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Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** 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.



AF	or the	2021 calendar year, or tax year beginning and	ending		
B C	heck if pplicable	c Name of organization		D Employer identific	cation number
	Addres change	ST. LOUIS SCIENCE CENTER FOUNDATION			
	_change	Doing business as		43-149663	32
	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	5050 OAKLAND AVENUE		314-289-4	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	20,575,933.
	Amend return	SI. LOUIS, MO 03110		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: TODD BASTEAN		for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		e: WWW.SLSC.ORG		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1988 N	State of legal domicile: MO
Pa	rt I	Summary			
Ð		Briefly describe the organization's mission or most significant activities: \underline{TO}	GNITE	AND SUSTAIN	LIFELONG
nc	-	SCIENCE AND TECHNOLOGY LEARNING.			
Governance	2 (Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
					5
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
es {		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		0	
viti		Total number of volunteers (estimate if necessary)		4	
Activities &	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.
1	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
е	8	Contributions and grants (Part VIII, line 1h)		2,340,840.	11,425,655.
nue	9	Program service revenue (Part VIII, line 2g)		5,982,002.	7,622,449.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		138,839.	388,847.
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,264.	41,242.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,476,945.	19,478,193.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,000,000.	879,056.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ed y	b.	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,562,72	25.		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,511,723.	12,113,527.
	18 ⁻	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,511,723.	12,992,583.
		Revenue less expenses. Subtract line 18 from line 12		-3,034,778.	6,485,610.
or			Ве	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		52,073,485.	53,330,924.
t As: d Bé	21	Total liabilities (Part X, line 26)		14,884,955.	9,614,143.
Fund		Net assets or fund balances. Subtract line 21 from line 20		37,188,530.	43,716,781.
De		Signaturo Blook			

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.

Sign	Signature of officer		Date					
Here	BETH KASTNER, CHIEF FIN	NANCIAL OFFICER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Dat	te Check PTIN					
Paid	MINDY G. KRUEGER		self-employed P01290370					
Preparer	Firm's name 🕒 RUBINBROWN LLP		Firm's EIN 🕨 43-0765316					
Use Only	Firm's address 🖌 7676 FORSYTH BLVI	D, SUITE 2100						
	SAINT LOUIS, MO	53105	Phone no. (314) 290-3300					
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2021)					

	990 (2021) ST. LOUIS SCIENCE CENTER FOUNDATION 4	3-1496632	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SUPPORT THE ST. LOUIS SCIENCE CENTER AND ITS COMPREHENSIVE EDUCATIONAL OUTREACH PROGRAMS TO THE COMMUNITY IN ORDER TO INTEREST, UNDERSTANDING AND ENTHUSIASM FOR SCIENCE, TECHNO	INCREASE	
	ENGINEERING AND MATHEMATICS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	ne total expenses, an	
4a	(Code:) (Expenses \$ 7,349,426. including grants of \$ 879,056.) (Revenue \$	5,889,6	5 06.)
	PROVIDE A FACILITY FOR THE ST. LOUIS SCIENCE CENTER TO DIS	PLAY ITS	
	EXHIBITS AND COLLECTIONS AND CONDUCT VARIOUS EDUCATIONAL,	SCIENTIFIC,	,
	AND OUTREACH PROGRAMS.		
	SEE SCHEDULE O FOR STATEMENT ON IMPACT OF COVID-19 PANDEMI	с.	
4b	(Code:) (Expenses \$1,555,159. including grants of \$) (Revenue \$	1,457,6	5 84 .)
	HOLD VARIOUS SPECIAL EXHIBITS AND SHOW LARGE SCREEN FILMS	STUDYING	
	SCIENCE AND RELATED FIELDS OF STUDY.		
4c	(Code:) (Expenses \$516, 118. including grants of \$) (Revenue \$	275,1	L 59.)
	VARIOUS EDUCATIONAL PROGRAMS WHICH BENEFIT THE MEMBERS AND	VISITORS C)F
	THE ST. LOUIS SCIENCE CENTER.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 411,065. including grants of \$) (Revenue \$)	
4e	Total program service expenses 9,831,768.	,	
		Form 9	90 (2021)
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Form 990 (CENTER	FOUNDATION	
Part IV Checklist of Required Schedules							

