2016

990

PUBLIC

DISCLOSURE

			** PUBLIC DISCLOSURE COPY *	*	
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	xcept private foundations	2016
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public
		enue Service	Information about Form 990 and its instructions is at www.		Inspection
<u>A I</u>	or th			JUN 30, 2017	
B	Check if applicab			D Employer identificat	tion number
	□Addre		NDIDO CHILDREN'S MUSEUM INC. DBA DIEGO CHILDREN'S DISCOVERY MUSEUM		
	chang		JIEGO CHILDREN S DISCOVERI MOSEOM	33-091	12735
F	chang Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/suit		2755
	Final Final	320	N BROADWAY		233-7755
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,814,957.
	Amer returr	ESCO	NDIDO, CA 92025	H(a) Is this a group retu	rn
	Appli tion	^{ca-} F Name a	nd address of principal officer: JAVIER GUERRERO	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates inclu	ded? Yes No
1	Гах-ех	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 52	7 If "No," attach a list	t. (see instructions)
			SDCDM.ORG	H(c) Group exemption r	
		f organization:	X Corporation Trust Association Other ▶ L Yea	r of formation: 2000 M S	tate of legal domicile: CA
Pa	art I	Summary			
e	1	Briefly describ	e the organization's mission or most significant activities: INSPIRING	CHILDREN TO I	
Jan			UR WORLD THROUGH EXPLORATION, IMAGINAT		
Governance	2		x if the organization discontinued its operations or disposed of mo	1.1	ts. 10
ĝ	3		ing members of the governing body (Part VI, line 1a)		10
م م	4		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2016 (Part V, line 2a)	·····	43
Activities &	6		of individuals employed in calendar year 2010 (Part V, line 2a)		124
cti∕			d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	2,330,899.	1,245,133.
Revenue	9		ce revenue (Part VIII, line 2g)	287,004.	416,985.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	2.	0.
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-775.	53,500.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,617,130.	1,715,618.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
ses	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)	809,753.	1,003,738.
ens	16a	Professional f	andraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ 203,890.	0.	0.
Expenses				E70 EC2	E12 1E0
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)	570,563. 1,380,316.	513,158.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,236,814.	1,516,896. 198,722.
SS	19	Revenue less	expenses. Subtract line 18 from line 12		-
Net Assets or Fund Balances	20	Total assets (I	F	Beginning of Current Year 2,350,626.	End of Year 2,319,437.
Asse	20			672,423.	442,512.
Net , und	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	1,678,203.	1,876,925.
_	art II			_, ,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		•	declare that I have examined this return, including accompanying schedules and state	ments, and to the best of mv ki	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepare		, , , , ,
		<u> </u>		D	

Sign	Signature of officer		Date
Here		TIVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid			12/12/17 if self-employed
Preparer	Firm's name 🕨 ALDRICH CPAS AND		Firm's EIN
Use Only	Firm's address 7676 HAZARD CENT	ER DRIVE, STE 1300	
	SAN DIEGO, CA 92	108	Phone no. (619) 810 - 4940
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No

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

Form **990** (2016)

1 E	III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	RE CHILDR	. [
2 [Briefly describe the organization's mission: SAN DIEGO CHILDREN'S DISCOVERY MUSEUM'S MISSION IS TO INSPI FO LEARN ABOUT OUR WORLD THROUGH EXPLORATION, IMAGINATION A	RE CHILDR	<u> </u>
2 [SAN DIEGO CHILDREN'S DISCOVERY MUSEUM'S MISSION IS TO INSPI TO LEARN ABOUT OUR WORLD THROUGH EXPLORATION, IMAGINATION A		
] (2 [4 1	· · · · · · · · · · · · · · · · · · ·		٤EI
(2 [7 1	EXPERIMENTATION, OUR CURRICULUM-ALIGNED PROGRAMS AND EXHIBI	UИ	
2 [TS	
R I	CULTIVATE SCHOOL READINESS AND LIFELONG LEARNING.		
	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
	f "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? f "Yes," describe these changes on Schedule O.	Yes [Χ
	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by expenses.	
5	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the evenue, if any, for each program service reported.		nd
	Code: (Expenses \$ 1,173,113 · including grants of \$) (Revenue \$	443,9	9
,	INTERACTIVE LEARNING EXPERIENCES AND GUIDED PLAY ARE CRUCIA		_
	OFTEN OVERLOOKED - ELEMENTS OF CHILDREN'S EDUCATION. CHILDR		$\overline{\mathbf{n}}$
	BE ENGAGED IN LEARNING OUTSIDE THE TRADITIONAL CLASSROOM EX		
_	REINFORCE SKILLS ACQUIRED AT SCHOOL. YOUNG CHILDREN LEARN D		
_			
_	THAN OLDER CHILDREN AND ADULTS, AND RESEARCH HAS SHOWN THAT		A.
-	ESSENTIAL PART OF DEVELOPMENTALLY APPROPRIATE, HIGH-QUALITY		
_	EDUCATION. MANY FAMILIES - PARTICULARLY THOSE IN SAN DIEGO		
_	JNDERSERVED AND AT-RISK AREAS - HAVE LITTLE TO NO DISCRETIO		
	TO SUPPLEMENT THEIR CHILDREN'S EDUCATION, AND STATE BUDGET		
_	DIFFICULTY FOR EDUCATORS TO PROVIDE RESOURCES BEYOND THE AS	SIGNED AN	١D
-	TESTED CURRICULUM.		
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$		
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4c (Code:) (Expenses \$) (Revenue \$)		
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4d (Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$)	
4e 7	Total program service expenses 1,173,113.		
		Form 99	0(
	SEE SCHEDULE O FOR CONTINUATION(S)		
32002	11-11-16 SEE SCREDULE O FOR CONTINUATION(S)		

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

1 Is the organization described in sections 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 X 2 Is the organization required to complete Schedule 0, Part 1 2 X 3 Did the organization required to complete Schedule 0, Part 1 3 X 4 Section 501(c)(3) organizations. Did the organization regage in (bibty) activities, or have a section 501(h) election in effect during the taxy and 11 "res," complete Schedule 0, Part 1 3 X 5 Is the organization asection 501(c)(6), 601(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-1971 1"ves," complete Schedule 0, Part 11 6 X 6 Did the organization necelitan any dome 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 in twich donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts in the section 0. Part 11 6 X 9 Did the organization necelitan collections of works of art, historical trassures, or other similar assets? 11 "Yes," complete Schedule 0, Part 11 7 X 9 Did the organization, active 11 Part X, ine 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credic counseling, debt management, credit repair, or other schedule 0,	Par	t IV Checklist of Required Schedules			
If 'Yes,' complete Schedule A 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 X 4 Section SOI(Q3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 5 Section SOI(Q4) organizations. Did the organization engage in lobbying activities, or have a section SOI(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X 6 Did the organization maintain any done advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization maintain orgetore of hold a conservation easement, including easements to preserve ogen space. 7 X 8 Did the organization receive or hold a conservation easement, including easement, credit repair, or debt negatization services? 7 X 7 Did the organization report an amount in Part X, line 21, for secrow or custodial account lability, serve as a custodian for amounts on listed D Part IV 8 X 8 Did the organization report an amount for law, buildings, and equipment in Part X, line 127 If 'Yes,' complete Schedule D, Part IV 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 137 Iff				Yes	No
If 'Yes,' complete Schedule A 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 X 4 Section SOI(Q3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 5 Section SOI(Q4) organizations. Did the organization engage in lobbying activities, or have a section SOI(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X 6 Did the organization maintain any done advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization maintain orgetore of hold a conservation easement, including easements to preserve ogen space. 7 X 8 Did the organization receive or hold a conservation easement, including easement, credit repair, or debt negatization services? 7 X 7 Did the organization report an amount in Part X, line 21, for secrow or custodial account lability, serve as a custodian for amounts on listed D Part IV 8 X 8 Did the organization report an amount for law, buildings, and equipment in Part X, line 127 If 'Yes,' complete Schedule D, Part IV 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 137 Iff	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 DX the organization required to complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If Yes," complete Schedule C, Part I 4 X 5 Is the organization ascetcin 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due, assessments, or similar amounts as defined in Revenue Proceedure B 9197 If Yes," complete Schedule C, Part II 5 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historia during and on the structures? If Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historia during and the rark X, line 21, for secrew or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide cold counseling, debt management, credit repair, or debt negotiation services? 7 X 10 Did the organization report an amount for law, counseling, set Yes, 'then complete Schedule D, Part V 10 X 11 If the organization report an amount for law, counseling, set Yes, 'then complete Schedule D, Part V 11 11			1	х	
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(3) organization as election 501(h) election in effect during the tax yea? If 'Yes,' complete Schedule C, Part II 5 Is the organization anistentian any doner advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If 'Yes,' complete Schedule D, Part I 7 Xi 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 8 Did the organization animitan collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts in the Art X: or provide credit counseling, debt management, credit repart, or debt negotiation services? 9 Xi 10 Did the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11 Did the organization	2	Is the organization required to complete Schedule B. Schedule of Contributors?		Х	
public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization gage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization as acetion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reveue Proceedure 981-97 If "Yes," complete Schedule D, Part III 5 X 6 Did the organization meiories of hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II 6 X 9 Did the organization meiories of works of art, historical treasures, or other similar ansets? If "Yes," complete Schedule D, Part III 7 X 9 Did the organization and areas, or historic structures? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization, inclusion a works of art, historical treasures, or other similar ansets? If "Yes," complete Schedule D, Part IV 9 X 9 Did the organization, directly or through a related organization, necesser's If "Yes," complete Schedule D, Part IV 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI <td< th=""><th></th><td></td><td></td><td></td><td></td></td<>					
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year/ <i>II</i> "ks," complete Schedule <i>C</i> , Part <i>II</i> . 4 X 5 Is the organization a section 501(c)(4). 501(c)(6), or 501(c)(6) or oganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 981497 <i>II</i> "ks," complete Schedule <i>D</i> , Part <i>II</i> . 5 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? <i>II</i> "ks," complete Schedule <i>D</i> , Part <i>II</i> . 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II</i> "Yes," complete Schedule <i>D</i> , Part <i>III</i> . 7 X 8 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>II</i> "ks," complete Schedule D, Part <i>V</i> 8 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 <i>II</i> "ks," complete Schedule D, <i>Part VI</i> 10 X 11 If the organization report an amount for other assets in Part X, line 107 <i>II</i> "ks," complete Schedule D, <i>Part VI</i> 114 X 11 If the organization	•		3		х
during the tax yea? If 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(6), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-199 If 'Yes,' complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if I'Ves,' complete Schedule D, Part II 6 X 7 X Did the organization maintain collections of works of at, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization, field a reas, or historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part IV 10 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If 'Yes,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 X 11 If the organization report an amount for investments - other securities in Part X, line 12? hast is 5% or more of its total assets reported in Part X, line	4		-		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 <i>II'</i> Yes," complete Schedule C, Part II S X 6 Did the organization maintain any donor divised 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to the environment, historical treasures, or other similar assets? II'Yes," complete Schedule D, Part II S X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? II'Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? II 'Yes," complete Schedule D, Part V III X 10 Did the organization report an amount for lawestments - other asset in Part X, line 10? II 'Yes," complete Schedule D, Part X IIII X 11 Did the organization report an amount for lawesthereproly an amount for investments -	•		4		х
similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine y, incomplete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine rop in a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 b Did the organization report an amount for investments - other securities in Part X, line 13 hat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 9 Did the organization report an amount for threstments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X	5		· ·		
6 Did the organization expense 0 X 7 X 8 Did the organization receive or hold a conservation assemement, including esamemst to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization receive or hold a conservation assemement, including esamemst to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization receive or hold a conservation assemement, including esamemst to preserve open space, the environment, historic lareasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not liste in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "res," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part V 11 11 12 Did the organization report an amount for threstements - program related in Part X, line 12? If 'Yes," complete S	Ŭ		5		x
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X b Did the organization report an amount for investments - orgoram related In Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X b Did the organization report an amount for other assets In Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," comple	6		5		
 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization mount 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? 9 Ji the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 11 Did the organization aschare the or	0		6		x
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e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 15 <th>d</th> <td></td> <td></td> <td></td> <td></td>	d				
 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in index or indifect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year' If 'Yes,' complete Schedule C, Part I Is the organization asochine of No(k), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revence Proceedue 98-191 'I''se,' complete Schedule C, Part II 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the similar amount and instead in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dub management, credit repair, and dub regolization services? If 'Yes,' complete Schedule D, Part II 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, dub management, credit repair, and dub regolization services? II 'Yes,' complete Schedule D, Part V Did the organization report an amount for the following questions is 'Yes, 'then complete Schedule D, Parts V, VII, VIII, K, or X as applicable. Did the organization report an amount for investments - other securities in Part X, line 120 II' Yes,' complete Schedule D, Part V II Did the organization neoport an amount for investments - other securities in Part X, line		11d		X	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 16 X	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> 14a Did the organization maintain an office, employees, or agents outside of the United States? 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</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 6	16				
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			16		Х
	17		-		
column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I	-		17		х
	18				
		· · · · · · · · · · · · · · · · · · ·	18	х	
	19	Did the organization report more than \$15,000 of cross income from gaming activities on Part VIII. line 9a? If "Yes."			
			19		х

