990-1

Fgrm 990-T	E	Exempt Organization Bu			Return	L	OMB No 1545-0047
v		(and proxy tax un			2006		2040
	For cal	lendar year 2019 or other tax year beginning JUL 1, 2		, and ending JUN 30		_	ZU 19
Department of the Treasury Internal Revenue Service	▶	► Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it m					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name	changed	l and see instructions.)		(Emplo	yer identification number byees' trust, see ctions)
B Exempt under section	Print	CALIFORNIA ACADEMY OF SCIENCES					94-1156258
X 501(c Q(3)	Or	Number, street, and room or suite no. If a P.O. b	ox, see II	nstructions.			ted business activity code istructions)
408(e) 220(e)	Туре	55 MUSIC CONCOURSE DRIVE					
408A 530(a) 529(a)		City or town, state or province, country, and ZIP SAN FRANCISCO, CA 94118	or foreig	n postal code		52599	0
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>				
		G Check organization type ► X 501(c) cc		.17	401(a)		Other trust
	-	ition's unrelated trades or businesses.	6		only (or first) un		
		TNERSHIP INVESTMENTS		. If only one, com			
		ace at the end of the previous sentence, complete f	Parts I an	d II, complete a Schedule M fo	or each addition	al trade	or
business, then complete	_						x No
	-	poration a subsidiary in an affiliated group or a par	ent-subs	idiary controlled group?	•	Yes	S A NO
J The books are in care of		tifying number of the parent corporation.		Telephone r	number 🕨 (4	115) 3	379-5141
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale			T	(1.7)	__\-		(,,,,,,
b Less returns and allow		c Balance	1c		•		
2 Cost of goods sold (S			2				1
3 Gross profit. Subtract		· · · ·	3		•	7	
4a Capital gain net incom			4a	7,047.	/	•	7,047.
	•	Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	for trus	sts	4c		/	٠. ا	
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5	83,556.	STMT 1	· '	83,556.
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-finance		· ·	7				
		nd rents from a controlled organization (Schedule F					
		on 501(c)(7), (9), or (17) organization (Schedule 6			***		
10 Exploited exempt activ			10_	-		-	
11 Advertising income (S		· /	11		1 2	,	
Other income (See ins	2 throu	ah 12	10-	90 603.			90,603.
EDont II Dontuction	ns No	ot Taken Elsewhere (See instructions	for limits	ations on Application in			,
Z (Deductions	must b	be directly connected with the unrelated bus	iness inc	ome) OCIVED			
(Deductions (Deductions Compensation of off	icers, du	rectors, and trustees (Schedule K)	13		78	14	
15 Salaries and wages		(**************************************	021	JUN 01 2021	S-08(15	
	ance				781	16	
국6 Repairs and mainten 국7 Bad debts			- [OGDEN, UT		17	
48 Interest (attach sche	dule) (se	ee instructions)				18	
Taxes and licenses						19	500.
20 Depreciation (attach	Form #5	562)		20		<u></u>	
21 Less depreciation cla	amed or	n Schedule A and elsewhere on return		21a		21b	
22 Depletion						22	
23 Contributions to defe		mpensation plans				23	
24 Employee benefit pro	-	alonado de 10				24	
25 Excess exempt experi	-					25	
26 Excess readership co				SEE STATEMENT 2	!	26 27	4,000.
27 Other deductions (at28 Total deductions. A				Jan Sinterent &	•	28	4,500.
/		ncome before net operating loss deduction. Subtra	act line 29	3 from line 13		29	86,103.
/		loss arising in tax years beginning on or after Janu					- ,
(see instructions)		and all the second seco	, ,, =0	SEE STATEMENT 3	ı	30	9,302.
<i>,</i> '	axable ır	ncome. Subtract line 30 from line 29				31	76,801.
7		work Reduction Act Notice, see instructions.					Form 990-T (2019)

