. | | | | | | | | |
| | | | | | | | | | |
| FORM 990, PART VI | , SECTION B, LINE 15A: | | | | | | | | |

Name of the organization

KIDSPACE: A PARTICIPATORY MUSEUM

THE CEO'S COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS

INDEPENDENTLY, WITHOUT THE PARTICIPATION OF INTERESTED PERSONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT-OF-INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

| Form | 8868 |
|------|------|
|------|------|

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | | | | ig number |
|---|--|---------------|---------------------------------------|-------------|-----------------|-------------------|
| Type or | Name of exempt organization or other filer, see instru | ictions. | | Employe | r identificatio | n number (EIN) or |
| print | | | | | | |
| | KIDSPACE: A PARTICIPATORY M | IUSEUM | [| | 95-35 | 01213 |
| File by the due date for | | ee instruct | tions. | Social se | curity numbe | er (SSN) |
| filing your return. See | 480 N. ARROYO BOULEVARD | | | | | |
| instructions | City, town or post office, state, and ZIP code. For a for PASADENA, CA 91103 | oreign add | ress, see instructions. | | | |
| Enter the | Return Code for the return that this application is for (fil | e a separa | te application for each return) | | | |
| Applicat | ion | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| |) or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990 | D-BL | 02 | Form 1041-A | | | 08 |
| Form 472 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990-PF 04 Form 5227 | | | | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 | | | | | | 11 |
| | | | | | 12 | |
| | MICHAEL SHANKL | IN | - | | | |
| • The b | ooks are in the care of ▶ 480 N. ARROYO | BLVD - | - PASADENA, CA 9110 | 3 | | |
| | hone No. ▶ 626-449-9144 | | | | | |
| • If the | organization does not have an office or place of business | s in the Un | | | | |
| | is for a Group Return, enter the organization's four digit | | | | | |
| box 🕨 | If it is for part of the group, check this box | and atta | ch a list with the names and EINs of | all memb | ers the exten | sion is for. |
| 1 Ire | equest an automatic 6-month extension of time until | NOVEI | MBER 15, 2017 , to file | the exem | npt organizati | ion return |
| for the organization named above. The extension is for the organization's return for: | | | | | | |
| | | U U | | | | |
| ► | X calendar year 2016 or | | | | | |
| • | | , an | id ending | | | |
| 2 lft | he tax year entered in line 1 is for less than 12 months, o | | | Final retur | 'n | |
| | Change in accounting period | | | | | |
| 3a lft | his application is for Forms 990 BL, 990 PF, 990 T, 4720 | , or 6069, e | enter the tentative tax, less any | | | |
| no | nrefundable credits. See instructions. | | | 3a | \$ | 0. |
| b lft | his application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter any | / refundable credits and | | | |
| | imated tax payments made. Include any prior year overp | - | | 3b | \$ | 0. |
| | lance due. Subtract line 3b from line 3a. Include your pa | | | | | |
| | using EFTPS (Electronic Federal Tax Payment System). | - | | 3c | \$ | 0. |
| Caution: instruction | If you are going to make an electronic funds withdrawal ons. | (direct del | bit) with this Form 8868, see Form 84 | 153-EO an | d Form 8879 | -EO for payment |
| LHA F | For Privacy Act and Paperwork Reduction Act Notice, | see instru | ictions. | | Form 8 | 868 (Rev. 1-2017) |

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045