1 bit the organization described in section 501(kg) or 4947(a)(1) (biter than a private bundation? 1 X 2 bit the organization require fuel or indiversity points Complete Schedule 0, Schedule 0, Schedule 0, Part I 2 X 2 bit the organization mapper indiversity of the organization engage in lobbing activities, or have a section 501(b) eaction in effect during the tax yea? If "xs_1" complete Schedule 0, Part I 3 X 3 bit the organization mapper indiversity of the organization engage in lobbing activities, or have a section 501(b) eactivities or have a section 501(b) eactivities or have a section 501(b) (b) (c) 501(c) (c) constraints or a concent for which domore have the right IO provide active on the distribution or investment of amounts in a concent for a concent two eaces mapper. 5 X 0 D bit the organization matching and works of act, historical treasures, or other similar assards? If "Yes, "complete Schedule D, Part II 6 X 0 D bit the organization report on amount In Part X, line 12, the resorve or custodial account liability, serve as a custodiato for amounts not listed in Part X, or provide ordit oruse/line gradient account liability. Serve as a split or book or custodial account liability. Serve as a split or book or custodial account liability. 9 X 10 D bit the organization report an amount In Part X, line 12, that is 5% or more of its total assets reported in Part X, line 120, mat is 5% or more of its total assets reported in Part X, line				Yes	No
2 Is the organization engage in direct or inder objective and approximation of conductates for public office? If ''res,' complete Schedule C, Part I 3 X 3 Did the organization engage in direct or inder objective and approximations and the organization engage in lobbying activities, or have a section 501(h) election in effect 3 X 4 Section 501(c)(k) organization and the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization ascented to (i)(c)(k). or 501(c)(k) or ganization that receives membership dues, assessments, or similar amounts in soft modes in accounts for which dornes have the right to provide advice for the distributions or investment of amounts in soft hands or accounts? If ''res,' complete Schedule C, Part I 6 X 7 X To the organization metage in which a carbo accounts? If ''res,' complete Schedule C, Part I 7 X 8 Did the organization metage in divide organization index of act, listorical treasures, or other similar assets? If ''res,' complete Schedule D, Part I 7 X 9 Did the organization metage in divide organization, directly or through a related organization, index if or the arganization metage in anount in order and the anagement, credit regair, or debt regatives organization and the relative organization index if or the arganization index if or the arganization index if or the arganization index if or the arganizatin ananount for investiments - other assets in domorresti	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect policial campaign activities on bahal of or in opposition to candidates for public official "I "reg." complete Schedule C, Part I 3 X 4 Section 501(QI) organizations. Did the organization engage in koblying activities, or have a section 501(P) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Did the organization asternal on divides or any similar fundes assessments, or animal amounts as defined in Rev. Proc. Be132 If "Yes," complete Schedule D, Part II 6 X 6 Did the organization markina any doma advised tunds or any similar fundes or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution animation cellectors of vortice of art. Intercent assessment, including assessment, or distribution animation cellectors of vortice of art. Intercent assessment, including assessment, part of the similar assessment. Including assessment any of the organization report an amount to rimogin a related organization, notice assessment as a custodial account liability, serve as a custodian for amounts or interogram and mount for land, buildings, and equipment in Part X, line 10, Part II 7 X 9 Did the organization report an amount for investments - order acid statements for the tax year include a forther bat assets reported in Part X, line 17, I''res, ' complete Schedule D, Part VI 10 X 10 Did the organization report an amount for investment					
public official of "IrYse," complete Schedule Q, Part I 3 X 4 Section 50(16(2)) organization. Diff the organization engage in hobbying activities, on have a social 501(1) eluction in effect 4 X 5 Is the organization a social cons (16(4), S07 (6)(5), or S01(6) elucation that receives membership dues, assessments, or similar anounts as defined in Rev. Proc. 99 (197, 117%), "complete Schedule C, Part II 5 X 6 Did the organization membership dues, assessments, or similar anounts in such funds or accounts II, "rev," complete Schedule D, Part II 5 X 7 Did the organization measure in activity and the activity of the organization measure in the instrument of the organization membership dues, assessments, or similar anount, in table maximums, or hatteria staturate II, "rev," complete Schedule D, Part II 8 X 8 Did the organization membership dues anount in part X, line 21, for escrow or custodial account liability, serve as a custodial rer amounts in table interview as a custodial rer amounts in table interview as a custodial rer amounts in table interview as a custodial rer amounts anount in part X, line 21, for escrew or custodial account liability, serve as a custodial rer amount in table interview as a custodial rer amounts and table interview a	2		2	X	
4 Section 50 (c)(3) organizations. Dot the organization nigage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(h)(h, 501(b)), or 501(b)(h, 501(3				
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5 Is the organization ascion: 501(c)(4), 501(c)(5), or 501(c)(6) organization that neceves membership dues, assessments, or similar amounts as defined in Rev. Proc. 961(9) <i>H</i> "yes," complete Schedule <i>C</i> , Part <i>II</i> 5 X 6 Did the organization marked in Rev. Proc. 961(9) <i>H</i> "yes," complete Schedule <i>C</i> , Part <i>II</i> 6 X 7 Did the organization marked in Rev. Proc. 961(9) <i>H</i> "yes," complete Schedule <i>D</i> , Part <i>II</i> 7 X 8 Did the organization marked no calculation assement, including easements to preserve open space. 7 X 9 Did the organization marked no calculation of investment of ant, historical treasures, or other similar assets? <i>II</i> "yes," complete Schedule <i>D</i> , Part <i>II</i> 8 X 9 Did the organization areaver and marked organization, hold assets in donor-restricted endowments or of nasset and other similar assets? <i>II</i> "yes," complete Schedule <i>D</i> , Part <i>V</i> 10 X 10 Did the organization areaver and or the taloing questions is "Yes," then complete Schedule <i>D</i> , Part <i>V</i> . 10 X 11 the organization report an amount for investments - other securities in Part X, line 12(h that is 5% or more of its total assets reported in Part X, line 12(h that is 5% or more of its total assets reported in Part X, line 12(h that assets reported in Part X, line 12(h that assets in Part X, line 13(h that assets reported in Part X, line 12(h that assets reported in Part X, line 12(h that assets in Part X,	4				37
similar amounts as defined in Rev. Proc. 98-192, <i>H</i> 'Yes,' complete Schedule D, Part II 5 X O Did the organization market may donce advised funds or any similar funds or accounts? <i>H</i> 'Yes,' complete Schedule D, Part II 6 X To bit the organization market means, including assemints to preserve open space, the environment, hotorical faces, or historical treasures, or other similar assets? <i>H</i> 'Yes,' complete Schedule D, Part II 7 X B Did the organization market acces, or historical treasures, or other similar assets? <i>H</i> 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization, and participation of works of art, historical treasures, or other administon services? 9 X 10 the organization, directly or through a related organization, hold assets in donce-restricted endowments or in quasi endowments? 10 X 11 the organization answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 12 the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> 'Yes,' complete Schedule D, Part V 11 X 13 X Did the organization report an amount for three securities in Part X, line 10? <i>H</i> 'Yes,' complete Schedule D, Part V 11 X 14 X 10 X 10 X<	_		4		<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on hold a conservation assemet funduing assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I <td>5</td> <td></td> <td>_</td> <td></td> <td>v</td>	5		_		v
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide cridit consuling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 1111 X 112 X 1111 X 113 X 1111 X 114 X 1112 X 115 X 1113 X 114 X 1114 X 115 X 1115 X 114 X 1116 X 115 X <tr< td=""><td>~</td><td></td><td>5</td><td></td><td><u> </u></td></tr<>	~		5		<u> </u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 It the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments for the tax, year, complete Schedule D, Part XI 11e X 14 W setting the organization seport an amount for investments for the tax, year, complete Schedule D, Part XI 11e X 14 Did the organization sched vi	6				v
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9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	0			v	
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10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VIII, VIII, VI, VIII, VI, VIII, VX, orX, as applicable. 10 X 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI 11a X 2 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII 11c X 2 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part XIII 11c X 4 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part X 11e X 12 Did the organization separate or consolidated financial statements for the tax year? 11e X 12 Did the organization obtain separate, independent audited financial statements for the tax year? 11e X 13 Is the organization obtain asetorin Consolidated, independent audited financial statements for the			a		x
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			206		
	21			v	
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	·		3.5	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
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	Λ			

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Statements F	Regard	ing Other	IRS Filings a	and Tax Co	ompliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
۶o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Active the prophytical tox shelts: transaction at any time during the tox year?			50		x
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			00		
	any contributions that were not tax deductible as charitable contributions?	-		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g		X X
g						
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
9	sponsoring organization have excess business holdings at any time during the year?			8		
э а				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40.		
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				0000	
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Form 990 (2021)

Part V

Form	990 ((2021)
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ST. LOUIS SCIENCE CENTER FOUNDATION

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5	103	140
	If there are material differences in voting rights among members of the governing body at the end of the tax year			-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	<u> </u>				
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
			•	3	Х	
ŀ	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X X
5	Did the organization have members or stockholders?			6		Х
'a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
;	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
C	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)			
			-		Yes	No
a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
а	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	′es," de	escribe			
	on Schedule O how this was done			12c	Х	
;	Did the organization have a written whistleblower policy?			13	Х	
ŀ	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
ia	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	S			
	exempt status with respect to such arrangements?			16b		
eC.	tion C. Disclosure					
•	List the states with which a copy of this Form 990 is required to be filed NONE					
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section 501(c)(3	B)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain					
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd financ	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
)	BETH KASTNER - (314) 289-4440					
)	BETH KASTNER - (314) 289-4440 5050 OAKLAND AVENUE, ST. LOUIS, MO 63110					

<u>Form 990 (</u> 2	2021) ST	• LOUIS	SCIENCE	CENTER	FOUNDATION	43-1496632	Page 7
Part VII	Compensation of	Officers, Dir	ectors, Trus	stees, Key	Employees, High	lest Compensated	
	Employees, and In	dependent	Contractors	5			
	Check if Schedule O co	ntains a respon	se or note to an	y line in this P	art VII		
Section A.	Officers, Directors, Tr	ustees, Key Er	nployees, and l	Highest Com	pensated Employees	5	
1a Comple	te this table for all perso	ns required to b	e listed. Report	compensatior	n for the calendar year	r ending with or within the organization	ı's tax year.
● List a	Il of the organization's cu	urrent officers,	directors, truste	es (whether in	dividuals or organizat	ions), regardless of amount of compen	isation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)			(D)	(E)	(F)			
Name and title	Average	(do		Posi heck r			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an I	ıd a di	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		Vold	st con /ee	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) TODD BASTEAN	1.00									
PRESIDENT / CEO	40.00	Х		Х				0.	430,018.	22,696.
(2) BARBARA BOYLE	1.00									
CFO & ASSISTANT TREASURER	40.00			Х				0.	242,903.	23,824.
(3) G. PATRICK WILLIAMS	1.00									
CHIEF INST. ADV. OFFICER	40.00				Х			0.	234,542.	25,310.
(4) ANDREA DURHAM	1.00									
CHIEF OFFICER FOR SCIENCE & EDU	40.00				Х			0.	205,972.	16,186.
(5) RONALD SCHULTZ	1.00									
MANAGING DIRECTOR OF FACILITIES	40.00					X		0.	127,404.	26,568.
(6) DEBORAH WASHINGTON	1.00									10 600
MANAGING DIRECTOR OF HR	40.00					X		0.	117,846.	18,628.
(7) JACKIE MOLLET	1.00								100 000	1 6 0 0 0
MANAGING DIR OF VISITOR SERVICES	40.00					X		0.	106,866.	16,888.
(8) THERESA EDNEY	1.00					x		0.	106 440	11 100
SENIOR DIRECTOR OF IT (9) MARY BETH KASTNER	1.00							0.	106,440.	14,189.
CONTROLLER/MANAGING DIR OF FINANCE	40.00					x		0.	101,497.	13,456.
(10) MARK BULANDA	1.00							0.	101,497.	13,430.
VICE CHAIRMAN	1.00	x		x				0.	0.	0.
(11) TIM EBERLEIN	1.00			- 23						
VICE CHAIRMAN	1.00	х		x				0.	0.	0.
(12) JOSHUA RANDALL	1.00									
SECRETARY	1.00	х		х				0.	0.	0.
(13) MICHAEL SCHULZ	1.00									
TREASURER	1.00	х		х				0.	Ο.	0.
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Form 990 (2021)