Form **990** (2016)

632003 11-11-16

Form 990 (2016)

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM Page 4 Part IV Checklist of Required Schedules (continued) Yes No Х 20a Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete х Schedule K. If "No", go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule L. Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? If "Yes," Х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b b

	······································
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
20	Costion 504/0/20 eventions. Did the evention make any twention to an event one chevitable value of evention tion?		

36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
	If "Yes," complete Schedule R, Part V, line 2
27	Bid the examination conduct more than $E(x, a)$ is activities through an antity that is not a related examination

Note. All Form 990 filers are required to complete Schedule O

31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	í –
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	
	Note, All Form 990 filers are required to complete Schedule O	38

Х Form 990 (2016)

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ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM Statements Regarding Other IRS Filings and Tax Compliance

33-0912735	Page 5
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Part V	Statements Regarding Other IRS Filings and Tax Compliance	e
	Check if Schedule O contains a response or note to any line in this Part V	

.....

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17		100	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	л	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
d	to file Form 8282?	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 0 7f		X
' g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 23
Ø	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

632005 11-11-16

ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

	Check if Schedule O contains a response or note to any line in this Part VI						
ec	tion A. Governing Body and Management					-	
				_		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	anv other				
	officer, director, trustee, or key employee?				2		Ε
3	Did the organization delegate control over management duties customarily performed by or under t						t
-	of officers, directors, or trustees, or key employees to a management company or other person?		•		3		
4	Did the organization make any significant changes to its governing documents since the prior Form				4		t
	Did the organization become aware during the year of a significant diversion of the organization's as				5		t
6					6		t
	Did the organization have members or stockholders?			····· -	0		ł
<i>i</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or a				-		L
	more members of the governing body?			····· -	7a		╀
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
_	persons other than the governing body?				7b		╀
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			37	
	The governing body?				8a	X	╀
b	Each committee with authority to act on behalf of the governing body?				8b	X	Ŧ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		T
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				т
				-		Yes	ļ
0a	Did the organization have local chapters, branches, or affiliates?				10a		ļ
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapter	rs, affiliates,				l
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the for	m?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	iflicts?		12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe	Γ			Γ
	in Schedule O how this was done				12c	X	l
	Did the organization have a written whistleblower policy?				13	Х	t
	Did the organization have a written document retention and destruction policy?				14	X	t
	Did the process for determining compensation of the following persons include a review and approv						t
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	•	aoponaone				l
а	The organization's CEO, Executive Director, or top management official				15a	x	ľ
	Other officers or key employees of the organization				15b	x	t
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				130		ł
6-		mont	with a				l
Ud	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				40-		ł
	taxable entity during the year?				16a		ł
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-				l
b							ł
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga						T
	exempt status with respect to such arrangements?				16b		
ect	exempt status with respect to such arrangements?				160		_
ect	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA						_
ect	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990					ole	
ect	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 for public inspection. Indicate how you made these available. Check all that apply.	T (Sect	tion 501(c)(3)s c			ble	
ect	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain	T (Sect	tion 501(c)(3)s o	only) a	vailab		
ect 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, comparison of the section	T (Sect	tion 501(c)(3)s o	only) a	vailab		
ect 7 8 9	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	T (Sect	tion 501(c)(3)s c hedule O) of interest polic	only) a	vailab		
ect 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	T (Sect	tion 501(c)(3)s c hedule O) of interest polic	only) a	vailab		
ect 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. X Own website X Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b JAVIER GUERRERO	T (Sect	tion 501(c)(3)s c hedule O) of interest polic	only) a	vailab		
ect 7 8	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	T (Sect	tion 501(c)(3)s c hedule O) of interest polic	only) a	vailab		

Form 990 (2016)	SAN DIEGO	CHILDREN'S	DISCOVERY	MUSEUM	33-0912735	Page 7
Part VII Compensation	n of Officers, Di	ectors, Trustees	, Key Employe	es, Highest C	ompensated	
Employees, a	nd Independent	Contractors				
Check if Schedule	O contains a respon	se or note to any line i	n this Part VII			🗌
Section A. Officers, Directo	rs, Trustees, Key Er	nployees, and Highes	st Compensated Er	mployees		
1a Complete this table for all	persons required to b	e listed. Report comp	ensation for the cale	endar 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 (Ď), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)		noui	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	ss pe	more erson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ERICK ALTONA CHAIR	6.00	x		x				0.	0.	0.
(2) CARMEN NAVA	2.00									
VICE CHAIR & SECRETARY		x		x				0.	0.	0.
(3) RICH MARTIN	2.00									
TREASURER		x		x				0.	0.	0.
(4) ROGER GIESEKE	2.00									
TREASURER (DECEASED 5/2017)		X		X				0.	0.	0.
(5) KIMBERLIE DUNHAM	1.00									
DIRECTOR		X						0.	0.	0.
(6) LARRY ZEIGER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) RICH MARTIN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) HEATHER MCDONALD	1.00									
DIRECTOR		X						0.	0.	0.
(9) REBECCA RAYMOND	1.00									<u> </u>
DIRECTOR	10.00	X						0.	0.	0.
(10) SUSANNE STANFORD	12.00	.,								0
DIRECTOR	1 00	X						0.	0.	0.
(11) BOB MACMAHON	1.00	x						0.	0.	0.
DIRECTOR (12) JAVIER GUERRERO	40.00							0.	0.	0.
EXECUTIVE DIRECTOR	40.00	-		x				129,583.	0.	0.
EXECUTIVE DIRECTOR								129,303.	0.	0.
		╞								
		┢								
632007 11-11-16										Form 990 (2016)

632007 11-11-16

Form 990 (2016)

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ESCONDIDO	CHILDREN'S	MUSEUM	INC.	DBA
SAN DIEGO	CHILDREN'S	DISCOVE	RY M	USEUM

33-	091	2735	Page 8
	091	4/33	Page O

) CHILDE	REI	1,8	5 E	DIS	SCC)VI	ERY MUSEUM	33-09	12	735	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employe	es (continued)				
	(A)	(B)			(C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi		than c	ne	Reportable	Reportable		Esti	mate	d
		hours per	box	, unles	ss per	rson is	s both	n an	compensation	compensatior	n	amo	ount o	of
		week		cer an	d a di	rector	r/trust	ee)	from	from related		0	ther	
		(list any	rector						the	organizations		comp		
		hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C)		m the	
		organizations	ustee	trust		e	upens		(W-2/1099-MISC)			orgai	relate	
		below	l ual tr	tional) ploye	st con yee	_				organ		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ		5110
			_	_		×	<u> </u>							
1b	Sub-total							•	129,583.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								129,583.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100	,000 of reportable	<u>е</u>			
	compensation from the organization						-			-				1
											_	١	/es	No
3	Did the organization list any former officer,	,		· ·		• •			0					
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su									the organization				
	and related organizations greater than \$150											4	_	X
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	idual for services		_		v
- <u>-</u>	rendered to the organization? If "Yes," com	plete Schedul	e J f	or sı	ich j	oers	on .					5		X
	tion B. Independent Contractors									¢100.000 of com		-		
1	Complete this table for your five highest co the organization. Report compensation for	-	-								pensa	ation in	חוכ	
	(A)	ine calendar y	care	Shui	iy w				(B)	year.		(C)		
	Name and business	address	NC	ONE	2				Description of s	ervices	С	ompens		า
								\downarrow						
	Total number of independent contractions "	n olu din e hurt	ot 15	an it a	d + -	+h		+ '		are then				
2	Total number of independent contractors (ii		ot III	niteo	u 10	thos C		ced	above) who received in	lore than				
	\$100,000 of compensation from the organiz											Form 9		016)

632008 11-11-16

Form 990 (2016) SAN DIE

ESCONDIDO CHILDREN'S MUSEUM INC. DBA

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33-0912

33-0912735 Page 9

10 a Gross sales of inventory, less returns and allowances a 54,456. b Less: cost of goods sold b 27,445. c Net income or (loss) from sales of inventory > 27,011. Miscellaneous Revenue Business Code 11 a	Pa	rt VIII	Statement of Revenue					
Total revenue Total revenue Related or sempt functional presence funconal presence functi			Check if Schedule O contains a response	e or note to any lir		(5)		
geogram 2 a ADMISSIONS Business Code 270, 213, 270, 213, 270, 213, 71390 b MOBILE MUSEUM 713990 28, 707, 28,					• •	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Business Code 2 a ADMISSIONS Business Code 270, 213, 270, 214, 270, 204, 204, 204, 204, 204, 204, 204, 20	Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Membership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1fsimilar amounts not included above1fNoncash contributions included in lines 1a-1f: \$	70,472. 20,000. 999,692. 267,704.	1,245,133.			
B MOBILE MUSEUM 713990 85,754. 713990 C BTRTHDAY PARTIES 713990 28,707. 28,707. DISCOVERY CAMPS SPECIAL PROGRAM EVENTS 713990 21,225. 713990 f Altother program service reveue 11,086. 11,086. 11,086. g Total Add lines 2a2t 416,985. 1 1 g Total Add lines 2a2t 10,086. 11,086. 1 g Total Add lines 2a2t 416,985. 1 1 g Total Add lines 2a2t 10,086. 11,086. 1 g Gross rents 10,097. 10,086. 11,086. 1 g Gross rents 0. 27,759. 27,759. 27,759. g Gross mout from seles of ans ads ads expenses 0. 10,001. 10,001. 10,001. g Gros				1				
g Total. Add lines 2a 21 ▲ 416,985. 3 investment income (including dividends, interest, and other similar amounts). ▲ 4 income from investment of tax-exempt bond proceeds ▲ 5 Royaties (i) Real (ii) Personal 6a Gross rents (iii) Real (iii) Personal 7a Gross amout from sales of assets other than inventory (iii) Securities (iii) Other b Less: cost or other basis and sales expenses (iii) Other 27,759. 27,759. 6 Gain or (loss) (iii) Securities (iii) Other 27,759. b Less: cost or other basis and sales expenses (iii) Other 27,759. 27,759. 6 Gain or (loss) (iii) Securities (iii) Other 27,759. 27,759. b Less: core of from from fundralsing events (not including s 10,472. of contributions reported on line 1c). See Part IV, line 18 70,039. -1,855. -1,855. 9 a Gross income from gaming activities. See Part IV, line 18 585. 585. 585. 585. 10 a Gross alse of inventory. Less returns and allowances a 54,456. 585. 585. 11 a 27,01	Program Service Revenue	b c d e	MOBILE MUSEUM BIRTHDAY PARTIES DISCOVERY CAMPS SPECIAL PROGRAM EVENTS	713990 713990 713990 713990 713990	85,754. 28,707. 21,225.	85,754. 28,707. 21,225.		
3 Investment income (including dividends, interest, and other similar amounts). 4 4 Income from investment of tax-exempt bond proceeds 5 6 Gross rents (0) Real 6 Gross rents (27, 759) 0 27, 759. 27, 759. 1 Constraint expenses (0) Real 27, 759. (1) Securities (0) Other assets other than inventory (1) Securities (0) Other assets other than inventory (1) Securities (1) Other assets other other basis (1) Other (1) Other asset other than inventory (1) Securities (1) Other b (2) Other (1) Other (1) Other asset other than inventor					416.985.			
6 a Gross rents 27,759. b Less: rental expenses 0. c Rental income or (loss) 27,759. d Net rental income or (loss) 27,759. 7 a Gross amount from sales of assets other than inventory 28 b Less: cost or other basis and sales expenses (i) Securities c Gain or (loss) 70,472. of contributions reported on line 1c). See Part IV, line 18 70,039. b Less: direct expenses 70,472. of contributions reported on line 1c). See Part IV, line 18 70,039. b Less: direct expenses b 71,894. c Net income or (loss) from fundraising events -1,855. -1,855. 9 a Gross income from gaming activities. See Part IV, line 19 a 585. 585. 10 a Gross sales of inventory, less returns and allowances a 54,456. 27,415. 27,011. Net income or (loss) from gaing activities b 27,745. 27,011. 27,011. Miscellaneous Revenue Business Code 1 1 1 11 a		3 4	Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond	rest, and proceeds				
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assets other than inventory Less: cost or other basis and sales expenses (ii) Other c Gain or (loss) (iii) (iiii) d Net gain or (loss) (iii) (iiii) d Net gain or (loss) (iii) (ivit) 8 a Gross income from fundraising events (not including \$70, 472. or contributions reported on line 1c). See Part IV, line 18 70, 039. b Less: direct expenses (ivit) (ivit) (ivit) 9 a Gross income from gaming activities. See Part IV, line 19 (ivit) (ivit) b Less: direct expenses (ivit) (ivit) (ivit) 10 a Gross sales of inventory, less returns and allowances (ivit) (ivit) (ivit) and allowances (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) 9 a Gross income from gaming activities (ivit) (ivit) (ivit) (ivit) (ivit) (ivit) 10 a Gross sales of inv		b c	Gross rents27,759Less: rental expenses0Rental income or (loss)27,759	•	27 750			27.750
d Net gain or (loss)		7 a	Gross amount from sales of (i) Securities assets other than inventory Less: cost or other basis		21,133.			21,133.
8 a Gross income from fundraising events (not including \$70, 472. of contributions reported on line 1c). See Part IV, line 18a a71, 894. 70, 039. b Less: direct expensesb 71, 894. -1, 855. -1, 855. 9 a Gross income from gaming activities. See Part IV, line 19a 585. 585. -1, 855. b Less: direct expensesb 0. 585. 585. 585. b Less: cost of goods soldb 27,445.		с	Gain or (loss)					
c Net income or (loss) from fundraising events -1,855. -1,855. 9 a Gross income from gaming activities. See Part IV, line 19 a 585. b Less: direct expenses b 0. c Net income or (loss) from gaming activities 585. 585. 10 a Gross sales of inventory, less returns and allowances a 54,456. b Less: cost of goods sold b 27,011. 27,011. Miscellaneous Revenue Business Code 1 1 1 11 a	ner Revenue	8 a	Gross income from fundraising events (not including \$ 70,472. of contributions reported on line 1c). See Part IV, line 18	70,039.				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances a dallowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	₹				-1 855.			-1 855.
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and allowances a 54,456. 27,011. 27,01		9 a	Gross income from gaming activities. See Part IV, line 19	585.				1,000
10 a Gross sales of inventory, less returns and allowances a 54,456. b Less: cost of goods sold b 27,445. c Net income or (loss) from sales of inventory > 27,011. Miscellaneous Revenue Business Code 11 a				-				585.
Miscellaneous Revenue Business Code 11 a		10 a b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b	54,456. 27,445.	27,011.	27,011.		
11 a	ł					,•		
12 Total revenue. See instructions. ▶ 1,715,618. 443,996. 0. 26,489		b c d	All other revenue					
					1 715 610	442 000	^	26 400
632009 11-11-16 Form 990 (2016				>	ц,/тэ,бтд.	443,990.	0	Form 990 (2016)

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ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

33-0912735 Page 10

	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons		/=)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	135,193.	54,077.	27,039.	54,077
6	Compensation not included above, to disqualified	-	-		
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	726,720.	598,855.	33,391.	94,474
/ 8	Pension plan accruals and contributions (include	0 , / _ 0 •			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	59,949.	45,799.	3,992.	10,158
		81,876.	65,037.	5,074.	11,765
0	Payroll taxes	01,070.	05,057.	5,074.	11,705
1	Fees for services (non-employees):				
a	Management				
b		52,200.	29,040.	19,530.	3,630
-	Accounting	52,200.	29,040.	19,550.	5,050
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0.5 0.50	04.164	1 007	1 010
	column (A) amount, list line 11g expenses on Sch 0.)	27,079.	24,164.	1,897.	1,018
2	Advertising and promotion	70,445.	65,454.	266.	4,725
3	Office expenses	56,917.	41,571.	10,952.	4,394
4	Information technology	37,423.	22,259.	8,717.	6,447
5	Royalties				
6	Occupancy	76,054.	55,659.	17,622.	2,773
7	Travel	7,297.	7,297.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	13,595.	8,821.	928.	3,846
0	Interest	3,587.		3,587.	
1	Payments to affiliates	,		,	
2	Depreciation, depletion, and amortization	83,923.	80,566.	2,518.	839
2 3		18,294.	12,175.	3,179.	2,940
3 4	Insurance	10,2040		5,1,5.	2,540
4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EXHIBITS & MAINTENANCE	37,471.	37,351.	120.	0
b	OUTREACH PROGRAMS	20,836.	19,934.	21.	881
c	STAFF DEVELOPMENT	5,345.	4,372.	940.	33
d	MISCELLANEOUS	2,692.	682.	120.	1,890
			002.	1200	1,000
	All other expenses	1,516,896.	1,173,113.	139,893.	203,890
5		<u> </u>		±55,055•	203,030
6	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)				

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Form 990 (2016)

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Form **990** (2016)

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ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

33-0912735 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
		Check in Schedule C contains a response of note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	68,332.	1	58,794.
	2	Savings and temporary cash investments	5,321.	2	5,321.
	3	Pledges and grants receivable, net	190,545.	3	185,202.
	4	Accounts receivable, net	7,732.		17,923.
	5	Loans and other receivables from current and former officers, directors,			,
	Ū	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		-	
	-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section $501(c)(9)$ voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	11,298.	8	14,668.
	9	Prepaid expenses and deferred charges	8,016.	9	6,641.
		Land, buildings, and equipment: cost or other		-	
		basis, Complete Part VI of Schedule D 10a 2, 273, 426.			
	b	Less: accumulated depreciation 10b 242,538.	2,059,382.	10c	2,030,888.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,350,626.	16	2,319,437.
	17	Accounts payable and accrued expenses	172,423.	17	142,512.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L	500,000.	22	300,000.
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	672,423.	26	442,512.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	1 (02 227		1 720 275
and	27	Unrestricted net assets	1,603,337.	27	1,738,375.
Fund Balances	28	Temporarily restricted net assets	74,866.	28	138,550.
pu	29	Permanently restricted net assets		29	
Ъ.		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	1 670 000	32	
-	33	Total net assets or fund balances	1,678,203.	33	1,876,925.
	34	Total liabilities and net assets/fund balances	2,350,626.	34	2,319,437.

Form 990 (2016)

Form 990 (2016)

Part X Balance Sheet

	ESCONDIDO CHILDREN'S MUSEUM INC. DBA				
Form	990 (2016) SAN DIEGO CHILDREN'S DISCOVERY MUSEUM	33-	0912735	Ра	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,51		
3	Revenue less expenses. Subtract line 2 from line 1	3			22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,67	<u>8,2</u>	03.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,87	6,9	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	······································			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х	
	review, or compilation of its financial statements and selection of an independent accountant?			Λ	
~	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc			x
	Act and OMB Circular A-133?		<u>3a</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

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sc	HEDULE A			_					~											OMB No.	1545-0047
	rm 990 or 990-EZ)							-								_	por			2016	
				Com	piete if	the o			n is a 1) non							i or	a sectio	on		20	IU
	tment of the Treasury						A	ttach	i to Fo	orm 9	990 or	For	m 990)-EZ	<u>z</u> .						Public
	al Revenue Service																v.irs.gov			Inspe	
Nam	e of the organizati	on			DIDO													E		identificati	
		<u>.</u>			IEGO														3	3-0912	735
Pa																	Instruction	ions.			
	organization is not a	•									•			-		·					
1	A church, co															1)(/	A)(i).				
2	A school des																				
3	A hospital or		•		•		Ũ							•				V A V::	:) F ates	***	·
4	A medical res		chorga	mzau	on oper	ated	n cor	ijurici	LION WI	ma	nospii	aru	escrib	ea ir	secu	5n	170(b)(1))(A)(II	n). Enter	the hospital	s name,
5	city, and stat	_	norato	d for t	the hen	ofit of	3 00		or univ	oreit		od c	r oper	rator	thyad		arnmont	al uni	it describ	ood in	
5	section 170							lege (Ji univ	CISIL	y Own	euu	n obei	alet	JUYA	J0 v 6		arum	it descri		
6	A federal, sta			-	-	-		ontal	unit d	lasor	ihad ir		ction .	170(<u>ьулул</u>	~~					
7	X An organizati			-		-												m the	aeneral	nublic desc	ribed in
•	section 170(-			bota			100	арроп		nuge						genera		
8	A community				-	-	0(b)(1)(A)(vi). (Co	amo	lete Pa	art II	.)								
9	An agricultur									•				ated	in coni	unc	tion with	h a la	nd-arant	colleae	
	or university			Ũ						•			•						Ũ	•	
	university:			0		0	0		·			,			,						
10	An organizati	on tl	hat nor	mally	receive	s: (1) r	nore	than	33 1/3	3% o	f its su	Jppo	ort fror	n co	ntribut	ions	s, memb	bershi	p fees, a	ind gross rea	ceipts from
	activities rela	ted 1	to its ex	kempt	t functio	ons - si	ubjec	ct to c	ertain	exce	eption	s, ar	nd (2) i	no n	nore tha	an 3	33 1/3%	of its	s suppor	t from gross	investment
	income and u	Inrel	lated bu	usines	ss taxal	ole inc	ome	(less	sectio	n 51	1 tax)	from	ı busir	ness	es acq	uire	d by the	e orga	anization	after June 3	80, 1975.
	See section	509((a) (2). ((Comp	lete Pa	rt III.)															
11	An organizati	on o	organize	ed and	d opera	ted ex	clusi	vely t	o test	for p	oublic	safe	ty. See	e se	ction 5	09(a)(4).				
12	An organizati	on o	organize	ed and	d opera	ted ex	clusi	vely f	or the	bene	efit of,	to p	erform	n the	e functi	ons	of, or to	o carr	y out the	e purposes c	of one or
	more publicly	sup	oported	orga	nizatior	is des	cribe	d in s	ection	n 509	9(a)(1)	or s	ectior	n 50	9(a)(2).	Se	e sectio	on 50	9(a)(3). (Check the bo	ox in
	lines 12a thro	ough	12d th	at de	scribes	the ty	pe of	fsupp	oorting	g org	anizat	ion a	and co	mpl	ete line	es 1:	2e, 12f,	and ⁻	12g.		
а	21		-	-		-		-				-				-	-				
	the suppor		-	-								tan	najority	y of	the dire	ecto	ors or tru	ustees	s of the s	supporting	
	organizatio																				
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	control or r		•			•	Ŭ					san	ne per	sons	s that c	ont	roi or ma	anage	e the sup	ported	
	organizatio	• •			-		-					d in	00000	otio	n with	000	t functio		intograt	od with	
С	its support		-	-			-											Jilaliy	megrat	eu with,	
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g	Provide the follow																				
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	organizatior	1							e (see ir				Yes		No	su	pport (se	e inst	ructions)	support (see	instructions)
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¹⁴ 2016.05010 ESCONDIDO CHILDREN'S MUSEUM 18763_01

Schedule A (Form 990 or 990-EZ) 2016 SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33-0912735 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	418,440.	983,980.	986,296.	2330899.	1245133.	5964748.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	418,440.	983,980.	986,296.	2330899.	1245133.	5964748.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2696961.
6	Public support. Subtract line 5 from line 4.						3267787.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	418,440.	983,980.	986,296.	2330899.	1245133.	5964748.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4,260.	6,355.	6,891.	9,137.	27,759.	54,402.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	2,768.					2,768.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6021918.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,286,530.
	First five years. If the Form 990 is for	•	,	d. fourth. or fifth ta	ax vear as a sectio		
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) d	vided by line 11, c	olumn (f))		14	54.26 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	56.89 %
	33 1/3% support test - 2016. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organizatio						s
				,,, e. II k		dule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2016 SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

33-0912735 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support					. <u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		-
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here	<u></u>		<u></u>	<u></u>		
See	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2015	5 Schedule A, Part	: III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage	•			
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than a	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	n
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
6320	23 09-21-16			16	Sch	edule A (Form 99	00 or 990-EZ) 2016

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33-0912735 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33-0912735 Page 5

Fa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization (s) that operated, supervised, or controlled the supported organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0L		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-21-16 Schedule A (Form 9	3b	0. 57	2016
03202	5 09-21-16 Schedule A (Form 9	30 Ur 95	JU-EZ)	2010

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

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

Section A - Adjuste	ed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term	n capital gain	1		
2 Recoveries of	prior-year distributions	2		
3 Other gross in	come (see instructions)	3		
4 Add lines 1 th	rough 3	4		
5 Depreciation a	and depletion	5		
6 Portion of ope	erating expenses paid or incurred for production or			
collection of g	ross income or for management, conservation, or			
maintenance	of property held for production of income (see instructions)	6		
7 Other expense	es (see instructions)	7		
8 Adjusted Net	Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimu	ım Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair	r market value of all non-exempt-use assets (see			
instructions fo	or short tax year or assets held for part of year):			
a Average mont	hly value of securities	1a		
b Average mont	hly cash balances	1b		
c Fair market va	lue of other non-exempt-use assets	1c		
d Total (add line	es 1a, 1b, and 1c)	1d		
e Discount clair	med for blockage or other			
factors (explai	in in detail in Part VI):			
2 Acquisition inc	debtedness applicable to non-exempt-use assets	2		
3 Subtract line 2	2 from line 1d	3		
4 Cash deemed	held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructio	ns)	4		
5 Net value of n	on-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5	by .035	6		
7 Recoveries of	prior-year distributions	7		
8 Minimum Ass	set Amount (add line 7 to line 6)	8		
Section C - Distrib	utable Amount			Current Year
1 Adjusted net i	ncome for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of	line 1	2		
3 Minimum asse	et 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 im	posed in prior year	5		
6 Distributable	Amount. Subtract line 5 from line 4, unless subject to			
emergency te	mporary reduction (see instructions)	6		
7 Check h	nere if the current year is the organization's first as a non-functiona	Illy integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(00//0//000)	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		i	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
b				
	From 2013			
-	From 2014			
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
a				
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

2016 SAN DIEGO				33-0912735 _{Pa}
es 1, 2, 3b, 3c, 4b, 4c, 5a	a, 6, 9a, 9b, 9c, 11a, 1 , Section E, lines 1c, 2	l b, and 11c; Pa a, 2b, 3a, and 3	rt IV, Section B, lines b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V ional information
and 6, and Part V, Section		Also complete tr	ils part for any addit	ional information.
			Schedu	ule A (Form 990 or 990-EZ)
			21	Schedu 21

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Schedule B (Form 990, 990-EZ,

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

or 990-PF)

Department of the Treasury Internal Revenue Service

ESCONDIDO	CHILDREN'S	MUSEUM	INC.	DBA
SAN DIEGO	CHILDREN'S	DISCOVE	RY MU	JSEUM

33-0912735

Organization	type (check one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

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

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

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

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

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2016)	
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Name of organization ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM Employer identification number

33-0912735

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$51,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$200,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$42,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18	3-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

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23

Schedule B	(Form 990,	990-EZ,	or 990-PF) (2016)	
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Name of organization ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM Employer identification number

33-0912735

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18	3-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2

	DIDO CHILDREN'S MUSEUM INC. DBA IEGO CHILDREN'S DISCOVERY MUSEUM		33-0912735
Part II	Noncash Property (See instructions). Use duplicate copies of Pa	art II if additional space is neede	
(a)		(-)	
No.	(b)	(c) FMV (or estimate	e) (d)
from	Description of noncash property given	(See instructions	
Part I	DEBT FORGIVENESS		
5			
		\$	00. 05/30/1
(a) No.	(1-)	(c)	(-1)
from	(b) Description of noncash property given	FMV (or estimate	
Part I		(See instructions	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate) (d)
from	Description of noncash property given	(See instructions	
Part I			-
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate	e) (d) Date received
Part I		(See instructions	
(c)			
(a) No.	(b)	(c)	.) (d)
from	Description of noncash property given	FMV (or estimate (See instructions	^{*)} Data receiver
Part I			,
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate	e) (d) Dete receiver
Part I	Description of noncash property given	(See instructions	5) Date received
3453 10-18	2.16		B (Form 990, 990-EZ, or 990-PF

me of organiza SCONDIE	O CHILDREN'S MUSEUM	INC. DBA		Employer identification n						
AN DIEG	O CHILDREN'S DISCOVE	RY MUSEUM		33-0912735						
	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	olumns (a) through (e) and the fo	ollowing line	entry. For organizations	\$1,00					
c	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,00	0 or less for th	ne year. (Enter this info. once.) 🕨 💲						
a) No.	Use duplicate copies of Part III if additiona									
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is he	eld					
		(e) Transfer of	gift							
	Transferee's name, address, an	d ZIP + 4	Re	elationship of transferor to transferee						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is h	eld					
	(e) Transfer of gift									
	Transferee's name, address, an	elationship of transferor to transferee								
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is h	eld					
Part I										
	(e) Transfer of gift									
	Transferee's name, address, ar	od 7ID + 4	B	elationship of transferor to transferee						
		<u> </u>								
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is h	eld					
Part I										
		(e) Transfer of	gift							
	Transferee's name, address, ar	Re	elationship of transferor to transferee							
		[
—		I								
				Schedule B (Form 990, 990-EZ, or 9						

SC	HEDULE D	Supplementa	al Financial Statements	OMB No. 1545-0047
	n 990)	2016		
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
Interna	Revenue Service		m 990) and its instructions is at www.irs.gov/	
Nam	e of the organizati		'S DISCOVERY MUSEUM	Employer identification number 33-0912735
Pa	t I Organiza		d Funds or Other Similar Funds or A	
		n answered "Yes" on Form 990, Part IV, lin		
	organization			(b) Funds and other accounts
1	Total number at er	nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4	Aggregate value a	t end of year		
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
			exclusive legal control?	
6			dvisors in writing that grant funds can be used	
			or donor advisor, or for any other purpose confe	
Pa	impermissible prive		ganization answered "Yes" on Form 990, Part IV	
1		servation easements held by the organizat		, iine 7.
•		of land for public use (e.g., recreation or e		v important land area
		f natural habitat	Preservation of a certified h	
		of open space		
2			fied conservation contribution in the form of a c	onservation easement on the last
_	day of the tax year			Held at the End of the Tax Year
а				2a
b				2b
с	•		ucture included in (a)	2c
			after 8/17/06, and not on a historic structure	
	listed in the Nation	al Register		2d
3			leased, extinguished, or terminated by the orga	nization during the tax
	year 🕨			
4		where property subject to conservation ea		
5	-	tion have a written policy regarding the pe		
			t holds?	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
-				
7	Amount of expens ► \$	es incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation e	asements during the year
8		wation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)
0				
9			on easements in its revenue and expense state	
-		•	tion's financial statements that describes the or	
	conservation ease	-		gg
Pa	t III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures	s, or other similar assets held for public exl	nibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the foot	note to its financial statements that descri	bes these items.	
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other	similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these ite			
-				
2			asures, or other similar assets for financial gain	, provide
_	-	unts required to be reported under SFAS 1		► ¢
		eduction Act Notice, see the Instruction	s for Form 990) \$ Schedule D (Form 990) 2016
	-	equention Act Notice, see the instruction	5 101 1 0111 330.	
03205	1 08-29-16		27	

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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. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Context C			DO CHILDRE							
3 Using the organization is acquisition, accession, and other records, check any of the following that are a significant use of its collection items (abek at it has app); d Loan or exchange programs b Scholarly reasorch e Other	Sche	edule D (Form 990) 2016 SAN DIE	GO CHILDRE	N'S	DISCOV	ERY MU	SEUM	33-	0912735	Page 2
e b	Pa	rt III Organizations Maintaining C	ollections of A	rt, His	storical Tre	easures,	or Other	Similar As	ssets(continu	ied)
a Public achibition d Loan or exchange programs b Scholarly research e Other 2 Previde a description of the organization's collections and explain how they further the organization's everingt purpose in Part XIII. Suring the year, did the organization solic of collections and explain how they further 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Yes No C Beginning balance 1d 1d 1d 1d 2 Dath organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Bart V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b Christian asset of Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Bart Yes' explain the arrangreement in Part XIII. C	3	Using the organization's acquisition, accessing	on, and other record	ls, che	ck any of the	following th	at are a sigi	nificant use of	its collection	items
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. Suing the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to be solid to raise hunds rather than to be maintained as part of the organization is sevenpt purpose in Part XII. Part W Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV. line 9, or responded an amount on Form 990. At X, line 21. Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2. Ne b If ''se'' explain the arrangement in Part XII and complete the following table: Amount Ind c Beginning balance Ind Ind Amount Ind 2a bit the organization include an amount on Form 990, Part X, line 21, for secrew or oustodial account liability? Yes Ne b If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Part Yes', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Part Yes' and (d) Three years back (e) Four years back if (e) Current year and balance (ine 10, column (a)) hold as: Beach designated or quasi-endowment					1					
c Preservation for future generations 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's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XII. 18 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 19 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 19 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 10 Is the organization include an amount on Form 990, Part X, line 21. 20 Dating balance Id 10 Id Id 21 Dating oblight by ear Id 22 Dating oblight by ear selance Id 23 Dating oblight by ear selance Id 24 Endowment Funds. Complete if the organization nasweed "Yes" on Form 990, Part X, line 10. 24 Endowment Funds. Complete if the organization nasweed "Yes" on Form 990, Part X, line 10.	а	Public exhibition	d		Loan or excl	nange progr	rams			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization is collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Let a solid the organization and the strength of the organization's collection? Let a solid the organization and the strength of the organization answered "Yes" on Form 990, Part X, line 21. Seginning balance Let a solid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Not be first the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Not be first explain the arrangement in Part XIII. Check here if the explanation has been provideed on Part XIII Beginning of year balance Let a solution the organization answered "Yes" on Form 990, Part IV, line 10. Let "Yes" on Form 990, Part X, line 21. Administrative explain the arrangement in Part XIII. Check here if the explanation has been provideed on Part XIII Beginning of year balance Let a solution without the explanation has been provideed on Part XIII Section the arrangement in Part XIII. Check here if the explanation has been provideed on Part XIII Beginning of year balance Let a the organization and the information and the information as the explanation has been provideed on Part XIII Section the arrangement in Part XIII. Check here if the explanation for K. Section the arrangement in Part XIII. Check her	b	Scholarly research	e		Other					
5 During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets Part IV Excrow and Custodial Arrangements. Complete if the organization's collection? Teported an amount on Form 990, Part X, line 21. The organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Teported an amount on Form 990, Part X, line 21. The arrangement in Part XIII and complete the following table: C Beginning balance 1d G Amount 1d D Dist for organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount C Beginning balance 1d 1d Dist for organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. 1d 1d 1d Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 20. No 1f 1d 1d <td>с</td> <td>Preservation for future generations</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	с	Preservation for future generations								
to be add 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id <	4	Provide a description of the organization's co	ollections and explai	n how	they further th	ne organizat	tion's exem	pt purpose in	Part XIII.	
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. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Control of Control	5	During the year, did the organization solicit o	r receive donations	of art, I	historical treas	sures, or oth	ner similar a	ssets		
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? b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1d e Distributions during the year 1d If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pror year (c) Four years back (d) Three years back (e) Four years back (d) Three years back in weatment earnings, gains, and losses (d) Administrative expenses (e) Town years back in the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment \b % Provide the estimated percentage of the corganization set on ganization that are held and administered for the organization by: (i) wrelated organizations (ii) wrelated organizations (jii) wrelated organizations (jiii) related organ										No No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Control of the current sector sector of the current s	Pa			ete if th	ne organization	n answered	"Yes" on F	orm 990, Parl	IV, line 9, or	
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 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 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 Provided on Part XIII Provided on Part XIII Part VI Endowment Funds. Complete if the erganization answered "Yes" on Form 990, Part IV, line 10. Image: State Sta		· · · · · · · · · · · · · · · · · · ·								
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c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If 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 Intervention Intervention Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Intervention Intervention a Beginning of year balance Intervention Intervention Intervention Intervention b Contributions Intervention Intervention Intervention Intervention c Net investment earnings, gains, and losses Intervention Intervention Intervention Intervention c Other expenditures for facilities Intervention Intervention Intervention Intervention Intervention g End right and the organization Intervention Intervention Intervention Intervention Interventin Intervention I									Yes	└── No
c Beginning balance 1c 1d d Additions during the year 1d 1d Distributions during the year 1f 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'ves, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: the organization answered 'Yes' on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	y table:					
d Additions during the year 1d e Distributions during the year 1d 1 Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. a Beginning of year balance (a) Current year b Contributions (a) Current year b Contributions (a) Current year b Contributions (b) Prior year c Net investment earnings, gains, and losses (c) Two years back d Administrative expenses (a) Current year end balance g End of year balance % 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >% b Permanent endowment >% Temporarily restricted endowment >% 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: (i) unrelated organizations (ji) related organizations (jii) related organizations (jii) related organizations (jii) related organizations (jiii) related organizations									Amount	
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f Ending balance	d	Additions during the year						1d		
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. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back g End of year balance (in an organization answered "year end balance (line 1g, column (a)) held as: (in Anore year year) (in Anore year year)	е	Distributions during the year						1e		
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years <	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, foi	r escrow or cu	istodial acc	ount liability	/?	Yes	No No
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Two years back (d) Three years back (e) Four years back e Other expenditures for facilities (c) Two years back (d) Three years back (e) Four years back g End of year balance (c) Two years back (d) Three years back (e) Four years back 2 Provide the estimated percentages of the current year end balance (line 1g, column (a)) held as: (f) Four years back (f) Four years back 3 Part Momm										
1a Beginning of year balance Image: Contributions b Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions d Grants or scholarships Image: Contributions e Other expenditures for facilities Image: Contributions and programs Image: Contributions Image: Contributions f Administrative expenses Image: Contributions g End of year balance Image: Contributions 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a 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. S	Ра	rt V Endowment Funds. Complete in	-							
b Contributions			(a) Current year	(b)	Prior year	(c) Two yea	ars back (d) Three years b	ack (e) Four y	ears back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance g Main Strattive Repenses g End of year balance g Main Strattive Repenses g End of year balance g In the possession of the organization by: In the ase organization's endow		r								
d Grants or scholarships										
e Other expenditures for facilities and programs										
and programs	d	Grants or scholarships								
f Administrative expenses	е	Other expenditures for facilities								
g End of year balance										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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 (b) Cost or other (c) Accumulated (d) Book value 1a Land 749, 240. 749, 240. 749, 240. 749, 240. 749, 240. b Buildings 1, 118, 360. 42, 840. 1, 075, 520. c Leasehold improvements 1406, 206, 50, 205, 50, 205, 50, 205, 50, 205,	f	ſ								
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% 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: (i) unrelated organizations	g	End of year balance								
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % 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: (i) (i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated basis (investment) basis (other) 749, 240. 749, 240. b Buildings 1, 118, 360. 42, 840. 1, 075, 520. c Leasehold improvements 1.06, 2006 54, 040. 1, 075, 520.	2	Provide the estimated percentage of the curr	rent year end balanc	e (line	1g, column (a)) held as:				
c Temporarily restricted endowment ▶% 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:	а	Board designated or quasi-endowment		_%						
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:	b	Permanent endowment	%							
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 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land 749,240. 749,240 b Buildings 1,118,360. 42,840. 1,075,520 c Leasehold improvements 10 C 20 C 54.040 50.227	С									
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(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) b Description of property 1a Land 749,240. 749,240. b Buildings c Leasehold improvements	3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	hat are held a	nd administ	ered for the	organization	_	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 (other) (c) Accumulated depreciation 1a Land 749,240. 749,240. b Buildings 1,118,360. 42,840. 1,075,520. c Leasehold improvements 10,6,20,6,5,5,0,0 50,20,7,5,20,		by:							Y	es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (c) Accumulated depreciation 1a Land 749,240. 749,240. b Buildings 1,118,360. 42,840. 1,075,520. c Leasehold improvements 10,6,20,6,5,50. 50,20,7,5,50.		(i) unrelated organizations							3a(i)	
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 (other) (c) Accumulated depreciation 1a Land 749,240. 749,240. b Buildings 1,118,360. 42,840. 1,075,520. c Leasehold improvements 10,5,20,5,520. 54,040. 55,20,20.										
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 749,240. 749,240. 749,240. 749,240. b Buildings 1,118,360. 42,840. 1,075,520. c Leasehold improvements 106,200. 54,040. 50,020.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on	Schedule R?				3b	
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 749,240. 749,240. 749,240. 749,240. b Buildings 1,118,360. 42,840. 1,075,520. c Leasehold improvements 10,5,20,5 54,040. 50,020,7	<u> </u>			wmen	t funds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land749,240.749,240.749,240.b Buildings c Leasehold improvements1,118,360.42,840.1,075,520.	Pa									
basis (investment) basis (other) depreciation 1a Land 749,240. 749,240. b Buildings 1,118,360. 42,840. 1,075,520. c Leasehold improvements 105,220. 54,040. 52,227.										
1a Land 749,240. 749,240 b Buildings 1,118,360. 42,840. 1,075,520 c Leasehold improvements 106,206 54,040 50,227		Description of property			• •				(d) Book	value
b Buildings 1,118,360. 42,840. 1,075,520. c Leasehold improvements 105,205. 54,040. 50,225.			basis (investr	nent)				eciation		
c Leasehold improvements										
					1,11	8,360.	4	42,840.	1,075	,520.
d Equipment I I I I I I I I I I I I I I I I I I I	С	Leasehold improvements				<u> </u>	ļ			
	d	Equipment						54,049.		
e Other		Other			1 29	y 440.	ı 14	45.649.	153	.791.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						-				-

Schedule D (Form 990) 2016

632052 08-29-16

Schedule D (Form 990) 2016 SAN DIEGO C	HILDREN'S DI	SCOVERY MUS	EUM 33	-0912735	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market v	value
1) Financial derivatives					
2) Closely-held equity interests					
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		e 11d. See Form 990,	Part X, line 15.		
	Description			(b) Book va	line
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		>		
				_	
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		n 990, Part X, line 25 I).	
1. (a) Description of liability		(b) Book value	-		
(1) Federal income taxes			4		
(2)			4		
(3)			-		
(4)			4		
(5)			4		
(6)			4		
(7)			4		
(8)			-		
(9)			-		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin					
2. Liability for uncertain tax positions. In Part XIII, provide					
organization's liability for uncertain tax positions under	r FIN 48 (ASC 740). Cheo	ck here if the text of th			
			Sch	edule D (Form 9	90) 2016

632053 08-29-16

29 2016.05010 ESCONDIDO CHILDREN'S MUSEUM 18763_01

ESCONDIDO CHILDREN'S MU	JSEUM INC.	DBA
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Sche	dule D (Form 990) 2016 SAN DIEGO CHILDREN'S	DISCOVERY	MUSEUM	33-	0912735	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial	l Statements Wi	th Revenue per F			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statement	ts		1	1,994	,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	179,166.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	99,339.			
е	Add lines 2a through 2d			2e		<u>,505.</u>
3	Subtract line 2e from line 1			3	1,715	<u>,618.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				•
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	1,715	,618.
Pa	t XII Reconciliation of Expenses per Audited Financia		ith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part					401
1	Total expenses and losses per audited financial statements			1	1,795	<u>,401.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		170 100			
а	Donated services and use of facilities		179,166.	4		
b	Prior year adjustments			-		
С	Other losses		00 220	-		
d	Other (Describe in Part XIII.)		99,339.		070	
е	Add lines 2a through 2d			2e		,505.
3	Subtract line 2e from line 1			3	1,516	,896.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				•
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 18.)		5	1,516	,896.
Pa	t 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 X, LINE 2:

THE MUSEUM FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED
STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS.
THE MUSEUM RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH
UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF ACTIVITIES, WHEN
APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAS NO UNCERTAIN TAX
POSITIONS AT JUNE 30, 2017 AND 2016 AND THEREFORE NO AMOUNTS HAVE BEEN
ACCRUED.
PART XI LINE 2D - OTHER ADJUSTMENTS.

SPECIAL EVENT EXPENSE NETTED WITH REVENUE

COST OF GOODS SOLD 27,445.

71,894.

632054 08-29-16

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Part XIII Supplemental Infor	SAN DIEGO	CHILDREN	'S MUSEUM 'S DISCOVE	RY MUSEUM	33-0912	2735 Page
TOTAL TO SCHEDULE D						99,33
PART XII, LINE 2D -	OTHER ADJ	USTMENTS:				
COST OF GOODS SOLD						27,44
SPECIAL EVENT EXPEN	SE NETTED	WITH REVE	NUE			71,89
TOTAL TO SCHEDULE D	, PART XII	, LINE 2D				99,33
					Schedule D	(Eorm 990) 2

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the o	e organization answered "Yes" on organization answered "Yes" on organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 5,000 (or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.	or 19,	or if the	OMB No. 1545-0047
Name of the organization	ESCONDI	DO CHILDREN'S MUSE	UM	INC	• DBA		Employer id	entification number
Part I Fundrais		GO CHILDREN'S DISC Complete if the organization answe					33-091	
required to	complete this par	t						
 a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees lister 	ions email solicitations tations licitations n have a written c ed in Form 990, P highest paid indiv	f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	🗌 Ye	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	oution	s or has been notified	d it is e	exempt from	registration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. 9	Sched	ule G (Form	990 or 990-EZ) 2016

632081 09-12-16

33-0912735 Page 2

Schedule G (Form 990 or 990 EZ) 2016 SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 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 gr			÷ .	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FALL FAMILY	•	(add col. (a) through
				FESTIVAL	2	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	82,363.	15,939.	42,209.	140,511.
	2	Less: Contributions	55,608.	9,125.	5,739.	70,472.
	3	Gross income (line 1 minus line 2)	26,755.	6,814.	36,470.	70,039.
	4	Cash prizes				
0	5	Noncash prizes	30,108.	1,555.	0.	31,663.
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	1,826.	638.	1,489.	3,953.
D	8	Entertainment	5,271.	3,305.	2,150.	10,726.
	9	Other direct expenses		5,971.	9,409.	25,552.
		Direct expense summary. Add lines 4 through	()		►	71,894.
		Net income summary. Subtract line 10 from I		000 D 1 N/ K 40		-1,855.
Fd	art I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or l	reported more than	
		\$15,000 OIT FOITH 990-EZ, IIIIe 0a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
Å	1	Gross revenue				
	_					
ŝ	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	

7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes L __ No **b** If "Yes," explain:

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

No

33

Sch	ESCONDIDO CHILDREN'S MUSEUM INC. DBA edule G (Form 990 or 990-EZ) 2016 SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33-0	912735	Page 3
	Does the organization conduct gaming activities with nonmembers?		
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	
10	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		└── No
		13a	04
	The organization's facility An outside facility		<u>%</u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
14			
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$ and the amount of gaming revenue retained by the third party > \$ and the amount of gaming revenue retained by the third party > \$ and the amount of gaming revenue retained by the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	nes 9, 9b, 10	0b, 15b,
63208	33 09-12-16 Schedule G (Form 34	n 990 or 990	-EZ) 2016

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			MUSEUM INC. DBA		
Schedule G (Form 990 or 990-EZ)	SAN DIEGO	CHILDREN'S	DISCOVERY MUSEU	М 33-0912735 Рас	ge 4
Part IV Supplemental Infor	mation (continued)				

Schedule G (Form 990 or 990-EZ)

632084 04-01-16

SCHEDULE L Transactions With Interested Persons (Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						Op	OMB No. 1545-0047			
Name of the organization		DO CHILDRE					Employe			number
Part I Excess Be		GO CHILDRE					33-09	9127.	35	
		answered "Yes" on I						0b		
1		(b) Relationship betv						00.	(d) Co	rrected?
(a) Name of disqualifie	ed person	person and or	ganization		(C) Description of tran	saction		Yes	No
2 Enter the amount of t section 4958		•	J. J			• •				
3 Enter the amount of t		e 2. above. reimburs					• •	, ;		
				· 9						
		Interested Pers								
	-	answered "Yes" on I		Z, Part V, lin	e 38a or F	Form 990, Part IV, lin	ie 26; or if t	he orga	nization	
reported an a	(b) Relations	990, Part X, line 5, 6 ship (c) Purpose	5, OF 22. (d) Loan to c	r (e) Ori	ainal	(f) Balance due	(g) In	(h) App	roved (i) Written
interested person	with organiza		from the organization?	nrincipal	~ I	(i) Dalarice due	default?	by boa commi		reement?
			To From				Yes No	Yes		es No
LINDEN ROOT D	ICSEE PT	VSEE PT V	X	750	,000.	300,000.	X	X	2	X
								+		_
Total			·····		🕨 \$	300,000.				
Part III Grants or	Assistance	Benefiting Inter	rested Po	ersons.						
· · · · · · · · · · · · · · · · · · ·	-	answered "Yes" on I				() =	.			
(a) Name of intereste	ed person	(b) Relationship interested pers the organiza			(d) Type assistan			(e) Purpose of assistance		
				1						
		ice, see the Instruc		I			edule L (Fo			

SEE PART V FOR CONTINUATIONS

632131 10-24-16

ESCONDIDO CHILDREN'S MUSEUM INC. DBA

	OVERY MUSEU	M 33-0912	735	Page 2							
Part IV Business Transactions Involving Interested Persons.											
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever								
			Yes	No							
	ng Interested Persons. "Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested	ng Interested Persons."Yes" on Form 990, Part IV, line 28a, 28b, or 28c.(b) Relationship between interested(c) Amount of	ng Interested Persons."Yes" on Form 990, Part IV, line 28a, 28b, or 28c.(b) Relationship between interested(c) Amount of(d) Description of	ng Interested Persons."Yes" on Form 990, Part IV, line 28a, 28b, or 28c.(b) Relationship between interested person and the organization(c) Amount of transaction(d) Description of transaction(e) Sha organiz rever							

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: LINDEN ROOT DICKINSON FOUNDATION

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: CASH ADVANCES FOR MUSEUM OPERATIONS

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 750,000. (F) BALANCE DUE \$ 300,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

Schedule L (Form 990 or 990-EZ) 2016

632132 10-24-16

37 2016.05010 ESCONDIDO CHILDREN'S MUSEUM 18763_01

	HEDULE M		Nonc	ash Contr	ibutions			OMB No. 1	545-004	47
(Fo	rm 990)							20	16	5
		Complete if the org		answered "Yes" o	n Form 990, Part	IV, lines 29 c	or 30.			
	ment of the Treasury I Revenue Service	Attach to Form 990		(Form 000) and it	o inotructiono io o	t unun iro ao	v/form000	Open To Inspe		ic
Name	e of the organization	Information about S ESCONDIDO CH	ILDREN	I'S MUSEUM	INC. DBA	t www.irs.go	Employer	identificatio		mber
	0	SAN DIEGO CH				М		3-0912		
Pa	rt I Types of	Property								
	•		(a)	(b)	(c)			(d)		
			Check if applicable	Number of contributions or	Noncash contri amounts report			l of determin Intribution ar		s
				items contributed	Form 990, Part VI		nonouon oc	in in battorr a	noune	
1										
2		sures								
3		rests								
4		tions								
5		ehold goods								
6		icles								
7										
8		y	x	2	22	,701.FN	r t 7			
9		rtraded		4	<u> </u>	,/UI•FF	1V			
10		held stock								
11	Securities - Partner	• • •								
12		aneous								
13	Qualified conservat									
15										
14		ion contribution - Other								
15		ential								
16		nercial								
17										
18										
19										
20		supplies								
21										
22										
23		IS								
24		cts								
25	Other 🕨 (LC	DAN FORGIVEN	Х	2		,000.FN				
26		IFT CERTIFIC)	Х	102		,642.FN				
27		DOD/DRINKS	X	40		,361.FN				
28	Other 🕨 (OB	FICE COMPUT)	X	1	1	,000.FN	ÍV			
29		283 received by the organi								
	for which the organ	ization completed Form 82	83, Part IV,	Donee Acknowledg	gement	29				
									Yes	No
JUa		the organization receive b								
		st three years from the dat						20-		x
L-		or the entire holding period	۲					<u>30a</u>		-
		he arrangement in Part II. ion have a gift acceptance	nolicy that r	equires the review	of any popular	d contributio	ne?	24	Х	
31 32a		ion hire or use third parties						31	~>	
JZd	contributions?			-				32a		x
b	If "Yes," describe in	n Part II.								
33		didn't report an amount in c	column (c) fo	or a type of propert	y for which column	(a) is checke	ed,			
	describe in Part II.									
LHA	For Paperwork F	Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedu	ıle M (Form	990) (2016)

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		ESCONDIDO	CHILDREN'S	MUSEUM IN	IC. DBA		
Schedule M Part II	Supplemental	I Information. Pr	CHILDREN'S ovide the information umber of contributions	required by Part I,	lines 30b, 32b, and 3	33-0912735 3, and whether the organization of both. Also com	Page 2 ation polete
	this part for any ac	dditional information		,			•
632142 08-23-	16					Schedule M (Form 9	990) (2016)
				39			
571212	310575 18	763.000	2016.0501	0 ESCONDI	DO CHILDREN	I'S MUSEUM 187	63 01

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ESCONDIDO CHILDREN'S MUSEUM INC. DBA Emplo SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33



33-0912735

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

THE MUSEUM AFFIRMS DIVERSITY AND HEALTHY CHILD DEVELOPMENT, ENCOURAGING

CHILDREN TO UNDERSTAND AND CONNECT WITH THE WORLD THEY WILL INHERIT.

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

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM (SDCDM) IS THE ONLY RESOURCE OF

ITS KIND IN THE AREA, PROVIDING SUPPLEMENTAL EDUCATIONAL RESOURCES FOR

FAMILIES AND EDUCATORS ACROSS THE REGION. SDCDM PROVIDES SUPPORTIVE

EDUCATIONAL EXPERIENCES OUTSIDE THE TRADITIONAL CLASSROOM TO ENCOURAGE

CREATIVITY AND RETENTION. OUR MUSEUM FEATURES FOUR MISSION-ALIGNED

PROGRAM AREAS: EXPERIMENTATION (SCIENCE, MATH, ENGINEERING),

EXPLORATION (WORLD CULTURES, HISTORY), IMAGINATION (THEATER ARTS,

VISUAL ARTS, MUSIC), AND DISCOVERY (OUTDOOR SPACE FEATURING GARDENS,

ENVIRONMENTAL SCIENCE, WORLD CULTURES, ARTS). ALMOST ALL OF OUR

EXHIBITS ARE DESIGNED IN-HOUSE BY A HIGHLY QUALIFIED AND CAPABLE STAFF,

THROUGH CONSULTATIONS WITH CHILD DEVELOPMENT EXPERTS, MUSEUM

PROFESSIONALS, AND EDUCATORS. BECAUSE ALL OF OUR SCIENCE, ART, AND

WORLD CULTURE PROGRAMS ALIGN WITH CALIFORNIA'S COMMON CORE CURRICULUM

STANDARDS AND NEW GENERATION SCIENCE STANDARDS (NGSS), CHILDREN CAN

PRACTICE AT THE MUSEUM WHAT THEY ARE LEARNING AT SCHOOL.

SDCDM IS A PLACE WHERE EDUCATORS AND PARENTS CAN SEE THE PRACTICAL

APPLICATION OF KNOWLEDGE LEARNED IN CLASSES, AND CHILDREN WILL BETTER

UNDERSTAND THE WORLD AROUND THEM. OUR MUSEUM PRESENTS OPPORTUNITIES FOR

EXPLORATION OF REAL-LIFE TOPICS, SUCH AS WATER CONSERVATION, HISTORY,

SCIENCE AND ENGINEERING, ARTS, THEATER, AND MUSIC.

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

 632211 08-25-16
 Schedule O (Form 990 or 990-EZ) (2016)

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WHEN GIVEN THE OPPORTUNITY TO EXPERIENCE THE WORLD THROUGH PLAY AND EXPLORATION, CHILDREN BEGIN TO MAKE IMPORTANT CONNECTIONS TO THEIR ENVIRONMENT, ENCOURAGING THEM TO TAKE OWNERSHIP OF THEIR LIVES AND THEIR WORLD. THESE IMPORTANT INTERACTIVE EXPERIENCES ARE A CRUCIAL STEP IN THE EDUCATION PROCESS, ALLOWING CHILDREN TO MAKE CONCRETE CONNECTIONS WITH THE INFORMATION THEY ARE LEARNING.

SINCE OUR INCEPTION WE HAVE OUTGROWN TWO MUSEUM FACILITIES, AND IN LATE 2011 WE MOVED INTO A 13,500 SQUARE FOOT SPACE IN DOWNTOWN ESCONDIDO THAT INCLUDES A 6,000 SQUARE FOOT MUSEUM WITH A 7,500 SQUARE FOOT OUTDOOR CHILDREN'S DISCOVERY GARDEN. SINCE MOVING INTO OUR NEW MUSEUM LOCATION, ATTENDANCE INCREASED FROM 15,000 IN 2011 (IN OUR OLD FACILITY) TO A PROJECTED 150,000 THIS YEAR. IN ADDITION TO OUR MANY INTERACTIVE EXHIBIT AREAS, OUR MUSEUM HAS TWO DESIGNATED CLASSROOMS (INDOOR AND OUTDOOR) EQUIPPED WITH A VIDEO PROJECTION SYSTEM, MICROSCOPES, FOSSILS AND ARTIFACTS, AND AN EDUCATIONAL LIBRARY. OTHER EDUCATIONAL PROGRAMMING SPACES INCLUDE THE OUTDOOR ART STUDIO AND EXHIBITS WORKSHOP, BASE CAMP (ARCHAEOLOGY, PALEONTOLOGY, GEOLOGY), NATIVE CALIFORNIA AND NATIVE PLANT GARDEN, EDIBLE GARDEN, POLLINATOR GARDEN AND NATURE PLAY. WE HAVE SUBSTANTIALLY EXPANDED OUR EDUCATION, OPERATIONS, AND DEVELOPMENT STAFF IN THE LAST YEAR, AND THE LAUNCH OF OUR MOBILE CHILDREN'S MUSEUM HAS INCREASED OUR OUTREACH TO SCHOOLS AND COMMUNITY EVENTS TO REACH OVER 30,000 CHILDREN ANNUALLY.

 OUR "ACCESS FOR ALL" INITIATIVE DEMONSTRATES OUR COMMITMENT TO ENSURING

 ALL CHILDREN HAVE ACCESS TO HANDS-ON LEARNING BY PROVIDING FIELD TRIP

 SCHOLARSHIPS AND MOBILE CHILDREN'S MUSEUM SCHOLARSHIPS TO AROUND 22,000

 632212 08-25-16

 Schedule O (Form 990 or 990-EZ) (2016)

 41

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 2016.05010 ESCONDIDO CHILDREN'S MUSEUM 18763 01

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization ESCONDIDO CHILDREN'S MUSEUM INC. DBA Employer identification number SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33-0912735 CHILDREN AND LOW-INCOME AND TITLE-I SCHOOLS, FREE ADMISSION TO 20,000 ACTIVE-DUTY MILITARY AND VETERAN FAMILIES, FREE ADMISSION PASSES TO OVER 30,000 ADDITIONAL CHILDREN AND ADULTS, FREE ANNUAL FAMILY MEMBERSHIPS TO OVER 1,500 FAMILIES THROUGH EARLY CHILDHOOD EDUCATION PARTNERSHIPS, AND OVER 500 FREE ANNUAL FAMILY MEMBERSHIPS AVAILABLE FOR PUBLIC CHECK OUT IN LOCAL ELEMENTARY SCHOOLS, LOCAL AND ALL COUNTY LIBRARIES, AND NEIGHBORHOOD SERVICE CENTERS. WE BELIEVE ALL CHILDREN SHOULD HAVE ACCESS TO EDUCATIONAL SUPPORT, REGARDLESS OF FINANCIAL ABILITY, AND WE ARE THE ONLY CHILDREN'S MUSEUM PROVIDING HANDS-ON SCIENCE, ARTS AND WORLD CULTURES EXPERIENCES IN NORTH SAN DIEGO COUNTY, CREATING A UNIQUE OPPORTUNITY TO SERVE YOUNG CHILDREN AND FAMILIES ACROSS THE REGION.

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

A COPY OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING THE RETURN. EACH MEMBER SIGNS ACKNOWLEDGING RECEIPT AND REVIEW OF THE RETURN. THE APPROVAL OF FILING THE FORM 990 IS DOCUMENTED IN THE BOARD'S MEETING MINUTES WITH A COPY OF THE REVIEWED RETURN. BOARD MEMBERS WHO ARE NOT PRESENT AT THE MEETING ARE EMAILED A COPY FOR THEIR REVIEW AND ACKNOWLEDGE THEIR APPROVAL IN A RETURN EMAIL, WHICH IS FILED WITH THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO ANNUALLY COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE WHICH IS REVIEWED AND RETAINED BY THE BOARD CHAIR. ALL NEW BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE UPON JOINING THE BOARD.

42

632212 08-25-16

Anne of the organization ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM END PORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE EXECUTIVE DIRECTOR WAS SET AT THE TIME OF 2010 AND WAS INCREASED TO AN ANNUAL SALARY RATE OF \$130,000 FORM 990, PART VI, SECTION C, LINE 19: THE INFORMATION IS MADE AVAILABLE UPON WRITTEN REQUEST.	nployer identification number 33-0912735
FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE EXECUTIVE DIRECTOR WAS SET AT THE TIME OF 2010 AND WAS INCREASED TO AN ANNUAL SALARY RATE OF \$130,000 FORM 990, PART VI, SECTION C, LINE 19:	
THE SALARY OF THE EXECUTIVE DIRECTOR WAS SET AT THE TIME OF 2010 AND WAS INCREASED TO AN ANNUAL SALARY RATE OF \$130,000 FORM 990, PART VI, SECTION C, LINE 19:	
2010 AND WAS INCREASED TO AN ANNUAL SALARY RATE OF \$130,000 FORM 990, PART VI, SECTION C, LINE 19:	UTC UTDINC IN
FORM 990, PART VI, SECTION C, LINE 19:	
	IN 2016.
32212 08-25-16 Schedule C	D (Form 990 or 990-EZ) (2016
43 71212 310575 18763.000 2016.05010 ESCONDIDO CHILDREN'S 1	

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection
Name of the organizat	ion ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM	Employer identification number 33-0912735

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

	i	i	i		i
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
CHILDREN'S DISCOVERY MUSEUM HOLDINGS, LLC -					ESCONDIDO CHILDREN'S
45-3040203, 320 N BROADWAY, ESCONDIDO, CA	LAND, BUILDING AND				MUSEUM INC. DBA SD
92025	IMPROVEMENTS	CALIFORNIA	0.	0.	CHILDREN'S DISCOVERY
]				
	1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr ent	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
							1
							<u> </u>
							<u> </u>
							
							1
							1

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

ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

Schedule R (Form 990) 2016 SAN DIEGO CH

33-0912735 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	-										
	-										
	-										
	4										

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

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

ESCONDIDO CHILDREN'S MUSEUM INC. DBA

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM Schedule R (Form 990) 2016

	33-	091	273	5	Page 3
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Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a					
b	Gift, grant, or capital contribution to related organization(s)	1b					
с	Gift, grant, or capital contribution from related organization(s)	1c					
d	Loans or loan guarantees to or for related organization(s)	1d					
	Loans or loan guarantees by related organization(s)	1e					
f	Dividends from related organization(s)	1f					
g	Sale of assets to related organization(s)	1g					
h	Purchase of assets from related organization(s)	1h					
i	Exchange of assets with related organization(s)	1i					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k					
	Performance of services or membership or fundraising solicitations for related organization(s)	11					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n					
o	Sharing of paid employees with related organization(s)	10					
р	Reimbursement paid to related organization(s) for expenses	1p					
	Reimbursement paid by related organization(s) for expenses	1q					
r	Other transfer of cash or property to related organization(s)	1r					
s	Other transfer of cash or property from related organization(s)	1s					
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(3)			
<u>(4)</u>			
(5)			
_(6)	16		Cabadula D (Farm 000) 0040

ESCONDIDO CHILDREN'S MUSEUM INC. DBA Schedule R (Form 990) 2016 SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are a partners 501(c orgs Yes) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes N	(k) or Percentage ownership
				103				163	NU			

Schedule R (Form 990) 2016

ESCONDIDO CHILDREN'S MUSEUM INC. DBA SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

33-0912735 Page 5

Schedule R (Form 990) 2016 SAN D Part VII Supplemental Information.

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

CHILDREN'S DISCOVERY MUSEUM HOLDINGS, LLC

DIRECT CONTROLLING ENTITY: ESCONDIDO CHILDREN'S MUSEUM INC. DBA SD

CHILDREN'S DISCOVERY MUSEUM

632165 09-06-16

(Rev. January 2017)

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

OMB No. 1545-1709

Enter filer's identifying number

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

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

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

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

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

					or 3 fuertary	ing number			
Type or print	Name of exempt organization or other filer, see instru ESCONDIDO CHILDREN'S MUSEU	Employer identification number (EIN) or							
File by the	SAN DIEGO CHILDREN'S DISCO	MUSEUM		33-09	12735				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)				
instructions	City, town or post office, state, and ZIP code. For a f ESCONDIDO, CA 92025	oreign add	lress, see instructions.						
Enter the	Return Code for the return that this application is for (fi	ile a separa	te application for each return)			01			
Applicat	Application Return Application					Return			
Is For Code Is For			Is For						
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990)-BL	02	Form 1041-A		08				
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990)-PF	04	Form 5227			10			
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	0-T (trust other than above)	06	Form 8870	12					
 If this box 1 1 refor for 	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or tax year beginning JUL 1, 2016 ne tax year entered in line 1 is for less than 12 months, or	Group Exe and atta MA organizatio , an	emption Number (GEN) I uch a list with the names and EINs o Y 15, 2018, to file on's return for: d ending JUN 30, 2017	f this is fo f all memb e the exen	r the whole g pers the exter npt organizat	nsion is for.			
	Change in accounting period								
						0			
	nonrefundable credits. See instructions.					0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.			
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$									
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						0			
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						0.			
Caution: instructio	If you are going to make an electronic funds withdrawa ns.	I (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	9-EO for payment			
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see instru	uctions.		Form 8	868 (Rev. 1-2017)			

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