94-1156258

1,8

1

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation N/A	-				
1 Inventory at beginning of year	11	<u> </u>		Inventory at end of year	- -		6		
2 Purchases	2	_	_	Cost of goods sold. Su		line 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?		· · · · · · · · · · · · · · · · · · ·			
Schedule C - Rent Income (From Real	Property and	l Pers	sonal Property Lo	ease	d With Real Prop	erty)		
(see instructions)		·							
1. Description of property									
(1)									
(2)									
(3)									
(4)		·							
		ed or accrued				3(a) Deductions directly	/ connect	ed with the income i	n
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	je	columns 2(a) a	nd 2(b) (a	ttach schedule)	
(1)									
(2)									
(3)									
(4)						_			
Total	0.	Total			0.	1			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		iter 🛌			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)		1.5			
			2	. Gross income from		3. Deductions directly cor to debt-finan	nected w	ith or allocable orty	
1. Description of debt-fin	anced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)							- 		
(2)			\dagger				_		
(3)			 						
(4)			†						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deductions 6 x total of co 3(a) and 3(b))	
(1)				%		· · · · · · · · · · · · · · · · · · ·			
(2)			T	%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column	
Totals				>		().		0.
Total dividends-received deductions in	cluded in columi	1 B					\neg		0.

Schedule F - Interest,	1	-		Controlled O					struction	
Name of controlled organizat	ıde	Employer ntification number		related income e instructions)		al of specified nents made	5. Part of column 4 to included in the control organization's gross in		rofling	6. Deductions directly connected with income in column 5
(1)						. <u>-</u>				<u></u>
(2)				•	Ì					
(3)										· <u>- · · · · · · · · · · · · · · · · · ·</u>
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated in (see instruct		9. Total	of specified payi made	nents	10. Part of column the controllingross	nn 9 tha ng orgar income	iization's		ductions directly connected income in column 10
(1)			 							
(2)										
(3)			1	·····						
(4)								-		
						Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals				-> 4-> 4	<u> </u>			0.	L	0.
Schedule G - Investme		a Section	501(c)(7	7), (9), or (17) Org	janization				
(see insti	ructions)			2 Amount of	ıncome	3. Deduction		4. Set-		5. Total deductions and set-asides
				-		(attach sched		(attach s	chedule)	(col 3 plus col 4)
(1)				ļ						
(2)				<u> </u>						
(3)				<u> </u>						
(4)										F.4. b
				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals			<u> </u>	<u> </u>	0.					0
Schedule I - Exploited (see instru		ty Incom	e, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of ur	openses connected roduction related as income	4. Net incom from unrelated business (co minus colum gain, comput through	Itrade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, I, col (B)							Enter here and on page 1, Part II, line 25
Totals -).	0.			 			-	0
Schedule J - Advertisir		e instructio								
Part I Income From I	Periodicals Re	ported o	n a Con	solidated	Basis					
1. Name of periodical	2. Gros advertisin income	ng ad	3. Direct vertising costs	or (loss) (c	ain, comput	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										<u> </u>
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	•	0.		o.[. 0
										5 000 T (201)

Form 990-T (2019) CALIFORNIA ACADEMY OF SCIENCES [Part ||] Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)		,				
(4)						
Totals from Part I	0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	·] o.	0.	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Park Control	* P*	0

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		- %	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T	IN	COME (LOSS) FROM P.	ARTNERSHIPS	STATEMENT 1
DESCRIPTION	1			NET INCOME OR (LOSS)
	TH ENDOWMENT FUN	D, LP - ORDINARY B	USINESS INCOME	125.000
(LOSS)	IU ENDOMENIO EIN	D, LP - NET RENTAL	DENT ECMANE	125,098
CAS ENDOLLI INCOME	TH ENDOWMENT FUN	D, LP - NET RENTAL	KEAL ESTATE	-992
	TH ENDOWMENT FUN	D, LP - OTHER NET	RENTAL INCOME	
(LOSS)		·		33
		D, LP - INTEREST I		668
		D, LP - DIVIDEND I	NCOME	527
		D, LP - ROYALTIES	EOLTO INCOME	26
(LOSS)	H ENDOWMENT FUN	D, LP - OTHER PORT	FOLIO INCOME	-82
	TH ENDOWMENT FUN	D, LP - OTHER INCO	ME (LOSS)	-41,722
TOTAL INCLU	DED ON FORM 990	-T, PAGE 1, LINE 5		83,556
FORM 990-T		OTHER DEDUCT	IONS	STATEMENT 2
DESCRIPTION	ī			AMOUNT
DESCRIPTION INCOME TAX	I - PREPARATION FEE	s		AMOUNT 4,000
INCOME TAX	_	-		
INCOME TAX	PREPARATION FEE	-	DEDUCTION	4,000
INCOME TAX	PREPARATION FEE	1, LINE 27 ET OPERATING LOSS 1 LOSS PREVIOUSLY	DEDUCTION LOSS REMAINING	4,000
INCOME TAX FORM 990-T	PREPARATION FEE	1, LINE 27 ET OPERATING LOSS LOSS PREVIOUSLY APPLIED	LOSS	4,000 4,000 STATEMENT 3 AVAILABLE
INCOME TAX FORM 990-T FAX YEAR 06/30/19	PREPARATION FEE	1, LINE 27 ET OPERATING LOSS LOSS PREVIOUSLY APPLIED 0.	LOSS REMAINING	4,000 4,000 STATEMENT 3 AVAILABLE THIS YEAR

