

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO LLP**

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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)

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SAN JOSE CHILDREN'S DISCOVERY MUSEUM Doing business as CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 180 WOZ WAY City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95110	<b>D</b> Employer identification number 94-2870828  <b>E</b> Telephone number 408-298-5437
<b>F</b> Name and address of principal officer: MARILEE JENNINGS SAME AS C ABOVE		<b>G</b> Gross receipts \$ 7,714,506. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.CDM.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1983 <b>M</b> State of legal domicile: CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE INSPIRES CREATIVITY, CURIOSITY AND LIFELONG LEARNING.		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	27
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	27
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	53
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	269
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	4,133,243.	4,733,408.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	535,690.	1,372,955.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,926.	107,567.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-81,636.	-63,057.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,652,223.	6,150,873.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	2,461,953.	2,492,363.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 415,911.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,724,058.	3,097,047.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,186,011.	5,589,410.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-533,788.	561,463.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	25,329,021.	24,425,043.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,807,148.	999,801.
<b>22</b>		23,521,873.	23,425,242.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer MARILEE JENNINGS, EXECUTIVE DIRECTOR Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MATTHEW PETROSKI Preparer's signature MATTHEW PETROSKI Date 05/22/23 Check if self-employed <input type="checkbox"/> PTIN P00853132	Firm's name ▶ ARMANINO LLP Firm's EIN ▶ 94-6214841 Firm's address ▶ 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113 Phone no. 408-200-6400

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE INSPIRES CREATIVITY, CURIOSITY AND LIFELONG LEARNING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,270,647. including grants of \$ ) (Revenue \$ 768,411. ) CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE ("THE MUSEUM" OR "CDM") IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED IN 1982 AND INCORPORATED IN 1983. THE MUSEUM OPERATES A CHILDREN'S MUSEUM WHICH ADDRESSES THE EDUCATIONAL NEEDS OF CHILDREN, YOUTH, AND THEIR FAMILIES IN SANTA CLARA COUNTY THROUGH PARTICIPATORY EXHIBITS AND PROGRAMS THAT ENGAGE THE SENSES AND CHALLENGE THE MIND.

CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE (CDM) HAS SERVED OVER 9.8 MILLION ADULTS AND CHILDREN SINCE OPENING ITS DOORS IN THE SPRING OF 1990. WITH OVER 30 YEARS OF OPERATION, THE MUSEUM AND ITS STAFF STRIVE TO ENHANCE THE VISITOR EXPERIENCE IN ITS 28,000 SQUARE FEET OF INDOOR EXHIBITION SPACE WITH 13 DEDICATED GALLERIES, (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 1,991,199. including grants of \$ ) (Revenue \$ 651,678. ) THE MUSEUM PROVIDES ON-SITE AND OUTREACH PROGRAMS WHICH COMPLEMENT ITS EXHIBITS AND SUPPORT VISITOR INTERACTIONS AND LEARNING OPPORTUNITIES. 2021-2022 SAW THE RETURN OF GROUP VISITS TO THE MUSEUM, WITH 5,800 SERVED AND AN ADDITIONAL 512 SERVED THROUGH ON-SITE OR VIRTUAL PROGRAMS. THE SANTA CLARA COUNTY OFFICE OF EDUCATION SPONSORED A PRIVATE USE DAY AT CDM IN SPRING OF 2022 TO ACCOMMODATE STUDENTS AND THEIR FAMILIES IN THE DISTRICT'S SPECIAL NEEDS PROGRAMS. IN RESPONSE TO THE ONGOING COVID-19 PANDEMIC, THE MUSEUM HOSTED A TOTAL OF FOUR POP-UP VACCINATION CLINICS AND, AS AN INCENTIVE, PROVIDED FREE MUSEUM ADMISSION, FOR UP TO 8 PERSONS, TO EACH FAMILY RECEIVING A VACCINATION. SPONSORS STEPPING FORWARD TO SUPPORT THIS INITIATIVE INCLUDED THE SILICON VALLEY COMMUNITY FOUNDATION, (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 6,473. including grants of \$ ) (Revenue \$ 1,775. ) THE MUSEUM CLOSED THE RETAIL SPACE IN DECEMBER 2018 DUE TO THE IMPACT FROM MAJOR ONLINE RETAILERS. THE STORE IS STILL AN ACTIVE PROJECT AS A SMALL INVENTORY BALANCE REMAINS. DURING THE YEAR, THERE WERE SMALL PROJECTS SUCH AS PINSCREEN AND GEAR TABLE SALES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,268,319.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SUSAN CLARK - 408-298-5437
180 WOZ WAY, SAN JOSE, CA 95110

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARILEE JENNINGS EXECUTIVE DIRECTOR	2.00			X			256,173.	0.	13,382.	
(2) SUSAN CLARK DIRECTOR OF FINANCE & ADM	40.00			X			183,563.	0.	15,335.	
(3) CHERYL BLUMENTHAL DIRECTOR OF INFORMATION SY	40.00					X	153,820.	0.	1,694.	
(4) RICH TURNER DIRECTOR EXHIBITS & FAC	40.00					X	135,560.	0.	6,355.	
(5) JESSICA TORRES DIRECTOR OF EDUCATION & PROGRAMS	40.00					X	114,092.	0.	9,800.	
(6) CECILIA CLARK PUBLIC RELATIONS AND COMMUNICATIONS	40.00					X	108,978.	0.	13,120.	
(7) DEBBIE MCKENZIE ASSOCIATE DIRECTOR OF DEVELOPMENT	40.00					X	105,603.	0.	10,854.	
(8) KEVAN KRYSLER CHAIR	2.00	X		X			0.	0.	0.	
(9) ALAN MARKS VICE CHAIR	2.00	X		X			0.	0.	0.	
(10) VY TRAN SECRETARY	2.00	X		X			0.	0.	0.	
(11) JAY HANSON TREASURER	2.00	X		X			0.	0.	0.	
(12) DAN AMEND GOVERNANCE COMMITTEE CHAIR	2.00	X					0.	0.	0.	
(13) CHARLES LYNCH AUDIT COMMITTEE CHAIR	2.00	X					0.	0.	0.	
(14) CHANNING FLYNN VICE AUDIT COMMITTEE CHAIR	2.00	X					0.	0.	0.	
(15) JANA ARBANAS LEGACY CO-CHAIR	2.00	X					0.	0.	0.	
(16) JEANETTE CALANDRA LEGACY CO-CHAIR	2.00	X					0.	0.	0.	
(17) KIM DECARLIS BOARD MEMBER	2.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTINE BASTIAN COMP. COMMITTEE CHAIR (LEFT 9/21)	2.00	X						0.	0.	0.
(19) RENU R. BHATIA BOARD MEMBER	2.00	X						0.	0.	0.
(20) BRIAN BREWSTER BOARD MEMBER	2.00	X						0.	0.	0.
(21) CINDY CARTER BOARD MEMBER	2.00	X						0.	0.	0.
(22) IRIS CHEN BOARD MEMBER	2.00	X						0.	0.	0.
(23) PAULA DELANEY BOARD MEMBER	2.00	X						0.	0.	0.
(24) PATRICIA K. EASTMAN BOARD MEMBER	2.00	X						0.	0.	0.
(25) LAURA FENNELL BOARD MEMBER	2.00	X						0.	0.	0.
(26) TOM LIVERMORE BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,057,789.	0.	70,540.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,057,789.	0.	70,540.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MINDSPASH INVENTIVE PLAYSAPES, 889 HONEST PLEASURE DRIVE, NAPERVILLE, IL	EXHIBIT FABRICATION	123,000.
MEDIA CAUSE, INC., 1436 U STREET NW, SUITE 400, WASHINGTON, DC 20009	MARKETING SUPPORT	114,233.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>	329,990.			
	<b>c</b> Fundraising events	<b>1c</b>	1,133,691.			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,536,496.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	733,231.			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 33,272.			
	<b>h Total.</b> Add lines 1a-1f		4,733,408.			
Program Service Revenue	<b>2 a</b> ADMISSIONS	Business Code 611600	1,371,685.	1,371,685.		
	<b>b</b> TRAVELING EXHIBITS	611600	670.	670.		
	<b>c</b> PROGRAM FEES	611600	600.	600.		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		1,372,955.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		87,012.		87,012.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses		1,399,867.			
	<b>c</b> Gain or (loss)		20,555.			
<b>d</b> Net gain or (loss)		20,555.		20,555.		
<b>8 a</b> Gross income from fundraising events (not including \$ 1,133,691. of contributions reported on line 1c). See Part IV, line 18						
		51,800.				
		163,766.				
<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from fundraising events			-111,966.		-111,966.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances						
		33,471.				
		0.				
<b>b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory		33,471.	33,471.			
Miscellaneous Revenue	<b>11 a</b> MISC INCOME	Business Code 611600	15,438.	15,438.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		15,438.			
<b>12 Total revenue.</b> See instructions		6,150,873.	1,421,864.	0.	-4,399.	

**Part IX Statement of Functional Expenses**

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

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

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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	119,954.	<b>1</b>	56,547.
	<b>2</b> Savings and temporary cash investments .....	5,950,280.	<b>2</b>	5,906,266.
	<b>3</b> Pledges and grants receivable, net .....	974,538.	<b>3</b>	1,100,887.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	14,054.	<b>8</b>	14,054.
	<b>9</b> Prepaid expenses and deferred charges .....	170,515.	<b>9</b>	127,737.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 19,672,450.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 14,576,212.	5,837,438.	<b>10c</b> 5,096,238.
	<b>11</b> Investments - publicly traded securities .....	3,576,311.	<b>11</b>	3,812,179.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	22,961.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,662,970.	<b>15</b>	8,311,135.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	25,329,021.	<b>16</b>	24,425,043.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	449,149.	<b>17</b>	468,953.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	281,576.	<b>19</b>	378,848.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,076,423.	<b>25</b>	152,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,807,148.	<b>26</b>	999,801.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,837,840.	<b>27</b>	12,145,000.
	<b>28</b> Net assets with donor restrictions .....	11,684,033.	<b>28</b>	11,280,242.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	23,521,873.	<b>32</b>	23,425,242.
<b>33</b> Total liabilities and net assets/fund balances .....	25,329,021.	<b>33</b>	24,425,043.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,150,873.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,589,410.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	561,463.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	23,521,873.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-275,702.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-382,392.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	23,425,242.

**Part XII Financial Statements and Reporting**

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

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

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

Form **990** (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,244,819.	5,088,364.	3,459,142.	4,133,243.	4,733,408.	22,658,976.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	575,902.	566,277.	556,008.	545,054.	575,592.	2,818,833.
<b>4 Total.</b> Add lines 1 through 3 .....	5,820,721.	5,654,641.	4,015,150.	4,678,297.	5,309,000.	25,477,809.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,464,877.
<b>6 Public support.</b> Subtract line 5 from line 4.						24,012,932.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	5,820,721.	5,654,641.	4,015,150.	4,678,297.	5,309,000.	25,477,809.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	149,400.	163,345.	123,291.	65,887.	87,012.	588,935.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	141,341.	139,331.	5,886.	20,219.	67,238.	374,015.
<b>11 Total support.</b> Add lines 7 through 10						26,440,759.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,756,095.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.82 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	90.26 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990) 2021



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

SAN JOSE CHILDREN'S DISCOVERY MUSEUM

Employer identification number

94-2870828

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization  SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number  94-2870828
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 225,955.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 938,421.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 216,299.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 171,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 177,382.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 104,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number  94-2870828
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 267,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 924,422.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number  94-2870828
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number  94-2870828
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: SAN JOSE CHILDREN'S DISCOVERY MUSEUM; Employer identification number: 94-2870828

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,897,677.	3,594,864.	3,742,796.	4,613,642.	4,313,397.
b Contributions		513,878.			
c Net investment earnings, gains, and losses	-168,135.	790,335.	210,028.	104,271.	649,526.
d Grants or scholarships					
e Other expenditures for facilities and programs	676,978.	1,400.	357,960.	975,117.	349,281.
f Administrative expenses					
g End of year balance	5,406,520.	4,897,677.	3,594,864.	3,742,796.	4,613,642.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  78.4300 %
  - b Permanent endowment  21.4800 %
  - c Term endowment  .0900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,355,256.	2,015,773.	2,339,483.
d Equipment		1,474,543.	1,370,820.	103,723.
e Other		13,842,651.	11,189,619.	2,653,032.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,096,238.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (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, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DONATED RENT RECEIVABLE	8,307,265.
(2) OTHER CURRENT ASSETS	3,870.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,311,135.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CUSTOMER DEPOSITS	2,000.
(3) ECONOMIC INJURY DISASTER LOAN	150,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	152,000.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,449,438.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-275,702.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	575,867.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	300,165.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,149,273.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,600.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,600.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,150,873.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,546,069.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	958,259.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	958,259.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,587,810.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,600.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,600.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,589,410.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS IS TO GENERATE INCOME

FOR VARIOUS PROGRAMS.

PART X, LINE 2:

UNCERTAINTY IN INCOME TAXES:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT

MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND

BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE MUSEUM IN ITS FEDERAL AND

STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE

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

SUSTAINED UPON EXAMINATION.

THE MUSEUM'S FEDERAL RETURNS FOR THE YEARS ENDED AUGUST 31, 2021, 2020,

AND 2019 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES,

GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THE MUSEUM'S STATE RETURNS

FOR THE YEARS ENDED AUGUST 31, 2021, 2020, 2019, AND 2018 COULD BE SUBJECT

TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER

THEY ARE FILED.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LEGACY FOR CHILDREN AWARD (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	1,185,491.			1,185,491.
	<b>2</b> Less: Contributions .....	1,133,691.			1,133,691.
	<b>3</b> Gross income (line 1 minus line 2) .....	51,800.			51,800.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	46,727.			46,727.
	<b>7</b> Food and beverages .....	81,349.			81,349.
	<b>8</b> Entertainment .....	26,600.			26,600.
	<b>9</b> Other direct expenses .....	9,090.			9,090.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				163,766.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-111,966.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

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

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

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

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

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





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **SAN JOSE CHILDREN'S DISCOVERY MUSEUM**  
 Employer identification number: **94-2870828**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b**

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

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

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? ..... **4a**

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**

**c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? ..... **5a**

**b** Any related organization? ..... **5b**

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? ..... **6a**

**b** Any related organization? ..... **6b**

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARILEE JENNINGS EXECUTIVE DIRECTOR	(i)	226,173.	30,000.	0.	0.	13,382.	269,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN CLARK DIRECTOR OF FINANCE & ADM	(i)	163,563.	20,000.	0.	0.	15,335.	198,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHERYL BLUMENTHAL DIRECTOR OF INFORMATION SY	(i)	143,820.	10,000.	0.	0.	1,694.	155,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 7:

THE BONUSES THAT ARE AWARDED ARE NON-FIXED BONUSES. BONUSES WERE AWARDED

FOR YEAR END RESULTS AND ACHIEVEMENTS. THE PROCEDURE FOR STAFF BONUSES

STARTS WITH THE EXECUTIVE DIRECTOR, MARILEE JENNINGS, MEETING WITH AND

SHARING HER BONUS RECOMMENDATION TO THE COMPENSATION COMMITTEE OF THE

BOARD. THE COMPENSATION COMMITTEE OF THE BOARD MAKES THEIR RECOMMENDATION

TO THE BOARD, WHICH VOTES ON THE RECOMMENDATION. BONUSES FOR THE EXECUTIVE

DIRECTOR AND THE DIRECTOR OF FINANCE ARE AT THE RECOMMENDATION OF THE BOARD

PRESIDENT AND APPROVAL OF THE BOARD. THE BONUS IS INCLUDED IN THE 2021

CALENDAR YEAR W-2 AND REPORTED ON SCHEDULE J, PART II, COLUMN B(II).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **SAN JOSE CHILDREN'S DISCOVERY MUSEUM** Employer identification number **94-2870828**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	211.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	12,960.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( UNITED AIRLIN )	X	1	15,000.	FMV
26 Other ▶ ( SUPPLIES )	X	3	5,101.	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021



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

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

THE ORGANIZATION HAS CONTRACTED WITH CARS, 4669 MURPHY CANYON ROAD, SUITE 200, SAN DIEGO CA 92123 858-300-2900, TO FACILITATE VEHICLE DONATION PROGRAM. ONE WAS DONATED IN 2021-2022 FISCAL YEAR.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

SAN JOSE CHILDREN'S DISCOVERY MUSEUM

Employer identification number

94-2870828

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

EACH HOUSING 8-10 INTERACTIVE EXHIBITS THAT ADDRESS THE DISTINCTIVE  
 NEED FOR CHILDREN TO LEARN THROUGH CONCRETE INTERACTIONS. AN ADJACENT  
 30,000 SQUARE FOOT OUTDOOR NATURE EDUCATION CENTER, BILL'S BACKYARD:  
 BRIDGE TO NATURE, OFFERS EXHIBIT SIGNAGE IN ENGLISH, SPANISH AND  
 VIETNAMESE THAT FOCUSES VISITOR INTERACTIONS ON THE UNIQUENESS OF  
 OUTDOOR PLAY, SUCH AS BUILD, ROLL, CLIMB, PLANT, AND OBSERVE, TO NAME A  
 FEW. TEN DIFFERENT LOCAL SPECIES OF ANIMALS AND INSECTS WERE CAST IN  
 BRONZE AND PLACED APPROPRIATELY THROUGHOUT THE AREA TO ALLOW CHILDREN  
 TO DISCOVER THEM IN THEIR NATURAL HABITAT. A 7,200-GALLON RAIN-HARVEST  
 SYSTEM IS USED TO IRRIGATE THE NATIVE LANDSCAPE AND TO TEACH VISITORS  
 ABOUT WATER CONSERVATION AT THE SAME TIME. BY BRINGING NATURE TO  
 CHILDREN, CDM HOPES TO CREATE A SPARK SO THAT CHILDREN WILL THEN SEEK  
 OUT OTHER OUTDOOR OPPORTUNITIES CLOSE TO THEIR HOME, AND BECOME  
 ENVIRONMENTAL STEWARDS AS THEY GROW UP.

THE MAJORITY OF CDM'S EXHIBITS ARE DESIGNED FOR CHILDREN TO AGE 10 AND  
 THEIR PARENTS AND CAREGIVERS, WHILE THE WONDER CABINET SERVES THE NEEDS  
 OF THE MUSEUM'S YOUNGEST VISITORS AS AN EARLY LEARNING ENVIRONMENT WITH  
 EXHIBITS DESIGNED TO SUPPORT THE COGNITIVE, EMOTIONAL AND SOCIAL  
 DEVELOPMENT OF INFANTS, TODDLERS AND PRESCHOOLERS. WHETHER CHILDREN  
 ARE ROLE PLAYING A FIREFIGHTER ON THE AUTHENTIC FIRE ENGINE IN THE  
 STREETS OF SAN JOSE EXHIBIT, OR USING COLORFUL PLASTIC BALLS TO STUDY  
 HOW WATER RUSHES AND FLOWS IN WATERWAYS, THEY ARE ACTIVELY ENGAGED IN

LEARNING, INSPIRED BY THEIR OWN CURIOSITY TO INVESTIGATE HOW THINGS

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

Schedule O (Form 990) 2021

Name of the organization SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number 94-2870828
--	--

WORK AND TO UNDERSTAND MORE ABOUT THE WORLD IN WHICH WE LIVE. WITH SPONSORSHIP FROM CEFCU, THE AMAZING AIRMAZE EXHIBIT WAS INSTALLED BY MINDSPASH AND STEALTH ENTERPRISE INC. THE NEW EXHIBIT SPANS TWO FLOORS INSIDE THE MUSEUM AND FEATURES SCARVES AND YARN BALLS MOVING THROUGH A SERIES OF PLEXIGLASS TUBES AND EMERGING FROM ONE OF SIX EXITS, MUCH TO THE DELIGHT OF MUSEUM VISITORS. THE NEW POTTER THE OTTER: A HEALTHY ADVENTURE EXHIBIT, SPONSORED WITH FUNDING FROM FIRST 5 SANTA CLARA COUNTY, RE-OPENED IN THE MUSEUM'S CENTRAL PARK SPACE IN JULY, 2021, AND IS SCHEDULED TO BEGIN ITS 3-YEAR TOUR IN JANUARY, 2023.

SIMILAR TO MOST CHILDREN'S MUSEUMS AND MANY SCIENCE CENTERS, CDM'S EXHIBITS ARE HIGHLY TACTILE AND ENCOURAGE TOUCHING, EXPLORING, MANIPULATING AND EXPERIMENTING, WHILE CUTTING ACROSS THE DISCIPLINES OF ART, SCIENCE AND THE HUMANITIES. ACTING WITH AN ABUNDANCE OF CAUTION DUE TO COVID-19, THE MUSEUM CLOSED TO THE PUBLIC ON MARCH 5, 2020 AND REMAINED CLOSED FOR 14 MONTHS. DURING THAT TIME, MUSEUM STAFF AND ITS BOARD OF DIRECTORS WORKED TO DEVELOP A RESTORATION AND REVITALIZATION PLAN. MAJOR FACILITY IMPROVEMENTS WERE MADE TO ENHANCE AIR FILTRATION AND TO INSTALL TOUCHLESS PLUMBING AND HYDRATION STATIONS. CURRENT YEAR PROJECTS INCLUDED A MAJOR HVAC CONTROL SYSTEM UPGRADE FROM PNEUMATIC TO DIRECT DIGITAL CONTROLS AND A RENOVATION OF THE CADENCE AMPHITHEATRE BY STEALTH ENTERPRISE INC. AS THE COVID-19 PANDEMIC BEGAN TO WANE, THE MUSEUM SLOWLY REOPENED ITS INTERIOR EXHIBITS AND RELAUNCHED PROGRAMMING. RECOGNIZING THAT YOUNG CHILDREN (UNDER 5 YEARS) WERE NOT ELIGIBLE FOR COVID-19 VACCINATIONS UNTIL MID-JUNE, 2022, AND THE SUBSEQUENT TIME PERIOD FOR FULL VACCINE PROTECTION, THE MUSEUM CHOSE TO FOLLOW GUIDELINES ESTABLISHED FOR SCHOOLS AND TO REQUIRE ALL VISITORS, REGARDLESS OF VACCINATION STATUS, TO WEAR MASKS INSIDE AND OUTSIDE

Name of the organization SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number 94-2870828
--	--

WHILE AT THE MUSEUM. MUSEUM VISITATION WAS DEFINED AS "CIRCULATION"

RATHER THAN A "GATHERING," WHICH EXEMPTED CDM FROM THE CITY ORDINANCE

REQUIRING ALL CITY-OWNED VENUES, WITH INDOOR ATTENDANCE OF 50 PERSONS

OR MORE, TO PROVIDE PROOF OF VACCINATION. IN THE FALL OF 2021, THE

MUSEUM ADOPTED A SINGLE 2 HOURS PLAY SESSION FOR WEDNESDAY THROUGH

FRIDAY AND TWO 2 HOUR PLAY SESSIONS ON SATURDAY, SUNDAY AND ON

HOLIDAYS. IN JUNE, THE WEEKDAY SCHEDULE WAS INCREASED TO TWO PLAY

SESSIONS. OVER THE FISCAL YEAR, THE MUSEUM PROVIDED A SAFE AND

ENGAGING ENVIRONMENT FOR FAMILIES RETURNING TO PUBLIC ACTIVITIES TO

144,000 VISITORS AND MEMBERS.

IN EARLY FALL OF 2021, CDM OPENED ZOOM ZONE, A NEW EDUCATIONAL AND

INTERACTIVE PLAY SPACE FOR VERY YOUNG CHILDREN AROUND THE THEME OF

"THINGS THAT FLY" IN TERMINAL B AT THE MINETA SAN JOSE INTERNATIONAL

AIRPORT. THIS NEW OFFSITE PLAY SPACE WAS MADE POSSIBLE WITH EXHIBIT

FUNDING FROM ZOOM VIDEO COMMUNICATIONS, A 5-YEAR DONATED LEASE OF 600

SQUARE FEET FROM THE CITY OF SAN JOSE AND OVER \$400,000 IN PRO BONO

CONSTRUCTION SUPPORT UNDER THE DIRECTION OF HENSEL PHELPS CONSTRUCTION.

PROGRESS CONTINUES ON EXPLORATION PORTAL, WITH A PRELIMINARY SET OF

EXHIBIT DESIGNS SELECTED FROM SCIENTIFIC ART STUDIO. THE SPACE WILL

CONTINUE TO FOCUS ON THE INTERSECTION OF MATH AND NATURE FOR ITS

CONTENT, PROVIDING MORE PLACES FOR FAMILIES TO INTERACT WITH EXHIBITS

AND THE NATURAL WORLD. WHILE THE XU FAMILY CHARITABLE FOUNDATION

REMAINS THE MAJOR SPONSOR FOR THIS SPACE, ADDITIONAL FUNDING WAS

SECURED FROM FIRST 5 SANTA CLARA COUNTY AND THE SANTA CLARA VALLEY

WATER DISTRICT THROUGH THE SAFE, CLEAN WATER AND NATURAL FLOOD

PROTECTION PROGRAM (MEASURE B NOVEMBER 2012.)