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Form 990		S SCIENC	Έ	CE	NT	'ER	ΕF	OU	JNDATION	43-1	496	632	Pa	age 8
Part VII	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Es	timate	d
		hours per					than o s both		compensation	compensatio		am	ount o	of
		week	offi	cer an	id a di	irecto	or/trust	tee)	from	from related	ł		other	
		(list any	ctor						the	organization	s	com	oensat	tion
		hours for	r dire				ed		organization	(W-2/1099-MIS	SC/	fro	om the	Э
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on
		organizations	al trus	nal tr		oyee	e e		1099-NEC)			anc	l relate	ed
		below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
		line)	Ind	lnst	Offi	Key	Hig em	For						
			1											
			i											
			•											
1b Sub	total								0.	1,673,48		177	7,74	
c Tota	al from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Tota	al (add lines 1b and 1c)								0.	1,673,48	88.	177	7,74	15.
	al number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	Э			
com	pensation from the organization													0
													Yes	No
3 Did	the organization list any former officer,	director. trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on				
	1a? If "Yes," complete Schedule J for s	-		•	•	-		Ŭ				3		х
	any individual listed on line 1a, is the su											Ū		
												4	x	
	related organizations greater than \$150 any person listed on line 1a receive or a											-7		
												-		х
	lered to the organization? <i>If "Yes." corr</i> B. Independent Contractors	plete Schedule	e J fo	or si	ich ț	oers	on .			<u></u>		5		Λ
										100.000 (
	nplete this table for your five highest co	•	•								pensa	tion tro	m	
the	organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	addraaa			-				(B)	orvioco	~	(C		
	Name and business	address	NC	ONE	5			_	Description of s	ervices	0	omper	Isatior	1
								_						
								Ţ						
								_						
2 Tota	al number of independent contractors (ii	ncluding but p	ot lin	niter	tot	thos	e lie	ted	above) who received m	ore than				
	0,000 of compensation from the organiz		11			(1103 (
ψ10							-			I		Form S	990 (*	021
												-onn •		.021)

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Form						SCI	ENCE CENT	FER FOUNDAT	TION	43-1496	632 Page 9
Pa	rt V										_
			Check if Schedule O o	contai	ns a resp	oonse	or note to any lin	e in this Part VIII (A)	(B)	(C)	
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under
<u> </u>						1					sections 512 - 514
nts	1 :					-					
<u>S</u> rai						-	767,189.				
s, (Am		С	Fundraising events				58,874.				
ar Iar		d	Related organizations		1d		26,992.				
is, (е	Government grants (contr	ributio	ns) 1e		8,891,992.				
rior S	1	f	All other contributions, gifts,	grants	, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	l above	1f		1,680,608.				
d O	9	g	Noncash contributions included in	lines 1a	-1f 1g	\$	128,380.				
aSu		h	Total. Add lines 1a-1f				🕨	11,425,655.			
							Business Code				
ø	2 8	а	RENTAL				532000	4,804,826.	4,804,826.		
° či	I	b	SPECIAL EXHIBITS				812930	1,091,580.	1,091,580.		
Se		с	PARKING				532000	772,834.	772,834.		
Program Service Revenue		d	THEATERS				711110	366,104.	366,104.		
P B B B B B B B B B B B B B B B B B B B		е	RESTAURANT & GIFT SH	НОР			453220	311,946.	311,946.		
Pr	1	f	All other program service	reven	ue		611710	275,159.	275,159.		
	9	g	Total. Add lines 2a-2f				····· •	7,622,449.			
	3		Investment income (includ								
			other similar amounts)					65,571.			65,571.
	4		Income from investment c								
	5		Royalties				►				
					(i) Re	al	(ii) Personal				
	6 8	а	Gross rents	6a	51	,900.					
	I	b	Less: rental expenses	6b	8	,287.					
			Rental income or (loss)	6c	43	,613.					
			Net rental income or (loss)	;)			• • • • • • • • • • • • • • • • • • •	43,613.			43,613.
	7 :		Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a	1,346	,550.	39,187.				
	I	b	Less: cost or other basis								
e			and sales expenses	7b	1,003	,943.	58,518.				
evenue		с	Gain or (loss)	7c	342	,607.	-19,331.				
Bev			Net gain or (loss)				• • • • • • • • • • • • • • • • • • •	323,276.			323,276.
Other R			Gross income from fundraisi								
£			including \$	58,8	374. of						
			contributions reported on								
			Part IV, line 18		-	8a	7,486.				
	I	b	Less: direct expenses				26,992.				
			Net income or (loss) from			-		-19,506.			-19,506.
	9 :		Gross income from gamin								
			Part IV, line 19								
	I	b	Less: direct expenses								
			Net income or (loss) from			-	• • • • • • • • • • • • • • • • • • •				
			Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from			· –					
		-					Business Code				
sno	11 :	а									
nec		b									
scellaneo Revenue		c									
Miscellaneous Revenue			All other revenue				561499	17,135.			17,135.
Σ			Total. Add lines 11a-11d					17,135.			,
	12	-	Total revenue. See instruction					19,478,193.	7,622,449.	0.	430,089.
132009)9-:					F	, , ,	, , , , , ,		Form 990 (2021)

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Form 990 ((2021)
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ST. LOUIS SCIENCE CENTER FOUNDATION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon		his Part IX	(2)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	879,056.	879,056.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	2,275,489.	1,146,798.	341,993.	786,698.
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	10.077			
f	Investment management fees	18,257.		18,257.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	207,647.	207,647.		
13	Office expenses	220 005		220 005	
14	Information technology	330,895.		330,895.	
15	Royalties	976,871.	672,825.	304,046.	
16		9/0,0/1.	0/2,023.	504,040.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	277,025.	277,025.		
21	Payments to affiliates	- 1 00 - 1 1			
22	Depreciation, depletion, and amortization	2,438,541.	2,438,541.		
23					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		1,140,234.	1,140,234.		
b	MEMBERSHIP/FUNDRAISING	992,917.	216,890.		776,027.
с	GRANT FUNDED PROGRAMS	423,458.	423,458.		
d	THEATERS	414,925.	414,925.		
е	All other expensesSEE_SCH_O	2,617,268.	2,014,369.	602,899.	
25	Total functional expenses. Add lines 1 through 24e	12,992,583.	9,831,768.	1,598,090.	1,562,725.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21	10			Form 990 (2021)

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Par	נא	Balance Sneet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			5,699,358.	2	9,468,153.
	3	Pledges and grants receivable, net			1,153,683.	3	495,713.
	4	Accounts receivable, net			191,001.	4	35,514.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			182,568.	9	281,198.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	88,892,436.			
	b	Less: accumulated depreciation	10b	50,105,204.	41,084,443.	10c	38,787,232.
	11	Investments - publicly traded securities			379,081.	11	434,113.
	12	Investments - other securities. See Part IV, line 1	1		3,251,470.	12	3,723,496.
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			131,881.	15	105,505.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	52,073,485.	16	53,330,924.
	17	Accounts payable and accrued expenses			123,847.	17	92,292.
	18	Grants payable				18	
	19	Deferred revenue		226,169.	19	773,064.	
	20	Tax-exempt bond liabilities	9,590,000.	20	8,715,000.		
	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
SS	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	2,964,747.	23	0.
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	Complete Part X	1 000 100		~~ ~~
					1,980,192.	25	33,787.
	26				14,884,955.	26	9,614,143.
ø		Organizations that follow FASB ASC 958, che	ck here				
ice.		and complete lines 27, 28, 32, and 33.			20 005 640		
alar	27				32,825,648.	27	39,545,712.
Ä	28	Net assets with donor restrictions			4,362,882.	28	4,171,069.
ŭ		Organizations that do not follow FASB ASC 98	58, che	ckhere 🕨 🛄			
۳ ۲		and complete lines 29 through 33.					
ţs	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		E E E E E E E E E E E E E E E E E E E	27 100 520	31	12 716 701
Ř	32	Total net assets or fund balances			37,188,530.	32	43,716,781.
	33	Total liabilities and net assets/fund balances			52,073,485.	33	53,330,924.
							Form 990 (2021

Form 990 (2021)
Part X Balance Sheet S

_	990 (2021) ST. LOUIS SCIENCE CENTER FOUNDATION	43-14	496632	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,478		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,992	2,58	33.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,485	5,61	10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,188	3,53	30.
5	Net unrealized gains (losses) on investments	5	137	',51	14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-94	.,87	73.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	43,716	5,78	31.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	aan "	0004)

Form **990** (2021)

SCHEDULE	A							OMB No. 1545-0047
(Form 990)			rity Status an					2021
		• •	ization is a section 501 47(a)(1) nonexempt cha			r a section		202 I
Department of the Tro Internal Revenue Ser	1		Attach to Form 990 or F	orm 990-E	EZ.			Open to Public
		► Go to www.irs.go	/Form990 for instruction	ons and th	e latest inf	ormation.	Employer	Inspection identification number
Name of the or	-	LOUITS SCIE	NCE CENTER FO	יי גרואדור	אסדי			3-1496632
Part I R			(All organizations must c			e instruction		J-14900JZ
			For lines 1 through 12, c					
			n of churches described			(Δ)(i)		
			Attach Schedule E (Forn					
			anization described in se		(b)(1)(A)(iii)			
	• •		njunction with a hospital)(iii). Enter	the hospital's name,
city,	and state:							
5 🗌 An c	rganization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a gov	ernmental u	nit describe	ed in
sec	tion 170(b)(1)(A)(iv). (0	Complete Part II.)						
	deral, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)(v	<i>ı</i>).		
7 X An c	rganization that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental u	nit or from th	ne general p	oublic described in
	ion 170(b)(1)(A)(vi). (C							
	-		(1)(A)(vi). (Complete Par					
	-	-	in section 170(b)(1)(A)(-		-	-
	ersity:	grant college of agric	ulture (see instructions).	Enter the r	iame, city, a	and state of	the college	Or
		ally receives (1) more	than 33 1/3% of its supp	ort from co	ontributions	membersh	in fees and	aross receipts from
			t to certain exceptions; a					
			(less section 511 tax) fro					-
	section 509(a)(2). (Co		,			, ,		,
			vely to test for public sa	fety. See s	section 509	9(a)(4).		
12 🗌 An c	rganization organized	and operated exclusi	vely for the benefit of, to	perform th	ne functions	s of, or to ca	rry out the	purposes of one or
more	e publicly supported or	ganizations describe	d in section 509(a)(1) d	r section 5	5 09(a)(2) . S	ee section	509(a)(3). (Check the box on
lines	12a through 12d that	describes the type o	f supporting organizatior	n and comp	olete lines 1	2e, 12f, and	12g.	
-		-	upervised, or controlled	• • • •	-			
			gularly appoint or elect a	majority o	f the directo	ors or truste	es of the su	pporting
	ganization. You must o	-						
-		-	or controlled in connect			-		•
	ganization(s). You mus		anization vested in the sa	ame persor	is that com	troi or mana	ge the supp	ortea
	5	• •	g organization operated	in connect	ion with an	nd functional	lv integrate	d with
-		• • • •). You must complete I				ly integrate	
		.,.	porting organization oper			-	ted oraaniz	ation(s)
-			ation generally must sat				•	.,
			nplete Part IV, Sections					
e 🗌 Cł	neck this box if the orga	anization received a v	written determination fro	m the IRS t	that it is a T	- уре I, Туре	II, Type III	
		• •	nally integrated supporti	ng organiza	ation.			
	number of supported of							
	ne following information le of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetany	(vi) Amount of other
	ganization		(described on lines 1-10	in your governir	ng document?	support (see ir	-	support (see instructions)
			above (see instructions))	Yes				
			1	I				

Total

43-1496632 Page 2 ST. LOUIS SCIENCE CENTER FOUNDATION Schedule A (Form 990) 2021 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	5223190.	4148028.	3364914.	2338817.	<u>11425655.</u>	26500604.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	5223190.	4148028.	3364914.	2338817.	11425655.	26500604.				
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)						2476337.				
	Public support. Subtract line 5 from line 4.						24024267.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	5223190.	4148028.	3364914.	2338817.	11425655.	26500604.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	55,909.	106,917.	117,020.	103,568.	117,471.	500,885.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on					17,135.	17,135.				
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						27018624.				
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 41	,370,988.				
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)					
	organization, check this box and stop										
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>88.92 %</u>				
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	<u>84.33 %</u>				
1 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organization				X				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation							
17a	10% -facts-and-circumstances test										
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation				
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization						
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or				
		-									
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization						s				
							(Form 990) 2021				

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A	(Form 990)	2021	ST.	LOUIS	SCIENCE	CENTER	FOUNDATION
Part III	Support	Schedule	for Orga	nizations	Described i	n 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.)

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the check this box and stop here	8			year as a section 5	()()	
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest	1	1				/0
	Investment income percentage for 20		•	ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and line ⁻	
	more than 33 1/3%, check this box a						$\mathbf{P}_{\mathbf{n}}$
h	33 1/3% support tests - 2020. If the	-	•				and
~	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization			-		-	
	23 01-04-22		<u></u>	a, or 100, oncor ti			A (Form 990) 2021
10202			15			Generale	

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3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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ST. LOUIS SCIENCE CENTER FOUNDATION 43-1496632 Page 5 Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

		Ye	s No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	a 📃	
b	A family member of a person described on line 11a above? 11	,	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	2	
Sec	ction B. Type I Supporting Organizations		
		Ye	s No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>. or controlled the s</u>	upporting organization.
Section C. T	pe II Supporti	ng Organizations

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D. Al	l Type III Si	upporting (Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaiea<i>iaaiaaiaaiaaaaaaaa<i>aaaaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i>

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
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17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

1

2

No

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Schedule A (Form 990) 2021

_	dule A (Form 990) 2021 ST. LOUIS SCIENCE CENTER			43-1496632 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			<i>in</i> Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting o	rganization (see

Schedule A (Form 990) 2021

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instructions).

ST.	LOUIS	SCIENCE	CENTER	FOUNDATION
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Sche Par		ENCE CENTER FO			3-1496632 Pag	e 7
			inizations _{(continu}	lea)	Current Veer	
	on D - Distributions	mat auraaaa		1	Current Year	
_ <u>1</u> _2	Amounts paid to supported organizations to accomplish exer					
2	Amounts paid to perform activity that directly furthers exemp	a purposes or supported		2		
<u> </u>	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	o of our ported or appization	<u> </u>	2		
3		s of supported organizations	5	4		
_ <u>4</u> 5	Amounts paid to acquire exempt-use assets	Dort VI		5		
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		6		
6	Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			7		
_7		a arganization is reasonably		- '		
8	Distributions to attentive supported organizations to which th	le organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			-		
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	(:::)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D.					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
-	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
-	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
_	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2020					
-						

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021 Supplemental Info	st. I		SCIEN	CE CEN			N 4	3-149663	2 Page 8
	Supplemental Info Part IV, Section A, lines	1. 2. 3b. 3c.	Provide th 4b. 4c. 5a	ie explanati 1. 6. 9a. 9b.	ons required 9c. 11a. 11	l by Part II, lin 5. and 11c: Pa	e 10; Part II, art IV. Sectior	line 17a or 17b n B. lines 1 and	o; Part III, line 12; I 2: Part IV. Secti	on C.
	line 1: Part IV. Section D	lines 2 and	3: Part IV	. Section E.	lines 1c. 2a	. 2b. 3a. and	3b: Part V. lir	ne 1: Part V. Se	ction B. line 1e: I	Part V,
	Section D, lines 5, 6, and (See instructions.)	d 8; and Par	t V, Sectio	n E, lines 2,	, 5, and 6. A	so complete	this part for a	iny additional ii	nformation.	
32028 01-04-2	2				• •			S	chedule A (Forn	n 990) 20 <mark>2</mark>
					20		_			
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

Name of the organizat		
	ST. LOUIS SCIENCE CENTER FOUNDATION	43-1496632
Organization type (ch		
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

12080802 132842 03098.0001

ST. LOUIS SCIENCE CENTER FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 228,652. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 400,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 8,891,340. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

Employer identification number

43-1496632

Name of organization

Part I

Page 2

Name of organization

ST. LOUIS SCIENCE CENTER FOUNDATION Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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(d) Date received

43-1496632

Schedule	B (Form 990) (2021)				Page 4			
Name of o	organization				Employer identification number			
ST. L	OUIS SCIENCE CENTER FOU	NDATION			43-1496632			
Part III		ions to organizations describe	ed in section 50	01(c)(7), (8), or (10)				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,	000 or less for t	he year. (Enter this info. or	nce.) > \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Des	cription of how gift is held			
		(e) Transfer	of gift					
	Transferee's name, address, a	nd 7IP + 4	B	elationshin of tr	ansferor to transferee			
			••					
		-						
		-						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held			
Part I	((1) 011 1 3.		(-)				
		e) Transfer	of gift					
			0					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held				
		(e) Transfer	of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee			
		-						
		-						
(-) N-		[-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Des	cription of how gift is held			
<u> </u>								
		(e) Transfer	of gift					
		nd 7 ID + A	-	olationabic of the	anofarar ta transforca			
	Transferee's name, address, a		Relationship of transferor to transferee					
		-						
123454 11-11	1-21	I			Schedule B (Form 990) (2021)			

SCHEDULE [)
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(Form 9	90)
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Supplemental Financial Statements

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



Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 43 - 1496632

	ST. LOUIS SCIENCE	43-1496632	
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
•	are the organization's property, subject to the organization's	0	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		-
			ľ m
Par			
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		a certified historic structure
•		fiel concernation contribution in the form of	fo concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.		Held at the End of the Tax Year
_			
b			
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax
_	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemer	nts that describes the
Dee	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fur	herance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	rance 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		▶ \$ 242,660.
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021
	10-28-21		

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		IS SCIENCE							49663		Page 2
	t III Organizations Maintaining C									inuec	d)
3	Using the organization's acquisition, accession	on, and other record	s, check ar	ny of the f	ollowing that	make sig	nificant u	use of it	S		
	collection items (check all that apply):										
а	X Public exhibition	d		an or excl	hange progra	am					
b	Scholarly research	e	e 🛄 Otl	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how they	further th	e organizatio	on's exemp	pt purpo	se in Pa	rt XIII.		
5	During the year, did the organization solicit o							-		_	
	to be sold to raise funds rather than to be ma								Yes		X No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the or	ganizatio	n answered "	'Yes" on F	⁻ orm 990), Part I\	/, line 9, o	r	
			ion (for con	tributions	or other oor	ata nat in	aludad				
Ia	Is the organization an agent, trustee, custodi							Г	Yes	Г	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L	res	L	
b		and complete the loi	iowing tabi	e.					Amou		
~	Reginning balance						1c		741104		
	Additions during the year						1d				
	Additions during the year						1e				
f	Distributions during the year						1f				
	Ending balance Did the organization include an amount on Fo							Г	Yes		No
	If "Yes," explain the arrangement in Part XIII.						y:	L	165		
Par							<u></u>)	<u></u>		<u>. </u>	
		(a) Current year	(b) Prio		(c) Two year		d) Three y	ears had	k (e) For	ir vea	irs back
10	Paginning of year balance	3,630,550.	. ,	14,496.	., ,	9,540.		01,507			5,144.
	Beginning of year balance	5,000,000.	5,2	500.	2,012	,	2,0	<u>, , , , , , , , , , , , , , , , , , , </u>	· ·	, 10	<u>, , , , , , , , , , , , , , , , , , , </u>
	Contributions	545,315.	Δ.	29,647.	578	3,500.	138,269. 408,97				8,970.
	Net investment earnings, gains, and losses	545,515.	т.	25,047.	570	, 300.					0,570.
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	18,256.		14,093.	13	3,544.		13,698	2	1	2,607.
	Administrative expenses	4,157,609.		30,550.		1,496.		49,540		2,801,507.	
g	End of year balance	, ,				·, · · · ·	2,0	47,540	· · · ·	,00	1,307.
2	Provide the estimated percentage of the curr	4		olumn (a)) neid as:						
	Board designated or quasi-endowment ► Permanent endowment ► 35.0900		_%								
		%									
с		, -									
0-	The percentages on lines 2a, 2b, and 2c show				al a alex la la da co						
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that a	re neid an	id administer	ea for the	organiza	ation		Ye	s No
	by:								0-(1)	-	X
	(i) Unrelated organizations										X
	(ii) Related organizations									<u>'</u>	
	If "Yes" on line 3a(ii), are the related organiza								3 b		
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fund	ds.							
I ai	Complete if the organization answered) Dart IV lii	no 112 S	000 Eorm	Dart X li	no 10				
					1				(-1) D -		
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (• •	cumulate reciation		(d) Bo	ok va	lue
4.	Land	```	,		1,596.	uepi	COLLION		11,60	1	596
	Land				4,049.	33 2	10,23		$\frac{11,00}{20,21}$		
	Buildings				4,049. 4,596.		<u>10,2</u> 94,90				630.
	Leasehold improvements				4,590. 1,015.		<u>94,90</u> 27,40				$\frac{630.}{548.}$
	Equipment			-	1,015. 1,180.		<u>27,40</u> 72,5		4,36		
	Other			-					38,78		
Iota	. Add lines 1a through 1e. (Column (d) must e	qual ⊢orm 990, Part .	<u>X, column (</u>	B), line 10	JC.)						
								SCHEQU	le D (For	un 98	JUJ 2021

132052 10-28-21

Schedule D (Form 990) 2021 ST. LOUIS SC	CIENCE CENTER	FOUNDATION	43-1496632 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) ENDOWMENT - RESTRICTED	3 723 106	COST	
	3,723,496.		
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,723,496.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ne 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	(15)		►
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	rt X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITIES			9,037.
(3) SECURITY DEPOSIT			24,750.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25.)		33,787.
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's intancial st	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 ST. LOUIS SCIENCE CENTER	FOUNDATION	43-1496632 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue p	
	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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	•	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line "		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		

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 III, LINE 4:

COLLECTION	ITEMS	ARE	SOMETIMES	DISPLAYED	IN	OUR	BUILDING	IF	WE	HAVE	
------------	-------	-----	-----------	-----------	----	-----	----------	----	----	------	--

SOMETHING THAT TIES INTO THE SPECIFIC THEME OF AN EXHIBIT.

PART V, LINE 4:

THE ENDOWMENT SUPPORTS THE GENERAL OPERATIONS OF THE SCIENCE CENTER.