FORM 990-T	ORM 990-T NET OPERATING LOSS DEDUCTION				
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/16	23,147.	0.	23,147.	23,147.	
06/30/17	36,033.	0.	36,033.	36,033.	
06/30/18	20,612.	0.	20,612.	20,612.	
NOL CARRYO	VER AVAILABLE THIS	YEAR	79,792.	79,792.	

\$CHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

2019

Department of the Treasury Internal Revenue Service For celendar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization CALIFORNIA ACADEMY OF SCIENCES			Employer ide		n number
	Inrelated Business Activity Code (see instructions) 211110					
	escribe the unrelated trade or business	•				
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales			٠, ,	:	
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2		<u> </u>		
3	Gross profit Subtract line 2 from line 1c	3				
	Capital gain net income (attach Schedule D)	4a		5	-	
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 5	5	-66,622.	,		-66,622.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled		i		1	
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)		j		1	
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10		<u>_</u>		
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	-66,622.			-66,622.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ductions.) (Dec	14	is must be
14	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				15	
15 16	Repairs and maintenance				16	<u> </u>
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	·
27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	0.
29	Unrelated business taxable income before net operating loss deduce			13	29	-66,622.
30	Deduction for net operating loss arising in tax years beginning on o	r after .	January 1, 2018 (see			
	instructions)				30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29				31	-66,622.
LHA	For Paperwork Reduction Act Notice, see instructions.			S	chedule	M (Form 990-T) 2019

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 5
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS)	13.
CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS) TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-66,635. -66,622.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

and ending JUN 30, 2020 2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

OMB No 1545-0047

Name	of the organization CALIFORNIA ACADEMY OF SCIENCES			Employer identification	on number
				34-1130230	
	Unrelated Business Activity Code (see instructions) 211120 Describe the unrelated trade or business				
	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			-	• •
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2		<u> </u>	
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6	5	-84,257.		-84,257.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled	•			
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		,	
13	Total. Combine lines 3 through 12	13	-84,257.		-84,257.
Pai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			uctions.) (Deductio	ns must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses) i	19	
20	Depreciation (attach Form 4562)		20		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)			27	
28	Total deductions. Add lines 14 through 27			28	-84 257.
29	Unrelated business taxable income before net operating loss deduc			13 29	-64,257.
30	Deduction for net operating loss arising in tax years beginning on o	r atter	January 1, 2018 (see		0.
0.4	Instructions)			30	
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29			31	-84,257.

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS) CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	4,993. -89,250.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-84,257.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization CALIFORNIA ACADEMY OF SCIENCES	1	Employer identification number 94-1156258			
	Jurelated Business Activity Code (see instructions) ▶ 211130					
	Describe the unrelated trade or business					
Pa	त्। Unrelated Trade or Business Income		(A) Income	(B) Expe	enses	(C) Net
1a	Gross receipts or sales			1 .	7	
ь	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2		-		
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a		•		
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c			Ï	
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 7	5	3,353.			3,353.
6	Rent income (Schedule C)	6			ĺ	
7	Unrelated debt-financed income (Schedule E)	7			Î	
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)		•			
-	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12	•	,		
13	Total. Combine lines 3 through 12	3,353.			3,353.	
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			eductions.) (must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	· · · · · · · · · · · · · · · · · · ·
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses) [19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	
28	Total deductions, Add lines 14 through 27		N. E. V A. L 00 (- 10	28	0.
29	Unrelated business taxable income before net operating loss deduce			ie 13	29	3,353.
30	Deduction for net operating loss arising in tax years beginning on o	r arter	January 1, 2018 (see		<u></u> -	۸
31	Instructions) Unrelated business taxable income. Subtract line 30 from line 29.				30	0. 3 353.
. 5. 1	- Coreareo dusiness raxanie income. Suntract line 30 from line 29				1 47 /	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7		
DESCRIPTION	NET INCOME OR (LOSS)		
CAS ENDOLITH ENDOWMENT FUND, LP - ORDINARY BUSINESS INCOME (LOSS) CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	13,759. -10,406.		
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	3,353.		

