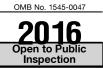
PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0957364

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 \$)
	, , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<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

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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)
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		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.
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)
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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					
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

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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							
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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

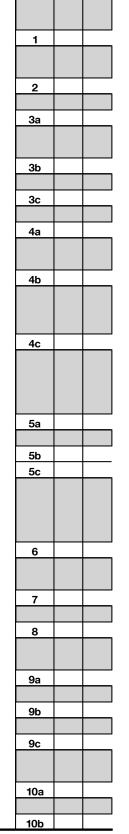
No

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
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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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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

1

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,
				_

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
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(Form	990)
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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		► \$

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

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

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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					
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

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		

le G (Form 990 or 990-EZ)	KIDSPACE:	А	PARTICIPATORY	MUSEUM	
					

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)			

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)							
	Ξ							
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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		
	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