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132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE G	Suppleme	OMB No. 1545-0047								
(Form 990)		e organization answered "Yes" on organization entered more than \$15				or 19,	or if the	2021		
	C C	Attach to Form 990	-		-			Open to Public		
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru				on.		Inspection		
Name of the organization	ו	IS SCIENCE CENTER					Employer ide	entification number		
Part I Fundrais		Complete if the organization answe				ine 1				
· · · ·	complete this part									
a Mail solicitat		ed funds through any of the followin e Solicita	•		overnment grants					
	email solicitations				nment grants					
c 🔄 Phone solici	tations	g 📃 Special	fundra	ising	events					
d In-person so										
•		r oral agreement with any individual art VII) or entity in connection with p		Ū		tees,	or Ye	s 🗌 No		
		viduals or entities (fundraisers) pursu			•	he fui				
compensated at le	•	· / /								
			(iii)	Did		(v)	Amount paid	() Amount poid		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts from activity	tò (o	or retained by) fundraiser	(vi) Amount paid to (or retained by)		
or entity (lunc			or cor contrib	utions?	nom activity		ted in col. (i)	organization		
			Yes	No	-					
Total										
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	egistration		
or licensing.										
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021		

ST. LOUIS SCIENCE CENTER FOUNDATION

43-1496632 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
a l			(event type)	(event type)	(total number)	- col. (c))
Hevenue	1	Gross receipts	66,360.			66,360
	2	Less: Contributions	58,874.			58,874
	3	Gross income (line 1 minus line 2)	7,486.			7,486
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	4,860.			4,860
Ulrect Expenses	7	Food and beverages	5,878.			5,878
티	8	Entertainment	2,500.			2,500
		Other direct expenses				13,754
	10	Direct expense summary. Add lines 4 throu	gh 9 in column (d)		►	26,992
	11 rt	Net income summary. Subtract line 10 from II Gaming. Complete if the organization				-19,506
,		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ובעפווחם				bingo/progressive bingo		col. (a) through col. (c
	1	Gross revenue				
2020	2	Cash prizes				
	3	Noncash prizes	-			
DILECT EXPENSES	4	Rent/facility costs	-			
	5	Other direct expenses				
\downarrow			Yes %	Yes %	└── Yes % └── No	
	6	Volunteer labor	No			
	6 7	Volunteer labor Direct expense summary. Add lines 2 throu		, <u> </u>		
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)			
			gh 5 in column (d)			
	7 8 Ent	Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization cond	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:		►	
а	7 8 Ent	Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	states?	►	YesN
а	7 8 Ent	Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s	states?	►	Yes . No
a b	7 8 Is t If "I We	Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s revoked, suspended, or te	states?	·····	
a b a	7 8 Is t If "I We	Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these s revoked, suspended, or te	states?	·····	

Schedule G (Form 990) 2021	ST. LOUIS	SCIENCE	CENTER	FOUNDATION	N 43-1	1496632	Page 3
11 Does the organization conduct	ct gaming activities with	nonmembers?				Yes	No
12 Is the organization a grantor,	2						
to administer charitable gamir	ng?					Yes	No No
13 Indicate the percentage of ga							
a The organization's facility						13a 13b	<u>%</u> %
b An outside facility14 Enter the name and address of						130	70
			lion o gaining/o				
Name 🕨							
Address 🕨							
15a Does the organization have a	contract with a third par	ty from whom th	e organization	receives gaming rev	venue?	🗌 Yes	🗌 No
b If "Yes," enter the amount of g	gaming revenue received	d by the organiza	ition 🕨 \$	1	and the amount		
of gaming revenue retained by							
c If "Yes," enter name and addr	ress of the third party:						
Name 🕨							
Address 🕨							
16 Gaming manager information:	:						
Name							
Gaming manager compensati	on 🕨 \$						
Description of services provid	led 🕨						
Director/officer	Employee	🗔 In	dependent cor	ntractor			
17 Mandatory distributions:							
a Is the organization required u							
retain the state gaming licens b Enter the amount of distribution				exempt organization		_ L_ Yes	└── No
organization's own exempt ac	•			sxempt organization			
	formation. Provide t		required by Pa	rt I, line 2b, column	s (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b	o, as applicable. Also pro	ovide any additio	nal information	1. See instructions.			
132083 10-21-21					Sched	lule G (Form	990) 2021
			31				

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Schedule G	(Form 990)	ST.	LOUIS	SCIENCE	CENTER	FOUNDATION	43-1496632	Page 4
Part IV	(Form 990) Supplemental Infor	mation	(continued)					
								_
							Schedule G (For	rm 990)
132084 11-18-2	1							

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an ete if the organization	nd Individual	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to For s.gov/Form990 for		nation		Open to Public Inspection
Name of the organization	S SCIENCE (CENTER FOUN	0				Employer identification number 43-1496632
Part I General Information on Grants							10 1100001
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's provided in the organization of the organ	stance?	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. LOUIS SCIENCE CENTER 5050 OAKLAND AVE. SAINT LOUIS, MO 63110	43-0984610		879,056.	0.			TO PROMOTE THE STUDY OF SCIENCE THROUGH EDUCATIONAL PROGRAMS AND FUNDRAISING ACTIVITIES.
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							<u> </u>

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

Schedule I (Form 990) 2021 ST. LOUIS SCIENCE CENTER FOUNDATION

 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Complete intervention
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PART I, LINE 2:

ALL GRANTS ARE PROVIDED TO THE ST. LOUIS SCIENCE CENTER, WHICH PROVIDES THE

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

MANAGEMENT FOR AND IS THE SOLE MEMBER OF THE ST. LOUIS SCIENCE CENTER

FOUNDATION.

Part IV

Part III

Page 2

SC	Compensation Information		OMB No.	1545-00	47
(Fo	For certain Officers, Directors, Trustees, Key Employees, and Highe	st	00	5	
•	Compensated Employees			121	
-	► Complete if the organization answered "Yes" on Form 990, Part IV, line ► Attach to Form 990.	23.	Open t	o Pub	lic
	artment of the Treasury P Attach to Form 990. nal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest informat	ion.		ection	
Nam	me of the organization		er identificat	ion nu	mber
	ST. LOUIS SCIENCE CENTER FOUNDATION	43	-149663	2	
Pa	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on	Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for	personal use			
	Travel for companions Payments for business use of perso	nal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation	on fees			
	Discretionary spending account Personal services (such as maid, ch	auffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment of	or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directed	ors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization	tion's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related orga	nization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X Compensation committee Written employment contract				
	X Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensa	tion committee	e		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а			<u>4a</u>		X
b					X
С			<u>4c</u>		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	nsation			
	contingent on the revenues of:		_		v
				+	X X
b	Any related organization?		<u>5b</u>		
~	If "Yes" on line 5a or 5b, describe in Part III.	acation			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	Isation			
_	contingent on the net earnings of:		A -		v
	0			+	X X
a	Any related organization?		<u>6b</u>		
-	If "Yes" on line 6a or 6b, describe in Part III.	manta			
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payl		-		x
0	not described on lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject initial contract exportion departing departing pacting 52 (458 4(a)(2)2 If "Yea" departing in Part III		8		x
٥					11
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		9		
	Regulations section 53.4958-6(c)? A For Paperwork Reduction Act Notice, see the Instructions for Form 990.		hedule J (For	1 m 000	1 2024
LUIA	\neg i or rape work neuronal Activates, see the instructions for FOITI 330.	30	neutile J (FOr		, 2021

132111 11-02-21

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) TODD BASTEAN	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT / CEO	(ii)	420,418.	0.	9,600.	8,778.	13,918.	452,714.	0.	
(2) BARBARA BOYLE	(i)	0.	0.	0.	0.	0.	0.	0.	
CFO & ASSISTANT TREASURER	(ii)	242,903.	0.	0.	14,345.	9,479.	266,727.	0.	
(3) G. PATRICK WILLIAMS	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF INST. ADV. OFFICER	(ii)	234,542.	0.	0.	13,968.	11,342.	259,852.	0.	
(4) ANDREA DURHAM	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF OFFICER FOR SCIENCE & EDU	(ii)	205,972.	0.	0.	8,358.	7,828.	222,158.	0.	
(5) RONALD SCHULTZ	(i)	0.	0.	0.	0.	0.	0.	0.	
MANAGING DIRECTOR OF FACILITIES	(ii)	127,404.	0.	0.	7,625.	18,943.	153,972.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

(Form Departm	CHEDULE K orm 990) partment of the Treasury ernal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.										C	0MB No. 20 Open to Ispect)21 o Publ		
Name	of the organization ST ・ L		CIENCE CENT									dentifi 496	icatior 632	ח num	ber
Part I	Bond Issues	SE	E PART VI I	FOR COLUM	NS (A) AN	D (F) C	CONTIN	UATIONS							
	(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Descripti	on of purpose	(g) De	feased	(h) On of iss		(i) Po finan	
										Yes	No	Yes	No	Yes	No
I	NDUSTRIAL DEVELOP	MENT						CAPITAL							
AA	UTHORITY OF THE C	ITY OF	43-1163465	NONE	12/04/14	1444	0000.	EXPENDIT	URES/REFU		X	Х			Х
В															
С															
D															
Part I	I Proceeds														
					A	-		В	С				D		
1 /	Amount of bonds retired					5,000.									
2	Amount of bonds legally defeased	d b													
3 -	Total proceeds of issue	<u></u>			14,44	0,000.									
4 (Gross proceeds in reserve funds														
5 (Capitalized interest from proceeds	s													
6	Proceeds in refunding escrows														
7	ssuance costs from proceeds				31	.9,733.									
8 (Credit enhancement from proceed	ds													
-	Working capital expenditures from					4 4 6 4									
	Capital expenditures from proceed	ds			5,00	1,191.									
-															
-						016									
<u>13</u>	Year of substantial completion	<u></u>													
14	Were the bonds issued as part of		outo of tox avamet h	anda (ar	Yes	Νο	Yes	No	Yes	No	_	Yes	+	No	
		-				x									
-	<u>f issued prior to 2018, a current re</u> Were the bonds issued as part of					22							+		
	ssued prior to 2018, an advance			5 (01, 11	x										
-	Has the final allocation of proceed				X						+		+		
-	Does the organization maintain ac			port the									+		
		•		•	Х										

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Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 ST. LOUIS SCIENCE CENTER FOUNDATION

43-1496632

Page **2**

Part III Private Business Use								
		Α		В		С		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		x						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		x						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or othe								
counsel to review any management or service contracts relating to the financed								
c Are there any research agreements that may result in private business use of								
bond-financed property?		x						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or othe								
outside counsel to review any research agreements relating to the financed pro	perty?							
4 Enter the percentage of financed property used in a private business use by ent						-		-
other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a n								
governmental person other than a 501(c)(3) organization since the bonds were i		x						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or		•				•		<u> </u>
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								1
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?		x						
Part IV Arbitrage	····· I	•						J
		Α		в		С		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		X						

Schedule K (Form 990) 2021 ST. LOUIS SCIENCE CENTER FOUNDATION

43-1496632

Page 3

Part IV Arbitrage (continued)								
	A		E	3		ç	C)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								1
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
		<u> </u>	E	3		<u>ç</u>)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								1
voluntary closing agreement program if self-remediation isn't available under								1
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instru	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: INDUSTRIAL DEVELOPMENT AUTHORITY			OF ST.	LOUIS				
(F) DESCRIPTION OF PURPOSE: CAPITAL EXPENDITURES/	REFUND	ING						
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: INDUSTRIAL DEVELOPMENT AUTHORITY			OF ST.	LOUIS				
DATE THE REBATE COMPUTATION WAS PERFORMED: 01	/14/20	20						

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

Employer identification number 43-1496632

ST.	LOUIS	SCIENCE	CENTER	FOUNDATION

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	5	30,949.	FMV			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FARM TRACTORS)	X	3	97,431.	FMV			
26	Other ()				·			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ration during	the tax year for co					
	for which the organization completed Form 820						0	
		50, i uit i, b	ener / entre / eng				Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part L lines 1 throug	nh 28 that it		100	
000	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		х
h	If "Yes," describe the arrangement in Part II.					004		
31	Does the organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard contribu	tions?	31	x	
	Does the organization have a girl acceptance p Does the organization hire or use third parties	•	-	•		51		
JZa						32a		х
h	If "Yes," describe in Part II.					JZa		
33	If the organization didn't report an amount in c	olumn (c) for	a type of proports	(for which column (a) is cho	rked			
00	describe in Part II.		a type of property					
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	1	Schedule M	(Form	1 9901	2021

ion Act Notice, see the Instructions for Form 990.

dule M (Form 990) 2021

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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.

<u>SCHEDULE M, PART I, COLUMN</u> (B):

THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS FOR SECURITIES AND

THE NUMBER OF ITEMS CONTRIBUTED FOR ALL OTHER CONTRIBUTIONS.

Schedule M (Form 990) 2021

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SCHEDULE O

(Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 43-1496632

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

CARRY OUT ACTIVITIES FUNDED BY VARIOUS FEDERAL, STATE AND PRIVATE

ENTITIES. ACTIVITIES INCLUDE OUTREACH PROGRAMS TO UNDERSERVED YOUTH IN

LOUIS SCIENCE CENTER FOUNDATION

THE ST. LOUIS COMMUNITY.

ST.

INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 411,065.

FORM 990, PART III, LINE 4

THE VISITORS SERVED AND RELATED PROGRAM REVENUES AND EXPENSES FOR THE

YEAR WERE GREATLY IMPACTED BY THE COVID-19 PANDEMIC. ST. LOUIS CITY

COVID-19 CAPACITY LIMITS STAYED IN PLACE UNTIL MAY 2021. THE ST. LOUIS

SCIENCE CENTER WORKED IN COOPERATION WITH THE ST. LOUIS DEPARTMENT OF

HEALTH TO MONITOR THE OPERATIONAL PLANS. DAILY ATTENDANCE REMAINED

WELL BELOW HISTORICAL AVERAGES AND NEGATIVELY IMPACTED REVENUE.

FORM 990, PART VI, SECTION A, LINE 3:

THE FOUNDATION HAS NO EMPLOYEES, RATHER ITS PROGRAM SERVICE, MANAGEMENT AND FUNDRAISING ARE PERFORMED BY THE ST. LOUIS SCIENCE CENTER (A TAX-EXEMPT MUSEUM SUBDISTRICT OF THE STATE OF MISSOURI) WHICH CHARGES THE FOUNDATION A MANAGEMENT FEE. IN ADDITION, THE SCIENCE CENTER CHARGES THE FOUNDATION FOR CERTAIN LABOR COSTS INCURRED FOR VARIOUS ACTIVITIES CARRIED OUT BY THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE SOLE MEMBER OF THE FOUNDATION IS THE ST. LOUIS SCIENCE CENTER WHICH IS A GOVERNMENTAL BODY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF AT EACH ANNUAL MEETING OF THE FOUNDATION, THE GOVERNING BODY OF MISSOURI. Schedule O (Form 990) 2021 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 43

12080802 132842 03098.0001

Schedule O (Form 990) 2021								Page 2
Name of the organizati	on								Employer identification number
	ST.	LOUIS S	SCIENC	E CENT	ER	FOUNDATIO	N		43-1496632
THE SCIENCE	CENTER	ELECTS	S THE E	BOARD (ΟF	DIRECTORS	OF	THE	FOUNDATION.