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

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Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization Employer identification number 94-1156258 CALIFORNIA ACADEMY OF SCIENCES Unrelated Business Activity Code (see instructions) Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales c Balance b Less returns and allowances 10 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) **4**a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8 -143,448 -143,448. 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12 -143,448. -143,448. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 16 Repairs and maintenance 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21b 21 22 Depletion 22 Contributions to deferred compensation plans 23 23 Employee benefit programs 24 24 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 27 0. 28 28 Total deductions. Add lines 14 through 27 -143,448. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

448

-143

30

instructions)

30

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 8
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP ~ ORDINARY BUSINESS INCOME (LOSS)	-143,448.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-143,448.

5

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization CALIFORNIA ACADEMY OF SCIENCES					Employer iden 94-115		number
	Unrelated Business Activity Code (see instructions) 551112					- 1		·-
	Describe the unrelated trade or business							
Pa			(A) In	come		(B) Expenses		(C) Net
_		r — i					+	
	Gross receipts or sales							
	Less returns and allowances c Balance >	1c						· · · · · · · · · · · · · · · · · · ·
2	Cost of goods sold (Schedule A, line 7)	2				•		
3	Gross profit Subtract line 2 from line 1c	3			- 	·		
_	Capital gain net income (attach Schedule D)	4a			-		-+	
Ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
_ C	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach	_			550.			-550.
_	statement) STATEMENT 9	5			550.		-+	~550,
6	Rent income (Schedule C)	6					-+	
7	Unrelated debt-financed income (Schedule E)	7					-+	
8	Interest, annuities, royalties, and rents from a controlled	_						
	organization (Schedule F)	8					-+	
9	Investment income of a section 501(c)(7), (9), or (17)						1	
	organization (Schedule G)	9					-+	<u>.</u>
10	Exploited exempt activity income (Schedule I)	10					$-\!\!+\!\!\!-$	
11	Advertising income (Schedule J)	11					_	
12	Other income (See instructions, attach schedule)	12 13			550.		<u> </u>	
<u>13</u>	Total. Combine lines 3 through 12			-550,				
14	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Schedule K)					10110110.7 (1200	14	
15	Salaries and wages					ŀ	15	
16	Repairs and maintenance					ŀ	16	
17	Bad debts					ŀ	17	
18	Interest (attach schedule) (see instructions)					•	18	
19	Taxes and licenses					•	19	
20	Depreciation (attach Form 4562)			20		ļ	''	
21	Less depreciation claimed on Schedule A and elsewhere on return			21a			21b	
22	Depletion			Lia			22	
23	Contributions to deferred compensation plans					ŀ	23	
24	Employee benefit programs						24	
25	Excess exempt expenses (Schedule I)						25	
26	Excess readership costs (Schedule J)						26	
27	Other deductions (attach schedule)					İ	27	
 28	Total deductions. Add lines 14 through 27					İ	28	0.
29	Unrelated business taxable income before net operating loss deductions.	ction S	Subtract line	28 fro	m line 1	3	29	-550.
30	Deduction for net operating loss arising in tax years beginning on o					Ť		
	instructions)			(-		-	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29					ļ	31	-550.
			-				~.	

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 9
DESCRIPTION	NET INCOME OR (LOSS)
CAS ENDOLITH ENDOWMENT FUND, LP - INTEREST INCOME CAS ENDOLITH ENDOWMENT FUND, LP - OTHER INCOME (LOSS)	1. -551.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-550.

