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.

Part I Summary

1. Briefly describe the organization's mission or most significant activities: THE MUSEUM FOUNDATION OPERATES THE MUSEUM THROUGH A SUCCESSFUL PUBLIC-PRIVATE PARTNERSHIP WITH THE CITY OF PACIFIC GROVE AND SERVES AS A HUB FOR SCIENTIFIC AND HISTORICAL LEARNING FOR OVER 50,000 PEOPLE EACH YEAR THROUGH EXHIBITIONS, EDUCATION PROGRAMS, AND COMMUNITY EVENTS.

2. Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a).......................... 3

4. Number of independent voting members of the governing body (Part VI, line 1b)....... 8

5. Total number of individuals employed in calendar year 2020 (Part V, line 2a).... 5

6. Total number of volunteers (estimate if necessary).......................... 18

7a. Total unrelated business revenue from Part VIII, column (C), line 12.................. 0

7b. Net unrelated business taxable income from Form 990-T, Part I, line 11.................. 0

Revenue

8. Contributions and grants (Part VIII, line 1h)........................................... 1,665,057

9. Program service revenue (Part VIII, line 2g)........................................... 1,181,732

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)......................... 63,701

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)........... 33,591

12. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)........ 59,157

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)................. 44,523

14. Benefits paid to or for members (Part IX, column (A), line 4)..................... 1,739,690

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).... 1,286,000

16a. Professional fundraising fees (Part IX, column (A), line 11e).......................... 16,583

16b. Total fundraising expenses (Part IX, column (D), line 25).......................... 20,223

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).......................... 743,951

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)........... 754,462

19. Revenue less expenses. Subtract line 18 from line 12........................................... 743,951

Expenses

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.

Signature of officer

Type or print name and title

EXECUTIVE DIR.

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Firm's name

Firm's address

Telephone number

Check if EIN

Phone number

May the IRS discuss this return with the preparer shown above? See instructions.

BAA For Paperwork Reduction Act Notice, see the separate instructions.