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

FORM 990 WAS PREPARED BY A PUBLIC ACCOUNTING FIRM WITH INFORMATION FROM THE ST. LOUIS SCIENCE CENTER FOUNDATION'S FINANCE STAFF. A DRAFT COPY WAS REVIEWED BY THE CONTROLLER AND CFO AND RECOMMENDED CHANGES WERE SENT TO THE TAX PREPARER. THE RETURN WAS REVIEWED WITH THE AUDIT COMMITTEE OF THE SCIENCE CENTER AND PROVIDED TO THE BOARD OF DIRECTORS ELECTRONICALLY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AS A RESULT OF BEING AFFILIATED WITH THE ST. LOUIS SCIENCE CENTER, THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES FILE ANNUAL FINANCIAL DISCLOSURE STATEMENTS WITH THE FOUNDATION AND THE MISSOURI ETHICS COMMISSION. THE SUBMISSION AND REVIEW OF THESE STATEMENTS IS COORDINATED BY THE FINANCE DEPARTMENT OF THE SCIENCE CENTER WHICH ENSURES THAT ALL REQUIRED STATEMENTS ARE FILED ON A TIMELY BASIS AND THAT ANY MATTERS REQUIRING ATTENTION ARE FOLLOWED UP ON IN A TIMELY MANNER.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE PRESIDENT OF THE SCIENCE CENTER, WHO IS ALSO THE PRESIDENT OF THE FOUNDATION, IS REVIEWED AND APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE OF THE SCIENCE CENTER AND THE BOARD OF DIRECTORS OF THE FOUNDATION. THEY OBTAIN AND RELY UPON APPROPRIATE DATA FOR PRESIDENTS OF SIMILAR ORGANIZATIONS OF SIMILAR SIZE, AS PROVIDED BY A COMPENSATION CONSULTANT, AND DOCUMENT THE BASIS FOR DETERMINING COMPENSATION IN CONTEMPORANEOUSLY PREPARED DOCUMENTS AND MEETING MINUTES.

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132212 11-11-21

	Employer identification number
ST. LOUIS SCIENCE CENTER FOUNDATION	43-1496632
FOR OTHER KEY EXECUTIVES, COMPENSATION LEVELS ARE DETERMI	INED USING
COMPARABLE SALARY DATA AND INPUT FROM THE BOARD OF DIRECT	TORS AND MEMBERS OF
THE BOARD OF DIRECTORS OF THE SCIENCE CENTER.	
FORM 990, PART VI, SECTION C, LINE 19:	
THIS INFORMATION IS AVAILABLE ON THE WEB SITE OF THE ST.	LOUIS SCIENCE
CENTER AND IS ALSO AVAILABLE AT THE RECEPTION DESK OF THE	SCIENCE CENTER.
THE FINANCIAL STATEMENTS ALSO INCLUDE INFORMATION ON WHO	TO CONTACT TO
OBTAIN ADDITIONAL INFORMATION ABOUT THE SCIENCE CENTER AN	ND THE FOUNDATION.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	25 :
GALLERY OPERATIONS AND SUPPORT:	
	100.051
PROGRAM SERVICE EXPENSES	400,961.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	400,961.
FINANCE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	393,738.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	393,738.
GUEST SERVICES:	
PROGRAM SERVICE EXPENSES	364,677.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	364,677.
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Schedule O (Form 990) 202	21					Page 2
Name of the organization						Employer identification number
	ST.	LOUIS	SCIENCE	CENTER	FOUNDATION	43-1496632

SECURITY AND PARKING:	
PROGRAM SERVICE EXPENSES	354,192.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	354,192.
DESIGN SVCS & SUPPORT:	
PROGRAM SERVICE EXPENSES	342,588.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	342,588.
SIMULATORS:	
PROGRAM SERVICE EXPENSES	244,629.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	244,629.
HUMAN RESOURCES:	
PROGRAM SERVICE EXPENSES	16,269.
MANAGEMENT AND GENERAL EXPENSES	209,161.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	225,430.
OPERATIONS:	
PROGRAM SERVICE EXPENSES	194,083.
MANAGEMENT AND GENERAL EXPENSES	0.

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Schedule O (Form 990) 2021

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Name of the organization ST. LOUIS SCIENCE CENTER FOUNDATION	Employer identification number 43-1496632
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	194,083.
COMMUNITY SCIENCE EDUCATION:	
PROGRAM SERVICE EXPENSES	96,970.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,970.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	A 2,617,268.
FORM 990, PART IX, LINE 1	
REPRESENTS THE FOUNDATION'S ANNUAL NET CONTRIBUTION TO THE	E ST. LOUIS
SCIENCE CENTER SUBDISTRICT.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GRANT REPAYMENT	-94,873.
FORM 990, PART XI, LINE 9	
RETURN OF ST. LOUIS CITY HEALTH DEPARTMENT GRANT PROCEEDS	THAT THE ST.
LOUIS SCIENCE CENTER FOUNDATION WAS UNABLE TO SPEND BY THE	E DEADLINE.

132212 11-11-21

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 43 - 1496632

Name of the organization

SCHEDULE R (Form 990)

ST. LOUIS SCIENCE CENTER FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ST. LOUIS SCIENCE CENTER - 43-0984610							
5050 OAKLAND AVENUE							
ST. LOUIS, MO 63110	SCIENCE MUSEUM	MISSOURI					х
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 ST. LOUIS SCIENCE CENTER FOUNDATION

43-1496632 Page 2

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

	1 5	,		1								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?		Gene mana part	eral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	-											
	-											
	-											
	4											
	4											
	4											

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

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

Schedule R (Form 990) 2021 ST. LOUIS SCIENCE CENTER FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		+
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	X	
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)	_		_
Reimbursement paid to related organization(s) for expenses		X	
Reimbursement paid by related organization(s) for expenses			-
Other transfer of cash or property to related organization(s)			
Conter transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. LOUIS SCIENCE CENTER	J	4,804,826.	FMV
(2) ST. LOUIS SCIENCE CENTER	В	879,056.	ACTUAL AMOUNT PAID
(3) ST. LOUIS SCIENCE CENTER	P	2,004,000.	FMV
(4) ST. LOUIS SCIENCE CENTER	С	26,992.	ACTUAL AMOUNT PAID
(5)			
(6)			

Schedule R (Form 990) 2021 ST. LOUIS SCIENCE CENTER FOUNDATION

43-1496632 Page 4

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

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

(a)	(b)	(c)	(d)	(0)		(f)	(g)	/	h)	(i)	(j)	(k)	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile		(e) Are a	i ll	(I) Share of	(9) Share of		ropor-		(J) General (
of entity	Frindry activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)(orgs.	(3)	total	end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin		
or onaly		country)	excluded from tax under	Yes N		income			No	of Schedule K-1	Yes NC		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000013 0 12 0 14)	Yesr				Yes	NO		Yes NO		
					_								
					_								
					-							+	

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре о	Name of exempt organization or other filer, see instr	uctions.		Taxpayer	identificatio	n number (TIN)			
print	ST. LOUIS SCIENCE CENTER FOUNDATION 43-149663								
due date filing you	File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. Illing your 5050 OAKLAND AVENUE								
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63110									
Enter t	he Return Code for the return that this application is for (f	ile a separat	te application for each return)						
Applic	ation	Return	Application	Return					
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)	09					
Form 9	90-PF	04	Form 5227			10			
Form §	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870			12			
Form 9	90-T (corporation) BETH KASTNER	07							
• If the box •	request an automatic 6-month extension of time until _ he organization named above. The extension is for the organization $\sum X$ calendar year 2021 or	t Group Exe and atta NOVE1 ganization's , an	mption Number (GEN), . ch a list with the names and TINs of <u>MBER 15, 2022</u> , to file return for: d ending	If this is fo all membe	r the whole g ers the exten npt organizati	roup, check this sion is for.			
	f this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter the	tentative tax, less		•	0.			
•	any nonrefundable credits. See instructions.	0 optor opt	refundable gradite and	<u>3a</u>	\$	0.			
	f this application is for Forms 990-PF, 990-T, 4720, or 606 estimated tax payments made. Include any prior year over			3b	\$	0.			
c	Balance due. Subtract line 3b from line 3a. Include your p	ayment witl	h this form, if required, by						
	using EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns	3c	\$	0.			
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	al (direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	TE for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice	. see instru	ictions.		Form 8	868 (Rev. 1-2022)			

123841 01-12-22