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

FEASIBILITY IN TERMS OF MISSION AND FINANCIAL LIQUIDITY, COMMITMENTS

Name of the organization SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number 94-2870828
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FROM THE CITY OF SAN JOSE WERE SECURED FOR SEVERAL FUTURE PROJECTS,  
INCLUDING MODERNIZATION OF THE FREIGHT ELEVATOR; AND SECURITY MEASURES,  
WHICH INCLUDE A SPECIALLY-DESIGNED WALL TO SECURE THE AMPHITHEATRE AND  
ADDITIONAL SECURITY CAMERAS, THROUGH A SPECIAL GRANT FROM THE MAYOR'S  
OFFICE OF \$175,500. CDM'S SINKING FUND, A 1-TO-1 MATCH WITH THE CITY,  
WILL BE UTILIZED TO UPGRADE AND MAKE ADA ACCESSIBLE THE AUDIO, LIGHTING  
AND PROJECTION SYSTEMS IN THE LEE AND DIANE BRANDENBURG THEATRE IN THE  
FALL. THE MUSEUM'S PAYMENT PROTECTION PROGRAM SECOND DRAW WAS  
APPROVED BY THE SBA FOR LOAN FORGIVENESS IN THE FALL OF 2021

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

HEALTHTRUST, SAN JOSE COUNCILMEMBER RAUL PERALEZ, SANTA CLARA FAMILY  
HEALTH PLAN, AND ANTHEM BLUECROSS. THE FIRST THREE CLINICS WERE  
CONDUCTED BY THE SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT, WITH THE  
STANFORD FLU CREW PROVIDING VACCINES FOR THE 4TH CLINIC.  
THE MUSEUM'S MISSION CONTINUES TO SUPPORT A THREE-PRONGED APPROACH TO  
THE ARTS: ENGAGEMENT WITH AND VIEWING THE WORK OF PROFESSIONAL  
ARTISTS; EXPLORING OTHER CHILDREN'S ART; AND CREATING INDIVIDUAL WORKS  
OF ART IN VARIOUS FORMATS. THE NATIONAL ENDOWMENT OF THE ARTS AWARDED  
CDM A \$100,000 GRANT TO RE-ESTABLISH ARTS PROGRAMMING. WITH THE  
REOPENING OF THE LEROY NEIMAN ART STUDIO, A NEW ARTIST-IN-RESIDENCE  
PROGRAM WAS INITIATED IN SUMMER OF 2022 WITH CDM'S NEWLY-HIRED ARTS  
PROGRAM MANAGER. THE PROGRAM WILL HOST A PROFESSIONAL VISUAL ARTIST  
FOR A 3-MONTH RESIDENCY TO LEAD CHILDREN IN ART-MAKING ACTIVITIES AND  
TO SHARE THEIR PROFESSIONAL TALENTS. THE MUSEUM SERVED AS AN  
EVALUATION SITE FOR THE ALEGREMENTE! HAPPY BRAIN TRAVELING EXHIBIT,  
BUILT BY OMSI (OREGON MUSEUM OF SCIENCE AND INDUSTRY.) THE THEME OF

Name of the organization SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number 94-2870828
--	--

THIS BILINGUAL EXHIBIT (ENGLISH AND SPANISH) IS HOW EVERYDAY

INTERACTIONS BUILD SOCIAL/EMOTIONAL, LANGUAGE, COGNITIVE AND MOTOR

SKILLS FOR A LIFETIME.

THE JUNETEENTH CELEBRATION WAS ADDED TO CDM'S NUMEROUS CULTURAL

FESTIVALS, WHICH OFFER A MEANS FOR THE LOCAL COMMUNITY TO PARTICIPATE

IN VARIOUS CULTURAL FESTIVALS THAT REPRESENT THE REGION'S ETHNIC

DIVERSITY. THE FESTIVALS, SUCH AS MID-AUTUMN FESTIVAL, DIA DE LOS

MUERTOS, DIWALI, MENORAHS AND MIRACLES, DIA DE LOS TRES REYES MAGOS,

LUNAR NEW YEAR, CHILDREN OF THE DRAGON, AND PROUD OF MY FAMILY,

FEATURED BOTH ONSITE AND VIRTUAL PROGRAMMING.

ADDITIONAL NATIONAL LEADERSHIP GRANT FUNDING FROM THE INSTITUTE OF

MUSEUM AND LIBRARY SERVICES (IMLS) IN SEPTEMBER, 2021, WILL CONTINUE TO

FUND THE ONGOING WORK OF CDM'S CULTURAL COMPETENCE LEARNING INSTITUTE

(CCLI) IN COLLABORATION WITH THE ASSOCIATION OF CHILDREN'S MUSEUMS, THE

ASSOCIATION OF SCIENCE AND TECHNOLOGY CENTERS AND THE GARIBAY GROUP TO

WORK WITH 15-18 MUSEUMS FROM ACROSS MUSEUM SECTORS. THE ULTIMATE GOAL

OF CCLI IS TO DEVELOP, TRACK, PROMOTE AND SUSTAIN ORGANIZATIONAL CHANGE

WITHIN INDIVIDUAL INSTITUTIONS AND FIELD-WIDE IN ORDER TO BUILD

MUSEUMS' CAPACITY TO ENGAGE WITH ISSUES OF INCLUSION AND CULTURAL

COMPETENCE. CDM AND ITS PARTNERS BELIEVE THAT CCLI'S PEER-DRIVEN

APPROACH TO DIVERSITY AND INCLUSION RESPONDS TO THE NEED VOICED BY THE

BROADER MUSEUM FIELD AND CAN HELP TO SHIFT DECADES OF CONVERSATION

ABOUT DIVERSITY TO TANGIBLE ACTIONS THAT WILL EMPOWER MUSEUMS TO

PROVIDE HIGH QUALITY, INCLUSIVE EXPERIENCES THAT REFLECT AND RESPOND TO

THE NEEDS OF THEIR ENTIRE COMMUNITY.

CDM ENTERED INTO YEAR 3 OF A 5-YEAR COLLABORATION WITH THE

EXPLORATORIUM TO IMPROVE STEM PARTICIPATION BY LATINX AUDIENCES,

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

Name of the organization SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number 94-2870828
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EXPLORATORIUM'S WORK TO REACH LATINX AUDIENCES. WHILE COHORT 1 PARTICIPANTS MET VIRTUALLY IN YEAR 2, COHORT 2 PARTICIPANTS GATHERED IN PERSON WITH 5 TEAMS FROM ACROSS THE COUNTRY ATTENDING: NEW YORK HALL OF SCIENCE (NY), BRONX ZOO (NY), INTERNATIONAL MUSEUM OF ART AND SCIENCE (TX), CHILDREN'S MUSEUM TUCSON (AZ) AND THE TECH INTERACTIVE (CA). FUNDING FOR THIS INITIATIVE WAS SECURED FROM THE NATIONAL SCIENCE FOUNDATION.

IN PARTNERSHIP WITH MARYAM ESKANDARI, MIIM DESIGNS, CDM LAUNCHED A MULTI-YEAR INITIATIVE ABOUT PERSIAN CULTURE BY EXPLORING HOW NOWRUZ, THE NEW YEAR CELEBRATION OCCURRING ON THE SPRING EQUINOX, IS CELEBRATED AROUND THE WORLD TODAY. CDM REACHED OUT TO ITS SUPPORTER BASE TO IDENTIFY PERSONS WILLING TO SERVE AS CULTURAL AMBASSADORS. THESE CULTURAL AMBASSADORS ARE COMMUNITY VOLUNTEERS WHO SHARE THEIR PERSONAL KNOWLEDGE, EXPERIENCE AND UNDERSTANDING OF NOWRUZ WITH CDM STAFF. THEIR ROLE IS TO PROVIDE INTRODUCTIONS TO OTHER PERSIAN COMMUNITY MEMBERS, WHO CAN PROVIDE CULTURAL EXPERTISE, ARTISTIC TALENT OR RESOURCES TO THE PROJECT. OVER THE COURSE OF THE YEAR, THREE GROUP MEETINGS WERE CONDUCTED WITH THE CULTURAL AMBASSADORS. RESULTING FROM THESE SESSIONS, A MULTI-YEAR ROAD MAP WAS DEVELOPED BEGINNING WITH BUILDING A STRONG FOUNDATION OF CULTURAL KNOWLEDGE, COMMUNITY ADVOCATES AND POTENTIAL RESOURCES, AND CULMINATING IN A WORLD-CLASS INTERACTIVE EXHIBIT FOR CHILDREN CALLED NOWRUZ AROUND THE WORLD, AND AN AUTHENTIC FESTIVAL CELEBRATED ANNUALLY AT CDM.

CDM CONTINUOUSLY STRIVES TO UNDERSTAND AND TO IMPROVE ITS SERVICE TO ITS VISITORS. IN 2019, CDM JOINED THE COLLABORATION FOR ONGOING VISITOR ENGAGEMENT SURVEYS (COVES) LED BY THE MUSEUM OF SCIENCE, BOSTON. PARTICIPATION IN THIS COLLABORATIVE ENABLES CDM TO SURVEY ITS VISITORS SYSTEMATICALLY ABOUT THEIR MUSEUM EXPERIENCE, AND TO GARNER

Name of the organization SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number 94-2870828
--	--

DEMOGRAPHIC INFORMATION ABOUT ITS VISITORS. DURING THE PANDEMIC, THE COVES VISITOR SURVEY WAS MODIFIED TO SOLICIT VISITOR FEEDBACK ON SAFETY AND SANITATION ISSUES UPON REOPENING. THE INFORMATION GLEANED FROM THESE SURVEYS WAS INSTRUMENTAL IN PROGRAM AND FACILITY MODIFICATIONS AS CDM GRADUALLY REOPENED ITS INTERIOR SPACES.

AS CULMINATION OF THE TWO-YEAR AMERICAN ALLIANCE OF MUSEUM'S (AAM) FACING CHANGE INITIATIVE, THE MUSEUM'S BOARD'S FACING CHANGE TASK FORCE PARTICIPATED IN AN ANNUAL RETREAT OF THE BAY AREA COHORTS. CDM PRODUCED A VIDEO DOCUMENTING ITS LEARNING AND ACKNOWLEDGING AAM INITIATIVE. THE FOCUS OF CDM'S TASK FORCE WAS TWO-FOLD: CREATE A PIPELINE OF BOARD CANDIDATES REPRESENTING ETHNIC DIVERSITY AND WORKING IN A FIELD FOCUSED ON CHILDREN'S HEALTH AND DEVELOPMENT, OR REPRESENTING THE SOCIAL AND CULTURAL NORMS OF CDM'S AUDIENCE; AND DEVELOP WAYS TO ENGAGE BOARD MEMBERS MORE BROADLY WITH MUSEUM STAFF IN ORDER TO ENGENDER TRUST AND TO DEMYSTIFY THE BOARD.

WITH SUPPORT FROM THE DAVID AND LUCILE PACKARD FOUNDATION, CDM RETAINED ELISA DIANA HUERTA, PH.D., TO DEVELOP A SIX-MONTH PROFESSIONAL DEVELOPMENT PROGRAM FOR STAFF THAT WILL SUPPORT CDM'S GOALS OF IDENTIFYING AND DISMANTLING SYSTEMS OF OPPRESSION IN ITS MANAGEMENT AND OPERATIONS. PHASE I INCLUDED STAFF INTERVIEWS AND PHASE II PROVIDED TRAINING WORKSHOPS.

LOOKING FORWARD, THE MUSEUM WILL CONTINUE TO RESTORE PROGRAMS, WHICH WERE CEASED DUE TO COVID-19, AND TO EMBRACE NEW PROGRAM OPPORTUNITIES. WITH COVID-19 VACCINES NOW AVAILABLE FOR CHILDREN 6 MONTHS AND OLDER, THE MUSEUM WILL CONTINUE TO WORK THE STANFORD FLU CREW TO PROVIDE VACCINATION CLINICS PRIOR TO THE ENDING OF THE FEDERAL GOVERNMENT'S SUBSIDY IN FEBRUARY, 2023. THE MUSEUM WILL ALSO RESTORE ITS PLAY YOUR WAY EVENING, A SMALL EVENT TO WHICH FAMILIES WITH CHILDREN ON THE



Name of the organization SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number 94-2870828
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AUTISM SPECTRUM ARE WELCOMED INTO THE MUSEUM. NEW PROGRAMS INCLUDE THE RETURN OF GREAT BIG FAMILY FUN DAY, WHICH WILL BE HOSTED INSIDE OF THE MUSEUM, RATHER THAN IN THE PARK. OVER 2,000 ATTENDEES ARE ANTICIPATED TO VISIT ON THAT SINGLE DAY, AND A READING FESTIVAL IN SUMMER OF 2023. THE READING FESTIVAL WILL BE A COLLABORATION WITH KRISTI YAMAGUCHI'S ALWAYS DREAM FOUNDATION AND THE SAN JOSE PUBLIC LIBRARIES, WHICH WILL CULMINATE IN A DAY-LONG READING FESTIVAL FOR THE PUBLIC FEATURING COMMUNITY OFFICIALS AND CELEBRITIES. THE CURRENT TIMELINE FOR CONSTRUCTION OF THE NEW OUTDOOR EXPLORATION PORTAL CALLS FOR GROUNDBREAKING IN LATE SPRING OF 2023 AND PUBLIC OPENING IN 2024.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE 990 IS FIRST PRESENTED TO AND REVIEWED IN DEPTH BY THE ORGANIZATION'S AUDIT COMMITTEE. UPON THE COMPLETION OF THE REVIEW, THE CHAIR OF THE AUDIT COMMITTEE WILL PRESENT THE BOARD WITH THE RETURN AND A LIST OF ANY SIGNIFICANT POINTS.

FORM 990, PART VI, SECTION B, LINE 12C:  
EACH BOARD MEMBER REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY AT THE BOARD'S ANNUAL BUSINESS MEETING IN SEPTEMBER. NEWLY ELECTED BOARD MEMBERS REVIEW AND SIGN THE POLICY UPON THEIR ELECTION TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:  
A) PERFORMANCE REVIEW OF EXECUTIVE DIRECTOR IS CONDUCTED BY THE CHAIR OF THE BOARD WITH INPUT FROM BOARD MEMBERS.

B) DIRECTOR OF FINANCE & ADMINISTRATION IS REVIEWED ANNUALLY BY THE

Name of the organization SAN JOSE CHILDREN'S DISCOVERY MUSEUM	Employer identification number 94-2870828
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EXECUTIVE DIRECTOR. HR COMMITTEE HAS IDENTIFIED 5 SIMILAR INSTITUTIONS WHERE COMPENSATION, ALONG WITH OTHER RELEVANT INFORMATION, IS REVIEWED FOR COMPARIBILITY. THE BOARD APPROVES COMPENSATION FOR THESE TWO POSITIONS. THE PROCESS IS PERFORMED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:  
ORGANIZATIONAL AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.