SCHEDULE D .(Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Employer identification number

CALIFORNIA ACADEMY OF SCIEN	94-	94-1156258			
Did the corporation dispose of any investmen		Yes X No			
If "Yes," attach Form 8949 and see its instruc	ctions for additional require	ements for reporting your	gain or loss		
Part I Short-Term Capital Gai	ns and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	n 9,	(h) Gain or (loss) Subtract column (e) from column (d) and			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b		_		. ;	
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					818.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	l exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	•			6	
7 Net short-term capital gain or (loss). Combine				7	818.
Part II Long-Term Capital Gair	ns and Losses (See	nstructions.)	· · · · · · · · · · · · · · · · · · ·		······································
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				,	
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked			<u> </u>		
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					685.
11 Enter gain from Form 4797, line 7 or 9				11	5,544.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	6,229.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	e 7) over net long-term capita	l loss (line 15)		16	818.
17 Net capital gain. Enter excess of net long-term	17	6,229.			
	capital gain (line 15) over nei	Short-term capital loss (line	: 1)	17	*,227.

Note: If losses exceed gains, see Capital Losses in the instructions.

LHA

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

CALIFORNIA ACADEMY OF SCIENCES							94-1156258		
Before you check Box A, B, or C below statement will have the same information broker and may even tell you which be	box to check						bstitute IS by your		
Part I Short-Term. Transact transactions, see page 2 Note: You may aggregate all	I short-term transac	tions reported on I	Form(s) 1099 B show	ring basis was reporte	d to the IRS	and for which no ad			
Codes are required Enter the You must check Box A, B, or C below. (If you have more short-term transactions than will (A) Short-term transactions rep (B) Short-term transactions rep X (C) Short-term transactions no	Check only one bo I fit on this page for on ported on Form(s ported on Form(s	e or more than one to e or more of the boxes i) 1099-B showin ii) 1099-B showin	ox applies for your shorts, complete as many form g basis was report g basis wasn't re	t-term transactions, comp ns with the same box che ted to the IRS (see	olete a separate cked as you ne	Form 8949, page 1, for eed			
1 (a) Description of property (Example 100 sh XYZ Co.)	(a) (b) (c) (d) (e) Cost or other basis See the Note below and (Mo , day, yr.) (f) (g) (f) (g) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h								
				the instructions	Code(s)	Amount of adjustment	with column (g)		
CAS ENDOLITH ENDOWMENT									
FUND, LP							818.		
2 Totals. Add the amounts in columnegative amounts) Enter each to Schedule D. line 1b (if Rox A abo	tal here and inclu	ıde on your							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

818.

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or

						taxpayer ide	ntification no.		
CALIFORNIA ACADEMY O	94-1	94-1156258							
Before you check Box D, E, or F be statement will have the same inform broker and may even tell you which	nation as Form 10:	you received any 99-B Either will s	Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	ent(s) from y r cost) was r	our broker A sur eported to the IF	bstitute RS by your		
Part II Long-Term. Transact	tions involving capite	al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	s) For short-term to	ransactions,		
Note: You may aggregate a codes are required. Enter the									
You must check Box D, E, or F below. If you have more long-term transactions than we	Check only one bo	X. If more than one be or more of the boxes	ox applies for your long , complete as many for	i-term transactions, compl ns with the same box che	ete a separate F cked as you need	orm 8949, page 2, for 6	each applicable box		
(D) Long-term transactions re									
(E) Long-term transactions re	ported on Form(s) 1099-B showing	g basis wasn't re	eported to the IRS					
X (F) Long-term transactions no	ot reported to you	on Form 1099-B	•	1	T A 40 A	14	(h)		
1 (a) (b) (c) (d) (e) Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.									
,		(Mo , day, yr.)		Note below and see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)		
CAS ENDOLITH ENDOWMENT					· - -	aujustinient	(6)		
FUND, LP							685.		
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O Tatala Add the amounts in a live	mno (d) (a) (a) =	ad (b) (authtrast			+				
2 Totals. Add the amounts in colunegative amounts) Enter each to									
Schedule D, line 8b (if Box D ab		•							
above is checked), or line 10 (if	-	· ·					685.		
						-			

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment