**Form 990**

**Return of Organization Exempt From Income Tax**

*Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)*

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**2017**

Open to Public Inspection

**For the 2017 calendar year, or tax year beginning** JUL 1, 2017 **and ending** JUN 30, 2018

<table>
<thead>
<tr>
<th>C</th>
<th>Name of organization</th>
<th></th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IRVINE NATURAL SCIENCE CENTER, INC.</td>
<td></td>
<td>52-1231286</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Telephone number</th>
<th>Gross receipts</th>
<th>H(i)</th>
<th>Group exemption number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>443-738-9200</td>
<td>2,420,330</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F</th>
<th>Name and address of principal officer: SUSAN B. KEARNEY</th>
<th>SAME AS ABOVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OWINGS MILLS, MD 21117</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H(a)</th>
<th>Is this a group return for subordinates?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>H(b)</td>
<td>Are all subordinates included?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J</th>
<th>Website: <a href="http://WWW.EXPLORENATURE.ORG">WWW.EXPLORENATURE.ORG</a></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K</th>
<th>Form of organization: Corporation Trust Association Other</th>
<th>L</th>
<th>Year of formation: 1981</th>
<th>M</th>
<th>State of legal domicile: MD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part I Summary**

1. Briefly describe the organization’s mission or most significant activities: ENVIRONMENTAL EDUCATION CENTER

2. Number of voting members of the governing body (Part VI, line 1a) | 3 |
3. Number of independent voting members of the governing body (Part VI, line 1b) | 4 |
4. Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 67 |
5. Total number of volunteers (estimate if necessary) | 163 |
6. Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
7. Net unrelated business taxable income from Form 990-T, line 34 | 0 |

**Revenue**

8. Contributions and grants (Part VIII, line 1h) | 1,132,314.00 |
9. Program service revenue (Part VIII, line 2g) | 776,758.00 |
10. Investment income (Part VIII, column A, lines 3, 4, and 7d) | 78,149.00 |
11. Other revenue (Part VIII, column A, lines 5, 6d, 8c, 9c, 10c, and 11e) | 72,146.00 |
12. Total revenue - add lines 8 through 11 (must equal Part VIII, column A, line 12) | 2,059,367.00 |

**Expenses**

13. Grants and similar amounts paid (Part IX, column A, lines 1-3) | 0.00 |
14. Benefits paid to or for members (Part IX, column A, line 4) | 0.00 |
15. Salaries, other compensation, employee benefits (Part IX, column A, lines 5-10) | 1,334,029.00 |
16. Professional fundraising fees (Part IX, column A, line 11e) | 0.00 |
17. Other expenses (Part IX, column A, lines 11a-11d, 11f-24a) | 712,543.00 |
18. Total expenses. Add lines 15-17 (must equal Part IX, column A, line 25) | 2,046,572.00 |
19. Revenue less expenses. Subtract line 18 from line 12 | 12,795.00 |

**Net Assets or Fund Balances**

20. Total assets (Part X, line 16) | 11,602,625.00 |
21. Total liabilities (Part X, line 20) | 280,738.00 |
22. Net assets or fund balances. Subtract line 21 from line 20 | 11,321,887.00 |

**Part II Signature Block**

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

*Supporting information*:

- Print or type preparer’s name: KAREN L. DOJAN, CPA
- Preparer’s signature: KAREN L. DOJAN, CPA
- Date: 11/07/18
- Check if executive: 0
- PTIN: P01767154

**Preparer**

- Firm’s name: WYRICH, CRONIN & SORRA, LLC
- Firm’s EIN: 81-4643077

**Use Only**

- Firm’s address: 1301 YORK ROAD, SUITE 800
- LUTHERVILLE, MD 21093
- Phone number: (410) 339-6464

May the IRS discuss this return with the preparer shown above? (see instructions) | X | Yes | No |
Part III  Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

IRVINE NATURE CENTER IS AN ENVIRONMENTAL EDUCATION ORGANIZATION. OUR MISSION IS TO EDUCATE AND INSPIRE CURRENT AND FUTURE GENERATIONS TO EXPLORE, RESPECT AND PROTECT NATURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

- Yes [x]  No [ ]

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

- Yes [x]  No [ ]

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>196,824.</td>
<td>291,778.</td>
</tr>
<tr>
<td>4b</td>
<td>135,700.</td>
<td>100,626.</td>
</tr>
<tr>
<td>4c</td>
<td>103,805.</td>
<td>147,396.</td>
</tr>
</tbody>
</table>

| Other program services (Describe in Schedule O) | Expenses $ 1,223,459. | Revenues $ 322,438. |

4e Total program service expenses $ 1,659,788.

SEE SCHEDULE O FOR CONTINUATION(S)
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>X</td>
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<tr>
<td>6</td>
<td>X</td>
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<tr>
<td>7</td>
<td>X</td>
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<td>8</td>
<td>X</td>
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<td>9</td>
<td>X</td>
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<tr>
<td>10</td>
<td>X</td>
</tr>
<tr>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>11b</td>
<td>X</td>
</tr>
<tr>
<td>11c</td>
<td>X</td>
</tr>
<tr>
<td>11d</td>
<td>X</td>
</tr>
<tr>
<td>11e</td>
<td>X</td>
</tr>
<tr>
<td>11f</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>X</td>
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<tr>
<td>14b</td>
<td>X</td>
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<td>15</td>
<td>X</td>
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<td>16</td>
<td>X</td>
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<td>17</td>
<td>X</td>
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<tr>
<td>18</td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>X</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H</td>
</tr>
<tr>
<td>20b</td>
<td>If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II</td>
</tr>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer “Yes” to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule J</td>
</tr>
<tr>
<td>24a</td>
<td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer lines 24b through 24d and complete Schedule K. If “No”, go to line 25a</td>
</tr>
<tr>
<td>24b</td>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
</tr>
<tr>
<td>24c</td>
<td>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?</td>
</tr>
<tr>
<td>24d</td>
<td>d Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
</tr>
<tr>
<td>25a</td>
<td>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</td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If “Yes,” complete Schedule L, Part II</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If “Yes,” complete Schedule L, Part III</td>
</tr>
<tr>
<td>28</td>
<td>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):</td>
</tr>
<tr>
<td>a</td>
<td>A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
</tr>
<tr>
<td>b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
</tr>
<tr>
<td>c</td>
<td>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</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations?</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II</td>
</tr>
<tr>
<td>33</td>
<td>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</td>
</tr>
<tr>
<td>34</td>
<td>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</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
</tr>
<tr>
<td>b</td>
<td>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</td>
</tr>
<tr>
<td>36</td>
<td>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</td>
</tr>
<tr>
<td>37</td>
<td>Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI</td>
</tr>
<tr>
<td>38</td>
<td>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</td>
</tr>
</tbody>
</table>
**Part V  Statements Regarding Other IRS Filings and Tax Compliance**

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

<table>
<thead>
<tr>
<th></th>
<th>1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</th>
<th>1b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7a 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?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7b Did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7c If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 2010C?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 Did the sponsoring organizations maintain donor advised funds. Did a donor advised fund maintained by the sponsoring organizations have excess business holdings at any time during the year?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Did the sponsoring organization make any charitable distributions under section 4946?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11 Gross income from members or shareholders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12a Gross income from other sources from non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13 Gross income from other sources from qualified nonprofit health insurance issuers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14 Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).
- If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.
**Part VI Governance, Management, and Disclosure**

For each “Yes” response to lines 2 through 7b below, and for a “No” response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

## Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>b Enter the number of voting members included in line 1a, above, who are independent</td>
<td>1b</td>
<td>23</td>
</tr>
<tr>
<td>1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7a Did the organization have members, stockholders, or other persons whose power to elect or appoint one or more members of the governing body?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?</td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>8b Each committee with authority to act on behalf of the governing body?</td>
<td>8b</td>
<td>X</td>
</tr>
</tbody>
</table>

## Section B. Policies

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Did the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
<td>X</td>
</tr>
<tr>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>12a Did the organization have a written conflict of interest policy?</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>13 Did the organization have a written whistleblower policy?</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td>15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td>15a</td>
<td>X</td>
</tr>
<tr>
<td>b Other officers or key employees of the organization</td>
<td>15b</td>
<td>X</td>
</tr>
<tr>
<td>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16a</td>
<td>X</td>
</tr>
<tr>
<td>16b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?</td>
<td>16b</td>
<td></td>
</tr>
</tbody>
</table>

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- [ ] Own website
- [ ] Another’s website
- [x] Upon request
- [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records:

CATHY ROSE - 443-738-9200

11201 GARRISON FOREST ROAD, OWINGS MILLS, MD 21117
**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's key employees, if any. See instructions for definition of "key employee."
- List the organization's five 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) W. BROOKS PATERNOTTE</td>
<td>EXECUTIVE DIRECTOR 40.00</td>
<td>87,237.00</td>
<td>0.00</td>
<td>6,674.00</td>
<td></td>
</tr>
<tr>
<td>(2) THOMAS D. WASHBURN, JR.</td>
<td>PRESIDENT 6.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(3) SUSAN B. KEARNEY</td>
<td>VICE-PRESIDENT, PRESIDENT 6.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(4) ANNA SMITH</td>
<td>VICE-PRESIDENT 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(5) THOMAS B. MCCORD</td>
<td>TREASURER 4.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(6) MEG LAWRENCE</td>
<td>SECRETARY 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(7) JESSICA KARTALIJA</td>
<td>SECRETARY 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(8) THEODORE W. BAUER</td>
<td>TRUSTEE 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(9) WILLIS CHEN</td>
<td>TRUSTEE 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(10) DAVID O. DARDIS</td>
<td>TRUSTEE 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(11) ERIC DECOSTA</td>
<td>TRUSTEE 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(12) FRANCES H. FLANIGAN</td>
<td>TRUSTEE 3.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(13) NETTIE WASHBURN</td>
<td>TRUSTEE 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(14) JOHN W. GUINEE, III</td>
<td>TRUSTEE 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(15) JACK PINNEY</td>
<td>TRUSTEE 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(16) JAMIE BROWN</td>
<td>TRUSTEE 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(17) JOANNE LARSON</td>
<td>TRUSTEE 1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>
### Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) GLENDI LEGENDRE</td>
<td>1.00</td>
<td>X</td>
<td>87,237.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(19) GENIA HILL</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TRUSTEE EX-OFFICIO</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(20) CLEM PALEVICH</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(21) PAGE W. SEVILLE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(22) JOSHUA H. LEVINSON</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(23) TOPHER J. BREWER</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(24) MICHELE SPEAKS</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(25) ADAIR B. STIFEL</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(26) HOWIE WOLFE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

1b Sub-total: 87,237.0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual: No

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: No

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0

SEE PART VII, SECTION A CONTINUATION SHEETS
<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position (check all that apply)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMY JEAN BOEBEL</td>
<td>1.00</td>
<td>TRUSTEE</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAD STEELE</td>
<td>1.00</td>
<td>TRUSTEE</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>HARRY HOLT, JR.</td>
<td>1.00</td>
<td>TRUSTEE</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>WICKIE PLANT</td>
<td>1.00</td>
<td>TRUSTEE EX-OFFICIO</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c
### Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td>27,690.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c</td>
<td>174,882.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e</td>
<td>103,973.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>825,769.</td>
<td>175,224.</td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f $</td>
<td>1g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f $</td>
<td>h</td>
<td>4,132,314.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Program Service Revenue

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a PRESCHOOL PROGRAM</td>
<td>611600</td>
<td>291,778.</td>
<td>291,778.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b SUMMER CAMP</td>
<td>900099</td>
<td>147,396.</td>
<td>147,396.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c AFTER SCHOOL CLUB</td>
<td>900099</td>
<td>69,540.</td>
<td>69,540.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d PROGRAM EVENTS AND SEM</td>
<td>900099</td>
<td>64,502.</td>
<td>64,502.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e BIRTHDAY PARTIES</td>
<td>900099</td>
<td>46,497.</td>
<td>46,497.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td>900099</td>
<td>157,045.</td>
<td>157,045.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f $</td>
<td>g</td>
<td>776,758.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Revenue

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Gross income from fundraising events (not including $ 174,882 of contributions reported on line 1c). See Part IV, line 18</td>
<td>a</td>
<td>154,657.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>b</td>
<td>167,991.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>c</td>
<td>-13,334.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Gross income from gaming activities. See Part IV, line 19</td>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross sales of inventory, less returns and allowances</td>
<td>a</td>
<td>12,465.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>b</td>
<td>8,935.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td>c</td>
<td>3,530.</td>
<td>3,530.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a MISCELLANEOUS</td>
<td>900099</td>
<td>1,075.</td>
<td>1,075.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d $</td>
<td>e</td>
<td>1,075.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue, See instructions.</td>
<td>12</td>
<td>2,059,367.</td>
<td>862,238.</td>
<td>0.</td>
<td>64,815.</td>
</tr>
</tbody>
</table>

732006 11-28-17

Form 990 (2017)
<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals, See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>118,054</td>
<td>59,027</td>
<td>35,416</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)1) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>1,038,081</td>
<td>832,994</td>
<td>7,141</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>13,450</td>
<td>10,989</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>85,269</td>
<td>78,131</td>
<td>-289</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>79,175</td>
<td>63,714</td>
<td>729</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>47,430</td>
<td>37,080</td>
<td>10,350</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services, See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>12,941</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)</td>
<td>10,496</td>
<td>10,234</td>
<td>142</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>23,052</td>
<td>16,649</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>164,384</td>
<td>133,052</td>
<td>3,788</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>24,786</td>
<td>15,966</td>
<td>205</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>94,399</td>
<td>89,897</td>
<td>2,444</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>11,690</td>
<td>11,603</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>23,172</td>
<td>12,892</td>
<td>2,587</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>198,084</td>
<td>188,636</td>
<td>5,130</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>36,415</td>
<td>34,678</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24a, if line 24a amount exceeds 10% of line 25, column (A) amount, list line 24a expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>FOOD</td>
<td>31,818</td>
<td>31,664</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>REPAIRS AND MAINTENANCE</td>
<td>27,445</td>
<td>26,934</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>DUES AND SUBSCRIPTIONS</td>
<td>5,316</td>
<td>4,533</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>LICENSES &amp; PERMITS</td>
<td></td>
<td>1,115</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses, Add lines 1 through 24e</td>
<td>2,046,572</td>
<td>1,659,788</td>
<td>82,415</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets</td>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>528,860</td>
<td>506,550</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>318,160</td>
<td>348,158</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>308,738</td>
<td>166,573</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 employees' beneficiary organizations (see instr). Complete Part II of Schedule L</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>982</td>
<td>2,571</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>12,431</td>
<td>37,370</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D</td>
<td>8,649,921</td>
<td>6,827,994</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>1,813,715</td>
<td>6,836,206</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>3,070,725</td>
<td>3,486,993</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td>128,781</td>
<td>137,537</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>35,438</td>
<td>80,667</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>11,232,109</td>
<td>11,602,625</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>55,764</td>
<td>83,264</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Grants payable</td>
<td></td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>153,477</td>
<td>195,974</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>5,500</td>
<td>1,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>214,741</td>
<td>280,738</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 30, and lines 33 and 34.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Unrestricted net assets</td>
<td>7,573,275</td>
<td>7,605,422</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>397,820</td>
<td>579,358</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>3,046,273</td>
<td>3,137,107</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td></td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>11,017,368</td>
<td>11,321,887</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>11,232,109</td>
<td>11,602,625</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 990 (2017)  IRVINE NATURAL SCIENCE CENTER, INC.  52-1231286  Page 12

Part XI | Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>2,059,367</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2,046,572</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>12,795</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>11,017,368</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>291,724</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>11,321,887</td>
</tr>
</tbody>
</table>

Part XII | Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and DMB Circular A-133?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE A
(Def 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a sectio 501(c)(3) organization or a sectio 4947(a)(1) nonexempt charitable trust.

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

Name of the organization: IRVINE NATURAL SCIENCE CENTER, INC.
Employer identification number: 52-1231286

Part I  Reason for Public Charity Status (All organizations must complete this part.) See instructions.

1  ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2  ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3  ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4  ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5  ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6  ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8  ☐ A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9  ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10  ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11  ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12  ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a  ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b  ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c  ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d  ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e  ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f  ☐ Enter the number of supported organizations:

g  ☐ Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above) (see instructions)</th>
<th>(iv) Do the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 123456 10-01-17 Schedule A (Form 990 or 990-EZ) 2017
**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royaltys, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the organization is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <strong>stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2016 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <strong>stop here</strong>. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td>33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <strong>stop here</strong>. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td>10% facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and <strong>stop here</strong>. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b</td>
<td>10% facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and <strong>stop here</strong>. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>1,142,679</td>
<td>2,352,265</td>
<td>1,579,715</td>
<td>1,369,283</td>
<td>1,132,314</td>
<td>7,576,256</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td>686,883</td>
<td>804,898</td>
<td>930,742</td>
<td>943,125</td>
<td>1,025,830</td>
<td>4,391,478</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6 Total. Add lines 1 through 5</strong></td>
<td>1,829,562</td>
<td>3,157,163</td>
<td>2,510,457</td>
<td>2,312,408</td>
<td>2,158,144</td>
<td>11,967,734</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>243,735</td>
<td>127,273</td>
<td>122,326</td>
<td>135,735</td>
<td>629,069</td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 1, 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</td>
<td>139,650</td>
<td>371,741</td>
<td>375,849</td>
<td>298,525</td>
<td>118,653</td>
<td>1,304,418</td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>139,650</td>
<td>615,476</td>
<td>503,122</td>
<td>420,851</td>
<td>254,388</td>
<td>1,933,487</td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>1,829,562</td>
<td>3,157,163</td>
<td>2,510,457</td>
<td>2,312,408</td>
<td>2,158,144</td>
<td>11,967,734</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>27,407</td>
<td>70,071</td>
<td>51,867</td>
<td>70,085</td>
<td>67,272</td>
<td>286,702</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>27,407</td>
<td>70,071</td>
<td>51,867</td>
<td>70,085</td>
<td>67,272</td>
<td>286,702</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13 Total support. (Add lines 9, 10a, 11, and 12)</strong></td>
<td>1,856,969</td>
<td>3,227,234</td>
<td>2,562,324</td>
<td>2,382,493</td>
<td>2,225,416</td>
<td>12,254,436</td>
</tr>
<tr>
<td><strong>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| 15 Public support percentage for 2017 (line 8, column (f)) divided by line 13, column (f)) | 15 81.88 % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 82.12 % |

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

| 17 Investment income percentage for 2017 (line 10c, column (f)) divided by line 13, column (f)) | 17 2.34 % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 2.10 % |

**19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.**

**19b 33 1/3% support tests - 2016. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.**

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

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

Schedule A (Form 990 or 990-EZ) 2017  IRVINE NATURAL SCIENCE CENTER, INC.  52-1231286  Page 4
### Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>11.</th>
<th>Has the organization accepted a gift or contribution from any of the following persons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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?</td>
</tr>
<tr>
<td>b.</td>
<td>A family member of a person described in (a) above?</td>
</tr>
<tr>
<td>c.</td>
<td>A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
</tr>
</tbody>
</table>

#### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>1.</th>
<th>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 &quot;No,&quot; 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If &quot;Yes,&quot; 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.</td>
</tr>
</tbody>
</table>

#### Section C. Type II Supporting Organizations

| 1. | Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? 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). |

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

<table>
<thead>
<tr>
<th>1.</th>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>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 &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
</tr>
<tr>
<td>3.</td>
<td>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 &quot;Yes,&quot; describe in Part VI the role the organization’s supported organizations played in this regard.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1.</th>
<th>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>The organization satisfied the Activities Test. Complete line 2 below.</td>
</tr>
<tr>
<td>b.</td>
<td>The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
</tr>
<tr>
<td>c.</td>
<td>The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.</th>
<th>Activities Test. Answer (a) and (b) below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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 &quot;Yes,&quot; 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.</td>
</tr>
<tr>
<td>b.</td>
<td>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 &quot;Yes,&quot; 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.</th>
<th>Parent of Supported Organizations. Answer (a) and (b) below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</td>
</tr>
<tr>
<td>b.</td>
<td>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
</tr>
</tbody>
</table>
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>Net short-term capital gain</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

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

#### Section C - Distributable Amount

| Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| Enter 85% of line 1 | 2 |
| Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| Enter greater of line 2 or line 3 | 4 |
| Income tax imposed in prior year | 5 |
| Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |

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

Schedule A (Form 990 or 990-EZ) 2017
<table>
<thead>
<tr>
<th>Section E - Distribution Allocations (see instructions)</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2017 (reasonable cause required: explain in Part VI), See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total of lines 3a through e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to 2017 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Remainder, Subtract lines 3g, 3h, and 3i from 3f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2017 from Section D, line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2017 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder, Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
## Supplemental Financial Statements

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  
   - Yes  
   - No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   - Yes  
   - No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>3</td>
</tr>
<tr>
<td>2b</td>
<td>208.92</td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
</tbody>
</table>

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   - Yes  
   - No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   - Yes  
   - No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   (i) Revenue included on Form 990, Part VIII, line 1
   - $  

   (ii) Assets included in Form 990, Part X
   - $  

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   a Revenue included on Form 990, Part VIII, line 1
   - $  

   b Assets included in Form 990, Part X
   - $  

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

Schedule D (Form 990) 2017

732051 10-09-17
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange programs
   e Other

4 Provide a description of the organization's collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
   Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
   Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
   Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

1a Beginning of year balance
   (a) Current year
      3,517,666
   (b) Prior year
      2,944,236
   (c) Two years back
      2,474,265
   (d) Three years back
      1,338,970
   (e) Four years back
      1,493,957

b Contributions
   194,899

b Net investment earnings, gains, and losses
   356,931

b Grants or scholarships
   321,110

b Other expenditures for facilities
   and programs
   201,320

b Administrative expenses
   80,000

b End of year balance
   3,972,688

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment  21.00%
   b Permanent endowment  70.00%
   c Temporarily restricted endowment  9.00%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   i Unrelated organizations
   ii Related organizations
   Yes  No

3b If “Yes” on line 3a(i), are the related organizations listed as required on Schedule R?
   Yes  No

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>2,247,721</td>
<td></td>
<td></td>
<td>2,247,721</td>
</tr>
<tr>
<td>b Buildings</td>
<td>5,576,703</td>
<td>1,351,499</td>
<td>4,225,204</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>295,335</td>
<td>54,604</td>
<td>240,731</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>375,001</td>
<td>264,767</td>
<td>110,234</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>155,161</td>
<td>142,845</td>
<td>12,316</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
   6,836,206

Schedule D (Form 990) 2017
Schedule D (Form 990) 2017  IRVINE NATURAL SCIENCE CENTER, INC.  52-1231286  Page 3

**Part VII  Investments - Other Securities.**

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII  Investments - Program Related.**

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

**Part IX  Other Assets.**

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

**Part X  Other Liabilities.**

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

1. (a) Description of liability | (b) Book value |
   (1) Federal income taxes     |                |
   (2) SECURITY DEPOSITS        | 1,500          |
   (3)                         |                |
   (4)                         |                |
   (5)                         |                |
   (6)                         |                |
   (7)                         |                |
   (8)                         |                |
   (9)                         |                |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,500.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
Part XI  |  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1 Total revenue, gains, and other support per audited financial statements .................................................. 1 2,338,149.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a Net unrealized gains (losses) on investments ................................................................. 2a 291,724.
   b Donated services and use of facilities .................................................................................. 2b
   c Recoveries of prior year grants ......................................................................................... 2c
   d Other (Describe in Part XIII.) ......................................................................................... 2d
3 Subtract line 2e from line 1 ......................................................................................................... 3 2,046,425.

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   a Investment expenses not included on Form 990, Part VIII, line 7b ............................. 4a 12,942.
   b Other (Describe in Part XIII.) ......................................................................................... 4b
   c Add lines 4a and 4b ............................................................................................................ 4c 12,942.

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) ............... 5 2,059,367.

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

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

1 Total expenses and losses per audited financial statements .................................................. 1 2,033,630.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a Donated services and use of facilities ................................................................................ 2a
   b Prior year adjustments ....................................................................................................... 2b
   c Other losses ...................................................................................................................... 2c
   d Other (Describe in Part XIII.) ......................................................................................... 2d
3 Subtract line 2e from line 1 ....................................................................................................... 3 2,033,630.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
   a Investment expenses not included on Form 990, Part VIII, line 7b ............................. 4a 12,942.
   b Other (Describe in Part XIII.) ......................................................................................... 4b
   c Add lines 4a and 4b ............................................................................................................ 4c 12,942.

5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18.) ............... 5 2,046,572.

Part XIII  |  Supplemental Information.

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

PART II, LINE 9:

THE ORGANIZATION REPORTS THE CONSERVATION EASEMENT AS PERMANENTLY
RESTRICTED NET ASSETS IN THE AMOUNT OF $229,000 AS WELL AS IN THE FOOTNOTE
TO THE FINANCIAL STATEMENTS. FOLLOWING IS THE TEXT THAT DESCRIBES THE
ACCOUNTING FOR CONSERVATION EASEMENTS.

IN 2001, THE CENTER RECEIVED 115.88 ACRES OF LAND FROM THE STATE OF
MARYLAND. THE DONATION OF LAND WASRecorded IN THE AMOUNT OF $229,000,
REPRESENTING THE FAIR VALUE OF THE LAND AT THE TIME OF DONATION. THE LAND
IS SUBJECT TO A PERPETUAL CONSERVATION EASEMENT, THE PURPOSE OF WHICH IS
TO PRESERVE AND PROTECT THE ENVIRONMENT OF THE PROPERTY AND TO MAINTAIN
THE OPEN SPACE VALUES OF THE PROPERTY AND THE DOMINANT SCENIC, HISTORIC,
CULTURAL, RURAL, AGRICULTURAL, WOODLAND AND WETLAND CHARACTER OF THE
PROPERTY. AS A RESULT OF THIS PERPETUAL CONSERVATION EASEMENT, THE LAND IS
RESTRICTED IN USE FOR THE SOLE PURPOSE OF OPERATING A NATURE CENTER AND
VARIOUS OTHER RESTRICTIONS AS OUTLINED IN THE AGREEMENT.

IN 2015, IRVINE NATURE CENTER RECEIVED A $1MM DONATION AND ACQUIRED 93.04
ACRES OF LAND ADJACENT TO THE EXISTING PROPERTY. THE ACQUIRED PROPERTY IS
SUBJECT TO CERTAIN CONSERVATION EASEMENTS WHICH RESTRICT THE EXTENT TO
WHICH THE LAND MAY BE DEVELOPED IN THE FUTURE.
**SCHEDULE G**
(2017)

**Supplemental Information Regarding Fundraising or Gaming Activities**
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

**Name of the organization**
IRVINE NATURAL SCIENCE CENTER, INC.

**Employer identification number**
52-1231286

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Phone solicitations
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events
   - [ ] In-person solicitations

2. **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - [ ] Yes
   - [ ] No

   **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2017
**Part II  Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>285,621.</td>
<td>43,363.</td>
<td>555.</td>
<td>329,539.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>130,964.</td>
<td>43,363.</td>
<td>555.</td>
<td>174,882.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>154,657.</td>
<td></td>
<td></td>
<td>154,657.</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>37,360.</td>
<td>424.</td>
<td></td>
<td>37,784.</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td>2,450.</td>
<td></td>
<td></td>
<td>2,450.</td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>117,661.</td>
<td>10,096.</td>
<td></td>
<td>127,757.</td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td>▶ 167,991.</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>▶ -13,334.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td>▶</td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>▶</td>
</tr>
</tbody>
</table>

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

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

b If "No," explain:

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

b If "Yes," explain:

732082 09-13-17 Schedule G (Form 990 or 990-EZ) 2017
Schedule G (Form 990 or 990-EZ) 2017  IRVINE NATURAL SCIENCE CENTER, INC.  52-1231286  Page 3

11 Does the organization conduct gaming activities with nonmembers?  Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes No

13 Indicate the percentage of gaming activity conducted in:
   a The organization’s facility
   b An outside facility  13a %  13b %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:
   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes No
   b If “Yes,” enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $
   c If “Yes,” enter name and address of the third party:
      Name ▶
      Address ▶

16 Gaming manager information:
   Name ▶
   Gaming manager compensation ▶ $
   Description of services provided ▶
      □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes No
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $

Part IV Supplemental Information, Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
### SCHEDULE M
(онт 990)

#### Noncash Contributions

**2017**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 28 or 30.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

**Name of the organization:**

**IRVINE NATURAL SCIENCE CENTER, INC.**

**Employer identification number:** 52-1231286

#### Part I | Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
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<tr>
<td>6</td>
<td>Cars and other vehicles</td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
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<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td><strong>X</strong> 22 152,821. SELLING PRICE</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
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<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
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<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
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<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
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<tr>
<td>15</td>
<td>Real estate - Residential</td>
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<tr>
<td>16</td>
<td>Real estate - Commercial</td>
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<tr>
<td>17</td>
<td>Real estate - Other</td>
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<tr>
<td>18</td>
<td>Collectibles</td>
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<tr>
<td>19</td>
<td>Food inventory</td>
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<td></td>
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<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
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<tr>
<td>21</td>
<td>Taxidermy</td>
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<tr>
<td>22</td>
<td>Historical artifacts</td>
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<tr>
<td>23</td>
<td>Scientific specimens</td>
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<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>25</td>
<td>Other (AUCTION ITEMS)</td>
<td><strong>X</strong> 65 22,403. ESTIMATED FMV</td>
<td></td>
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</tr>
<tr>
<td>26</td>
<td>Other</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>27</td>
<td>Other</td>
<td></td>
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<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td></td>
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</tbody>
</table>

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **Yes**

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **No**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **Yes**

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule M (Form 990) 2017**
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES AN INVESTMENT COMPANY TO SELL DONATED STOCK.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

APPROACH.

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

ANIMAL ENCOUNTERS AFTER THE SCHOOL BELL RINGS.

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

THE STATE SO PARENTS KNOW THEIR CHILDREN ARE IN GOOD HANDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

URBAN EDUCATION: IRVINE BELIEVES EVERY CHILD DESERVES THE OPPORTUNITY TO EXPLORE THE OUTDOORS, NO MATTER WHERE HE OR SHE LIVES. THAT IS WHY OUR URBAN EDUCATION INITIATIVE OFFERS HIGH-QUALITY ENVIRONMENTAL EDUCATION AND NATURE-BASED LEARNING EXPERIENCES FOR CHILDREN AND YOUTH LIVING IN BALTIMORE CITY, ALL FREE OF CHARGE. THE KEY ELEMENTS ARE: (1) GROWING GREEN LEADERS, AN INTENSIVE PARTNERSHIP THAT OFFERS ENVIRONMENTAL EDUCATION FOR STUDENTS, PROFESSIONAL DEVELOPMENT FOR TEACHERS, ASSISTANCE WITH GREEN PROJECTS, AND HELP APPLYING FOR GREEN SCHOOL CERTIFICATION; (2) NATURE IN THE CLASSROOM, AN OUTREACH PROGRAM THAT TAKES HANDS-ON ENVIRONMENTAL EDUCATION INTO CITY SCHOOLS DURING THE SCHOOL YEAR AND LIBRARIES IN THE SUMMER; (3) OVERNIGHT CAMPING FOR CITY YOUTH WHO OTHERWISE MAY NEVER HAVE THE OPPORTUNITY TO SET UP CAMP, PREPARE MEALS, TAKE NIGHT HIKES, OR SLEEP IN TENTS UNDER THE STARS; (4) ECO-EXPLORERS AFTERSCHOOL PROGRAMMING THAT EXTENDS THE LEARNING DAY WITH HANDS-ON ACTIVITIES AND KEEPS STUDENTS IN A SAFE ENVIRONMENT; (5) NATURE AND NURTURE, HELPING CITY PRESCHOOL TEACHERS INTEGRATE...
NATURE-BASED TEACHING STRATEGIES INTO THEIR DAILY INSTRUCTION WITH LOW-INCOME CHILDREN; (6) NATURE-BASED EXPERIENCES FOR THE ARK, THE CITY’S ONLY ACCREDITED PRESCHOOL FOR HOMELESS CHILDREN; AND (7) PROFESSIONAL DEVELOPMENT TO HELP TEACHERS MASTER NATURE-BASED INSTRUCTIONAL STRATEGIES AND ENVIRONMENTAL EDUCATION CONTENT THAT THEY CAN INTEGRATE INTO THEIR CLASSROOMS.

PUBLIC PROGRAMS/OUTREACH: CHILDREN, ADULT AND FAMILY PROGRAMS ARE OFFERED THROUGHOUT THE YEAR AT IRVINE AND AT COMMUNITY SITES. PROGRAMS ARE LED BY OUR NATURALISTS AND GUEST SPEAKERS. EARLY CHILDHOOD EDUCATION AND CHILDREN ACTIVITIES INCLUDE NATURE PUPPET SHOWS, LIVE ANIMAL ENCOUNTERS, NATURE ART PROJECTS, AND STORY TIME. FAMILY PROGRAMS INCLUDE NATURE HIKES, OVERNIGHT CAMPOUTS, MAPLE SUGARING, AND CRAFTS. OUR POPULAR EAT, DRINK AND LEARN SERIES FOR ADULTS REGULARLY SELLS OUT. FEES FOR ALL PROGRAMS ARE KEPT LOW TO ENCOURAGE PARTICIPATION, AND MEMBERS ATTEND MANY FREE OF CHARGE OR AT A REDUCED PRICE.

OTHER: IRVINE OFFERS NATURE-THEMED BIRTHDAY PARTIES, AN ANNUAL NATIVE PLANT SEMINAR, BIRD-A-THON, THE FALL FAMILY CELEBRATION PUMPKINFEST, OUR MAJOR FUNDRAISER PUMPKINS ON THE GREEN, SCOUT PROGRAMS AND VOLUNTEER OPPORTUNITIES. IRVINE ALSO IS A POPULAR DESTINATION FOR NATURE-THEMED WEDDINGS.

EXPENSES $1,223,459. INCLUDING GRANTS OF $0. REVENUE $322,438.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND GIVES FINAL APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICT; AND IF THERE IS A POTENTIAL CONFLICT OF INTEREST, THIS IS REVIEWED BY THE ORGANIZATION TO DETERMINE IF FURTHER ACTION IS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 15A:
THE ORGANIZATION REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS AND DETERMINES WHETHER THE COMPENSATION IS REASONABLE BASED ON COMPARABILITY DATA AND OTHER FACTORS. DECISIONS REGARDING COMPENSATION ARE DOCUMENTED WITH CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A, LINE 1A:

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.
SCHEDULE B:

THE ORGANIZATION MEETS THE 33 1/3% SUPPORT TEST OF THE REGULATIONS UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI), THEREFORE ONLY THE CONTRIBUTORS WHOSE CONTRIBUTION OF $5,000 OR MORE DURING THE TAX YEAR WHICH IS GREATER THAN 2% OF THE AMOUNT REPORTED ON FORM 990, PART VIII, LINE 1(H)(A) HAVE BEEN LISTED ON SCHEDULE B.
IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number: 52-1231286

Name of exempt organization: IRVINE NATURAL SCIENCE CENTER, INC.

Name and title of officer: SUSAN B. KEARNEY
PRESIDENT

Part I  Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here □ X □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .................................................. 1b 2,059,367.
2a Form 990-EZ check here □ □ □ b Total revenue, if any (Form 990-EZ, line 9) ................................................................. 2b
3a Form 1120-POL check here □ □ □ b Total tax (Form 1120-POL, line 22) ................................................................. 3b
4a Form 990-PF check here □ □ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) ........................................... 4b
5a Form 8868 check here □ □ □ b Balance Due (Form 8868, line 3c) ................................................................. 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

□ I authorize WEYRICH, CRONIN & SORRA, LLC to enter my PIN 31286

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization’s tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

□ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature □ Date □

Part III Certification and Authentication

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27344513010

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature □ KAREN L. DOJAN, CPA Date □ 11/07/18

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.