

# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0905421 | 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For th	e 2024 calendar year, or tax year beginning and	enaing							
В	Check if applicab	C Name of organization		D Employer identifi	cation number					
	Addre	e   GRIFFIIH OBSERVATORY FOUNDATION								
	Name chan	pe Doing business as		95-33746	<u>45</u>					
	Initial returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r					
	Final returr	2800 EAST OBSERVATORY ROAD		213-473-	0879					
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,876,983.					
	Amer return	ded TOG ANGELEG CA 90027		H(a) Is this a group re						
	Appli tion			for subordinates						
	pend									
$\overline{}$	Toyou	rempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (insert no.)	or 527	H(b) Are all subordinates in	list. See instructions					
	Webs		JI JZ1	1						
		f organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	M State of legal domicile: CA					
	art I	Summary	L Year	or formation. 1970  r	VI State of legal domicile, CA					
•	_	Briefly describe the organization's mission or most significant activities: TO SI	тррорт	C DDOMOTE I						
ģ	1	GRIFFITH OBSERVATORY.	JFF OK I	& FROMOIL	11117					
Ž,										
Ē	2	Check this box if the organization discontinued its operations or dispos		l l						
Š	3			3	17					
ع	4	Number of independent voting members of the governing body (Part VI, line 1b)			17					
O.	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			12					
.=	6	Total number of volunteers (estimate if necessary)			72					
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	` b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.					
				Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,982,506.	1,582,986.					
	9	Program service revenue (Part VIII, line 2g)		641,175.	177,555.					
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,996.	116,442.					
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,665,677.	1,876,983.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,120,964.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,054,642.	1,163,970.					
Fxnenses	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ā	b	Total fundraising expenses (Part IX, column (D), line 25) 350,96	56.							
й	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,388,200.	455,362.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,442,842.	2,740,296.					
	19	Revenue less expenses. Subtract line 18 from line 12		1,222,835.	-863,313.					
J.C				ginning of Current Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)		3,508,059.	2,706,486.					
ASS	21	Total liabilities (Part X, line 26)		59,519.	121,259.					
\et	22	Net assets or fund balances. Subtract line 21 from line 20		3,448,540.	2,585,227.					
P	art II	Signature Block		3,110,3101	2/303/22/0					
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is					
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			miowicago ana bonoi, it io					
truc	, 00110	tigana complete. Declaration of preparer (earler than ember) is based on an information of wh	iicii proparci	nas any knowledge.						
C:-		Signature of officer		L Date						
Sig		DAVID PRIMES, TREASURER		2410						
He	re	Type or print name and title								
_			Tr	Date Check	PTIN					
D - '	۵.	Preparer's name Preparer's signature	2 400 40 E   if	-00006464						
Pai		ELEANOR A. LIVINGSTON, CP ELEANOR A. LIVIN								
	parer	Firm's name WINDES, INC.		Firm's EIN 9	5-3001179					
Use	Use Only Firm's address P.O. BOX 87									
		LONG BEACH, CA 90801-0087		Phone no. 9 <b>4</b>	9-852-9433					
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No					
111	A F	Denominant Deduction Act Notice and the consuctations			Farm 990 (2024)					

Pai	Statement of Program Service Accomplishments	T
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:  TO SUPPORT AND PROMOTE GRIFFITH OBSERVATORY AS A HOME FOR SCIEN	ICE
	LITERACY, EDUCATION, AND PUBLIC ASTRONOMY THROUGH RESOURCE DEVE AND ADVOCACY IN PARTNERSHIP WITH THE COMMUNITY.	STOLMENT
	AND ADVOCACT IN PARTNERSHIP WITH THE COMMONITY.	
	Did the exemination undertake any significant program comises during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes _A_No
2	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res [21] NO
4	If "Yes," describe these changes on Schedule O.	avnanaa
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
40	revenue, if any, for each program service reported.  (Code:) (Expenses \$968, 143. including grants of \$407, 119. ) (Revenue \$\$	177 555 \
4a	(Code:) (Expenses \$ 968,143. including grants of \$ 407,119. ) (Revenue \$ SEE SCHEDULE O	<u> </u>
	DELI DELIEDOLLI C	
4b	(Code:) (Expenses \$ 583 , 278 • including grants of \$ 573 , 474 •) (Revenue \$	)
	SEE SCHEDULE O	
4c	(Code:) (Expenses \$	)
	SEE SCHEDULE O	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 1,964,088.	- 000
		Form <b>990</b> (2024)

# Form 990 (2024) GRIFFITH OBSERVATORY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	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	
b	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b> -		
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII	IZa	- 21	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<sub>V</sub>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				-

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Pa	rt IV Checklist of Required Schedules (continued)			agc			
	· (continued)		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		X			
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		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>			
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		<u> </u>			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l			
	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			l			
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l			
	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			X			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III						
28							
	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			١,,			
	"Yes," complete Schedule L, Part IV	28a 28b		X			
	<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV						
С	c 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		X			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		┝≏			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		v			
0.4	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┝≏			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	200		x			
20	Schedule N, Part II	32		<u> </u>			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<del>  ^</del>			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X			
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del> </del>			
	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?	000		$\vdash$			
00	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							
٠.	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?	<u> </u>		<del></del>			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х				
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable						
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	_					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						

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(gambling) winnings to prize winners?

Form 990 (2024) GRIFFITH OBSERVATORY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (contained)			
_			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 12			
	, , , , , , , , , , , , , , , , , , , ,	OI:	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		-25
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	SD		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country	Ta		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A	0-		
a		9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  Section 501(c)(7) organizations. Enter:	an		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes," complete Form 6069.	.,		

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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
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	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 to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
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.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JULIE LACOUTURE - 213-473-0879			
	2800 EAST OBSERVATORY ROAD, LOS ANGELES, CA 90027			

Form **990** (2024)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless per		erson is both an			compensation	compensation	amount of	
	week			a director/trustee)		tee)	from	from related	other	
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		9.6	suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yoldr	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANN MARIE BEDTKE	40.00		_							
EXEC. DIR. (THRU 07/31/24)				Х				133,081.	0.	4,066.
(2) BENJAMIN ROUDENIS	40.00									
DIRECTOR OF INFORMATION TECHNOLOGY						Х		125,500.	0.	9,392.
(3) MELANIE FLAVIN	40.00									
DIRECTOR OF DEVELOPMENT						X		111,500.	0.	7,502.
(4) JULIE LACOUTURE	20.00	<u> </u>								
INTERIM EXEC. DIR. (AS OF 7/30/24)				Х				50,000.	0.	0.
(5) DANISH KHAN	4.00	]							_	_
PRESIDENT		Х		Х				0.	0.	0.
(6) EVE HABERFIELD	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) TRICIA NELSON	2.00	1							_	_
SECRETARY		Х		Х				0.	0.	0.
(8) DAVID PRIMES	2.00	1							_	_
TREASURER		Х		Х				0.	0.	0.
(9) SHANA BARGHOUTI	1.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(10) TERRI BLOOMGARDEN	1.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(11) ANDRE BORMANIS	1.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(12) CHRISTINA DEL VILLAR	1.00	ļ								
BOARD MEMBER (UNTIL 03/2024)		Х						0.	0.	0.
(13) ETHAN ELLER	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(14) IRFAN FURNITUREWALA	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(15) ALAN KAYE	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(16) VICKE SELK	2.00	ļ								
BOARD MEMBER	1	Х						0.	0.	0.
(17) RICH SEMLER	1.00	<b>∤</b>								_
BOARD MEMBER		X						0.	0.	0.
432007 12-10-24										Form <b>990</b> (2024)

432007 12-10-24

Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	st C			$\overline{}$		<b>(C</b> )	
(A)	(B) (C) Average Position					1		(D)	(E)			(F)	
Name and title	hours per			heck of	more	than		Reportable compensation	Reportable compensation		l '	stimate nount	
	week			nd a d				from from related			"	other	٥,
	(list any	director						the	organizations		com	pensa	tion
	hours for	r dire	"			ted		organization	(W-2/1099-MISC	/د	fì	om th	Э
	related	stee	ruste			bensa		(W-2/1099-MISC/	1099-NEC)		ı ~	anizat	
	organizations below	ıal tru	onal t		oloyee	l mos as		1099-NEC)			ı	d relat	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	anizati	วทร
(18) GRADY SMITH	1.00	<u> </u>	<u>  = </u>	0	×	Ξ ω	4						
BOARD MEMBER		х						0.		0.			0.
(19) SAMIRA SOHAIL	1.00												
BOARD MEMBER		Х						0.		0.			0.
(20) JORDAN STERNLIEB	1.00	l											
BOARD MEMBER	1 00	Х	-					0.		0.			0.
(21) MCKINLEY TENNYSON	1.00	٠,								_			•
BOARD MEMBER	1 00	X	-			-		0.		0.			0.
(22) CHARLES WILMOT BOARD MEMBER	1.00	x						0.		0.			0.
BOARD MEMBER		^						0.		0.			<u> </u>
		1											
		4											
								420,081.		0.	2	0 0	<u>-                                    </u>
1b Subtotal								420,081.		0.		0,9	0.
c Total from continuation sheets to Part \								420,081.		0.	20,960.		
d Total (add lines 1b and 1c)								•				0 7 5	<del>, , , ,</del>
compensation from the organization						,		, , , , , , , , , , , , , , , , , , , ,	555 51 15 <b>p</b> 51 15.51				3
												Yes	No
3 Did the organization list any former office	r, director, trust	ee, l	key e	empl	loye	e, oı	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for											3		<u> </u>
4 For any individual listed on line 1a, is the											-		37
and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive or	•				•			· ·	dual for services		5		Х
rendered to the organization? If "Yes," co	<u>mpiete Scriedui</u>	e J i	Or St	JCII Į	oers	OH							
Complete this table for your five highest or	ompensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensa	tion fro	om	
the organization. Report compensation fo													
(A)								(B)				<b>C)</b>	
Name and business address NONE Description of services								ompe	nsatio	1			
										—			
-													
Total number of independent contractors	(including but n	ot lir	nite	d to	thos	se lis	sted	above) who received mo	ore than				
\$100,000 of compensation from the organ	nization				(	)							

Form **990** (2024)

Form 990 (2024) GRIFFIT
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts			11,470.				
ij g			11,470				
fts, Ar							
ig ig			50,000.				
ns, Sim		• • •	30,000.				
utio er (		f All other contributions, gifts, grants, and	01 516				
현된			21,516.				
ont od (		g Noncash contributions included in lines 1a-1f 1g \$		1 500 006			
<u>ŏ</u> <u>ö</u>		h Total. Add lines 1a-1f		1,582,986.			
		<u> </u>	Business Code	455 555	488 555		
e S	2	a PROGRAM AND EVENT SALE	900099	177,555.	177,555.		
e Ķ		b					
Program Service Revenue		С					
am		d					
og B		e					
P		f All other program service revenue					
		g Total. Add lines 2a-2f		177,555.			
	3	Investment income (including dividends, interest					
		other similar amounts)		116,442.			116,442.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a	,,				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Not reptal income or (loca)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	′	assets other than inventory 7a	(11) 5 2 1 1 5 1				
		b Less: cost or other basis					
ø							
ň		and sales expenses					
eve		c Gain or (loss)7c					
her Revenue		d Net gain or (loss)					
	8	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory					
,			Business Code				
ous 3	11	а					
ane Duc		b					
Miscellaneous Revenue		с					
<u>is</u>		d All other revenue					
2		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,876,983.	177,555.	0.	116,442.

### 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 response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,120,964. 1,120,964. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 63,216. 187,147. 78,216. 45,715. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 151,583. 919,679. 664,581. 103,515. Other salaries and wages 7 Pension plan accruals and contributions (include 18,310. 12,062. 2,995. 3,253. section 401(k) and 403(b) employer contributions) 19,838. 2,555. 14,391. 2,892. Other employee benefits ..... 9 18,996. 12,514. 3,107. 3,375. 10 Payroll taxes 11 Fees for services (nonemployees): 63,250. 63,250. Management Legal 22,200. 22,200. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 149,552. 1,546. 95,875. 52,131. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 95,098. 38,349. 48,374. 8,375. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 18,701. 18,701. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 9,229. 9,229. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,456. 847. 609. Depreciation, depletion, and amortization 22 12,349. 7,688. 1,354. 3,307. 23 Other expenses. Itemize expenses not covered 24 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 O.) 54,444. 54,444. EVENTS AND PROGRAMS 19,065. OBSERVER EXPENSES 19,065. <u>5,</u>253. 5,253. MEMBERSHIP PROMOTIONS 1,573. 1,573. d DUES AND SUBSCRIPTIONS 3.192. 3,192. e All other expenses 2,740,296. 1,964,088. 425,242. 350,966. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2024)

Part X | Balance Sheet

<u>Part</u>	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	432,566.	1	337,764		
	2	Savings and temporary cash investments			2,872,798.	2	2,289,180
	3	Pledges and grants receivable, net		185,240.	3	63,822	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	sons (as defined				
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			11,242.	9	9,415
.	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	785,442.			
	b	Less: accumulated depreciation	10b	779,137.	6,213.	10c	6,305
•	11	Investments - publicly traded securities				11	
•	12	Investments - other securities. See Part IV, line			12		
•	13	Investments - program-related. See Part IV, line		13			
•	14	Intangible assets		14			
•	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			3,508,059.	16	2,706,486
•	17	Accounts payable and accrued expenses		59,519.	17	121,259	
'	18	Grants payable		18			
'	19	Deferred revenue			19		
2	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
န္မ ဒ	22	Loans and other payables to any current or for	ner offic	er, director,			
┋│		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
<b>-</b>   :	23	Secured mortgages and notes payable to unrel				23	
2	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
2	25	Other liabilities (including federal income tax, p.					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			F0 F10	25	101 050
	26	Total liabilities. Add lines 17 through 25			59,519.	26	121,259
ا ي		Organizations that follow FASB ASC 958, ch	eck her	e X			
၌		and complete lines 27, 28, 32, and 33.			2 507 242		1 050 070
를   3	27	Net assets without donor restrictions			2,587,242.	27	1,958,878
2 2	28	Net assets with donor restrictions			861,298.	28	626,349
<u> </u>		Organizations that do not follow FASB ASC					
늘		and complete lines 29 through 33.					
<u>ئ</u> ا	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
ا ب	31	Retained earnings, endowment, accumulated in			2 440 540	31	0 E0E 007
	32	Total net assets or fund balances			3,448,540.	32	2,585,227
;	33	Total liabilities and net assets/fund balances			3,508,059.	33	2,706,486 Form <b>990</b> (202

Form **990** (2024)

Par	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		376 <u>,</u> 740,				
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3		-863,313				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,	585,	227 <b>.</b>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_	Ye	s No			
1	Accounting method used to prepare the Form 990:		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	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 Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За	X			
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
			F	orm <b>99</b> 0	<b>)</b> (2024)			

432012 12-10-24

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GRIFFITH OBSERVATORY FOUNDATION

Employer identification number

Par	Reason for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
The or	ganization is not a private found										
1	A church, convention of ch	urches, or association	on of churches described	in <b>sectio</b>	n 170(b)(	1)(A)(i).					
2	A school described in sect	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state:										
5	An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	overnmental unit describe	ed in				
	section 170(b)(1)(A)(iv).	Complete Part II.)									
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X An organization that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in				
	section 170(b)(1)(A)(vi). (C	complete Part II.)									
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a land-grant	college				
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or				
	university:										
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from				
	activities related to its exen	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment				
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.				
	See <b>section 509(a)(2).</b> (Co	mplete Part III.)									
11	An organization organized	and operated exclus	ively to test for public sat	fety. See	section 50	09(a)(4).					
12	An organization organized	and operated exclus	ively for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or				
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on				
	lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 12g.					
а	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	oorted org	anization(s), typically by	giving				
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting				
	organization. You must o	complete Part IV, Se	ections A and B.								
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing				
	control or management of	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	oorted				
	organization(s). You mus	st complete Part IV,	Sections A and C.								
С	Type III functionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
	its supported organizatio		•								
d	Type III non-functionally					• • • •					
	that is not functionally int	-		•		•	/eness				
	requirement (see instruct	•	•	•							
е	Check this box if the orga					Type I, Type II, Type III					
	functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.						
	Enter the number of supported of										
g_	Provide the following information (i) Name of supported	n about the supporte	ed organization(s).  (iii) Type of organization	(iv) Is the oros	anization listed	(v) Amount of monetary	(vi) Amount of other				
	organization	(II) EIIV	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
			above (see instructions))	Yes	No	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,				
							-				
			1	1	1	I	I				

# 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) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	990,040.	2078073.	1499568.	2982506.	1582986.	9133173.
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	990,040.	2078073.	1499568.	2982506.	1582986.	9133173.
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)						2398102.
6	Public support. Subtract line 5 from line 4.						6735071.
Sec	ction B. Total Support						0,000,20
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
	Amounts from line 4	990,040.	2078073.	1499568.	2982506.	1582986.	9133173.
	Gross income from interest,	77070					<u> </u>
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	146.	90.	2,460.	41 996.	116,442.	161 134.
۵	Net income from unrelated business	110.	50.	2,400.	41,000	110,442.	101,131
9							
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						9294307.
	<b>Total support.</b> Add lines 7 through 10					12 1	,084,151.
	Gross receipts from related activities,	•	,				,004,131.
13	First 5 years. If the Form 990 is for the	-		•			
Sac	organization, check this box and storetion C. Computation of Publi						·····
	Public support percentage for 2024 (I			aluma (f)		14	72.46 %
						15	76.55 %
	Public support percentage from 2023						
102	16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization   X						
	b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
47.	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
1/8	17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
				=		-	
	meets the facts-and-circumstances te	-		*	-	7	
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sed	etion A. Public Support	siow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(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 performed, 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 business 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						
7 <i>a</i>	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
		(a) 2020	(6) 2021	(0) 2022	(4) 2020	(6) 2024	(i) rotal
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	( )( )	· —
	check this box and stop here						
	tion C. Computation of Publi					T 1	
	Public support percentage for 2024 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	<u>%</u>
	Public support percentage from 2023		-			16	%
	ction D. Computation of Inves					T 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	<b>33 1/3% support tests - 2024.</b> If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2023.</b> If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	_		
	4a		
	Al-		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	00		
	9c		
	10a		
	iva		
	10b		
_	A (Farm	~ 000	2004

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Fai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
2	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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.  Did the organization operate for the benefit of any supported organization other than the supported	1		
2	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Vaa	Na
4	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			V	NI.
_	Did the constitution and the control of the control of the control of the fifth and the fifth		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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	)-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
2	entity (see instructions). Activities Test. Answer lines 2a and 2b below.	ļ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

За

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

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

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

Section A - Ad	justed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short	-term capital gain	1		
2 Recoveri	es of prior-year distributions	2		
3 Other gro	oss income (see instructions)	3		
4 Add lines	s 1 through 3.	4		
5 Deprecia	tion and depletion	5		
6 Portion o	f operating expenses paid or incurred for production or			
collection	n of gross income or for management, conservation, or			
maintena	nce of property held for production of income (see instructions)	6		
7 Other exp	penses (see instructions)	7		
	I Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregat	e fair market value of all non-exempt-use assets (see			
instructio	ns for short tax year or assets held for part of year):			
a Average	monthly value of securities	1a		
<b>b</b> Average	monthly cash balances	1b		
<b>c</b> Fair mark	et value of other non-exempt-use assets	1c		
d Total (ad	d lines 1a, 1b, and 1c)	1d		
e Discount	t claimed for blockage or other factors			
(explain i	n detail in Part VI):			
•	on indebtedness applicable to non-exempt-use assets	2		
3 Subtract	line 2 from line 1d.	3		
	emed held for exempt use. Enter 0.015 of line 3 (for greater amount	,		
see instru		´   4		
	e of non-exempt-use assets (subtract line 4 from line 3)	5		
	ine 5 by 0.035.	6		
	es of prior-year distributions	7		
	n Asset Amount (add line 7 to line 6)	8		
	stributable Amount			Current Year
1 Adjusted	net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.8	5 of line 1.	2		
3 Minimum	asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gre	ater of line 2 or line 3.	4		
-	ax imposed in prior year	5		
	able Amount. Subtract line 5 from line 4, unless subject to			
	cy temporary reduction (see instructions).	6		
-	eck here if the current year is the organization's first as a non-funct		. +	,

Schedule A (Form 990) 2024

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
_9_	Distributable amount for 2024 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
с	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
<u>h</u>	Applied to 2024 distributable amount			
<u>i_</u>	Carryover from 2019 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			

Schedule A (Form 990) 2024

c Excess from 2022 d Excess from 2023 e Excess from 2024

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	Section D. lines 3. 6. and 6. and Part V. Section E. lines 2. 3. and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	

# Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Organization type (check one):

**Employer identification number** 

GRIFFITH OBSERVATORY FOUNDATION

95-3374645

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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 \_\_\_\_\_\_\_\$

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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization Employer identification number

# GRIFFITH OBSERVATORY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I i		T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$150,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# GRIFFITH OBSERVATORY FOUNDATION

(a)	Contributors (see instructions). Use duplicate copies of Part I i	(c)	(d)
No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
9	Name, address, and ZIP + 4	\$ 71,528.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Nume, address, and zn + 4	\$ 125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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

**Employer identification number** 

Name of organization

GRIFFITH OBSERVATORY FOUNDATION 95-3374645 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GRIFFITH OBSERVATORY FOUNDATION

**Employer identification number** 95-3374645

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advis	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, l	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area		
	Protection of natural habitat	Preservation of	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c		
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not			
	on a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rel-	eased, extinguished, or terminated by the	organization during the tax		
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year		
	<del></del>				
8	Does each conservation easement reported on line 2d above				
_					
9	In Part XIII, describe how the organization reports conservation	•			
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the		
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets		
. u	Complete if the organization answered "Yes" on Form		nior cirmar Addeto.		
10	If the organization elected, as permitted under FASB ASC 95		and halance cheet works		
ıa	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·	•		
h					
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public				
	•	exhibition, education, or research in furti	refairce of public service,		
	provide the following amounts relating to these items.		Ф		
	(i) Revenue included on Form 990, Part VIII, line 1		_		
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treations.	acurae or other cimilar assets for financia			
~	the following amounts required to be reported under FASB A		i gain, provide		
а	Revenue included on Form 990, Part VIII, line 1	-	\$		
	Assets included in Form 990, Part X				
	, access moladed in Form 600, 7 art A		Ψ		

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

Schedule D (Form 990) (Rev. 12-2024)

432051 01-02-25

Par	t III   Organiz	ations Maintaining C	ollections of Ar	t, Historical 1	reasures, o	r Other S	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply).										
а	Public exhil	bition	d	Loan or e	exchange progr	am					
b	Scholarly re	esearch	е								
С	Preservatio	n for future generations									
4	Provide a descrip	otion of the organization's co	ollections and explain	n how they furthe	r the organization	on's exemp	t purpos	e in Part	XIII.		
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Par	t IV Escrow	and Custodial Arran	gements Comple	te if the organiza	ion answered "	Yes" on Fo	rm 990,	Part IV, lii	ne 9, or		
	reported a	ın amount on Form 990, Pa	t X, line 21.								
1a	Is the organization	n an agent, trustee, custodi	an, or other intermed	diary for contribut	ions or other as	ssets not in	cluded				
	on Form 990, Par	t X?							Yes		No
b		he arrangement in Part XIII									
									Amount		
С	Beginning balanc	e					1c				
d		the year					1d				
е		ng the year					1e				
f							1f				
2a		ion include an amount on F					?		Yes		No
b	If "Yes," explain t	he arrangement in Part XIII.	Check here if the ex	planation has be	en provided in F	Part XIII					]
Par	rt V Endown	nent Funds Complete if	the organization ans	swered "Yes" on	Form 990, Part	IV, line 10.					
			(a) Current year	(b) Prior year	(c) Two yea	ırs back <b>(c</b>	<b>i)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year	r balance									
b	Contributions										
С		arnings, gains, and losses									
d	Grants or scholar	ships									
е	Other expenditure										
	and programs .										
f		penses									
g	End of year balan										
2	Provide the estim	ated percentage of the curr	ent year end balance	e (line 1g, columr	(a)) held as:						
а	Board designated	d or quasi-endowment		_%							
b	Permanent endov	wment	%								
С	Term endowment	t	%								
	The percentages	on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endown	ment funds not in the posse	ssion of the organiza	tion that are held	and administe	red for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?										
	(ii) Related organ	nizations?							3a(ii)		
b	If "Yes" on line 3a	a(ii), are the related organiza	tions listed as requir	ed on Schedule I	??				3b		
4		XIII the intended uses of the		wment funds.							
Par	-	uildings, and Equipm									
	Complete	if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	. See Form 990	), Part X, Iir	ne 10.				
	Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation									e	
1a	Land										
b											
С		vements									
d					780,191.	7	73,88		(	6,3	05.
<u>e</u>					5,251.		5,25	51.			0.
		ough 1e. <i>(Column (d) must e</i>		X. line 10c. colur	nn (B))				(	6,3	05.

Schedule D (Form 990) (Rev. 12-2024)

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
) Financial derivatives			•
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market valu
	(b) Book value	(e) Metrica et variaditorit e est et erre	i or your market vale
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	- Faura 000 David IV line	11d Con Forms 000 Book V line 15	
Complete if the organization answered "Yes" or	escription	Tra. See Form 990, Part A, line 15.	(h) Dools value
· · ·	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6)			
(4) (5)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities			
(4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col.			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" of  (a) Description of liability			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability (1) Federal income taxes			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)			
(4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			

Schedule D (Form 990) (Rev. 12-2024)

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 .

Pa	rt XI Reconciliation of Revenue per Audited Financial State		enue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,876,983.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	, , , , , , , , , , , , , , , , , , , ,	2d		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	1,876,983.
4	Amounts included on Form 990, Part VIII, line 12, 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		0
C				1 076 003
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	emente With Evr	5	1,876,983.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line		delises per neturi	1
		12a.	1.1	2 740 206
1			1	2,740,296.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses			
d	, , , , , , , , , , , , , , , , , , , ,	•	-	0
e	Add lines 2a through 2d			2,740,296.
3	Subtract line 2e from line 1		3	2,740,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b			10	0.
с 5				2,740,296.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information		j 5	2,140,250.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h and 3	Ph: Part V line 1: Part V	/ line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			v, iiio z, i ait Xi,
	RT X, LINE 2:	additional information		
	E FOUNDATION HAS RECEIVED TAX-EXEMPT STATE	TIIS FROM TH	E INTERNAL I	REVENUE
	RVICE AND FRANCHISE TAX BOARD UNDER SECT			
	VENUE CODE AND SECTION 23701(D) OF THE CA			
	DE, RESPECTIVELY. ACCORDINGLY, NO PROVIS			
	CLUDED IN THE ACCOMPANYING FINANCIAL STATE			
THI	E FOUNDATION RECOGNIZES THE FINANCIAL STA	ATEMENT BEN	EFIT OF TAX	
	SITIONS, SUCH AS ITS FILING STATUS AS TAX			
	AT THE RELEVANT TAX AUTHORITY WOULD MORE			
	SITIONS FOLLOWING AN AUDIT. THE FOUNDAT			
INC	COME TAX AUDITS ON OPEN TAX YEARS BY ANY	TAXING JUR	ISDICTION I	N WHICH IT
OPI	ERATES. THE STATUTE OF LIMITATIONS FOR I	FEDERAL PUR	POSES IS TH	REE YEARS
	FOR CALIFORNIA PURPOSES IS FOUR YEARS.	<del>-</del>		

Schedule D (Form 990) (Rev. 12-2024) GRIFFITH OBSERVATORY FOUNDATION	95-3374645	Page 5
Schedule D (Form 990) (Rev. 12-2024) GRIFFITH OBSERVATORY FOUNDATION  Part XIII   Supplemental Information (continued)		

### SCHEDULE I (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

GRIFFITH	OBSERVATO	RY FOUNDATI	ON				95-3374645
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	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
CITY OF LOS ANGELES, DEPARTMENT OF RECREATION AND PARKS - 221 N FIGUEROA STREET SUITE 350 - LOS ANGELES, CA 90012		GOVERNMENT AGENCY	0.	1,120,964.	ACTUAL COST	PROJECT EXPENSES AND STAFF SUPPORT	PROVIDE CRITICAL FINANCIAL, TECHNICAL, AND PROGRAMMATIC SUPPORT TO THE GRIFFITH OBSERVATORY,
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	J	o .	e line 1 table				1.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

Part III 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.										
(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					
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.						
PART I, LINE 2:	I DAVC EO	D DDO.TECTO	י אאר פעספא	CEC AND						
THE GRIFFITH OBSERVATORY FOUNDATION PAYS FOR PROJECTS AND EXPENSES AND PROVIDES STAFF SUPPORT FOR THE BENEFIT OF THE GRIFFITH OBSERVATORY, WHICH										
IS OWNED AND OPERATED BY THE CITY OF LOS ANGELES DEPARTMENT OF RECREATION										
AND PARKS.		-								
PART II, LINE 1, COLUMN (H):										
NAME OF ORGANIZATION OR GOVERNMENT										
CITY OF LOS ANGELES, DEPARTMENT OF										
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CRITICAL FINANCIAL, TECHNICAL, AND PROGRAMMATIC SUPPORT TO THE GRIFFITH OBSERVATORY, ENSURING										
IT REMAINS A WORLD-CLASS INSTITUTION		GRIFFITH C	BSERVATORY	, ENSURING						
IT REMAINS A WORLD-CLASS INSTITUTE	JN •									
<u> </u>										

### SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# 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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GRIFFITH OBSERVATORY FOUNDATION

Employer identification number 95-3374645

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: DEVELOPING AND SUSTAINING ENGAGING PROGRAMS:

THE FOUNDATION PROVIDES ONGOING SUPPORT TO DEVELOP, INNOVATE, AND SUSTAIN PROGRAMS AND FACILITIES SERVING MILLIONS OF VISITORS ANNUALLY. THIS INCLUDES:

### BRINGING NEW PROGRAMS TO LIFE:

- \* PACIFIC STANDARD UNIVERSE WITH SUPPORT FROM THE GETTY MUSEUM, THE FOUNDATION SUPPORTED THE PRODUCTION AND LAUNCH OF THIS ORIGINAL EDUCATIONAL FILM, WHICH BLENDED SCIENCE AND STORYTELLING TO CAPTIVATE AUDIENCES WORLDWIDE.
- \* LIVE ONLINE PROGRAMMING OF ASTRONOMICAL EVENTS EXPANDING GRIFFITH OBSERVATORY'S GLOBAL REACH, MAKING ASTRONOMY EDUCATION ACCESSIBLE TO AUDIENCES BEYOND LOS ANGELES.
- LIVE IN-PERSON PROGRAMMING BOTH ON-SITE AND OFF-SITE CONTINUING SUPPORT OF GRIFFITH OBSERVATORY'S LONG-RUNNING ALL SPACE CONSIDERED THE OBSERVATORY. BEFORE A LIVE AUDIENCE AT COMPLETION OF NEW ABOVE PRESENTATIONS FOCUSING ON NOVEL USE OF THE SAMUEL OSCHIN PLANETARIUM AND ITS AUTHENTIC REPRESENTATION OF THE SKY AT NIGHT. TOURS TO REMOTE LOCATIONS LIKE TEXAS AND MEXICO TO EXPERIENCE ASTRONOMICAL EVENTS LIKE TOTAL SOLAR ECLIPSES.

#### ADVANCING TECHNOLOGY & INFRASTRUCTURE:

- \* TECHNOLOGY AND PROGRAM SUPPORT SUSTAINING THE SPECIALIZED STAFFING AND TECHNOLOGY THAT POWER GRIFFITH OBSERVATORY'S DYNAMIC PROGRAMMING.
- \* CELESTIAL GLOBE FUNDING THE DEVELOPMENT OF A NEW EXHIBIT TO ENGAGE VISITORS.
- \* WI-FI INSTALLATION BRINGING FREE PUBLIC WI-FI TO GRIFFITH OBSERVATORY ENHANCES VISITORS' DIGITAL ENGAGEMENT.

#### PRESERVING THE OBSERVATORY'S LEGACY:

- \* ARCHIVE PROJECT COMPLETING PHASE ONE OF A FIVE-YEAR PLAN TO CATALOG AND PRESERVE GRIFFITH OBSERVATORY'S EXTENSIVE HISTORICAL COLLECTIONS, ENSURING PUBLIC ACCESS TO ITS 90-YEAR HISTORY.
- \* COMMUNICATIONS SUPPORT STAFF AND VOLUNTEER SUPPORT FOR CONTENT, COMMUNICATIONS AND SOCIAL MEDIA TO EXPAND THE OBSERVATORY'S PRESENCE IN THE COMMUNITY.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE: ENHANCING AND PRESERVING COMMUNITY SPACES:

THE FOUNDATION IS CRITICAL IN ENSURING GRIFFITH OBSERVATORY'S PUBLIC IN 2024 SPACES REMAIN ACCESSIBLE, MODERN AND ENGAGING. WE ACHIEVED SIGNIFICANT MILESTONE BY RENOVATING THE LEONARD NIMOY EVENT HORIZON (LNEH) THEATER'S SOUND SYSTEM, Α PROJECT FULLY MANAGED BY FOUNDATION STAFF.

LNEH IS A WIDELY USED COMMUNITY SPACE THAT SERVES AS:

\* A PUBLIC EDUCATION VENUE WHERE VISITORS CAN PARTICIPATE IN INSPIRING ASTRONOMY PROGRAMMING.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Schedule O (Form 990) 2024 Page 2

Name of the organization

GRIFFITH OBSERVATORY FOUNDATION

Employer identification number 95-3374645

- \* A GATHERING SPACE FOR OUR COMMUNITIES, INCLUDING THE LOS ANGELES ASTRONOMICAL SOCIETY.
- \* A HANDS-ON LEARNING ENVIRONMENT FOR THE "BUILD A COMET" PORTION OF THE FIFTH-GRADE PROGRAMA UNIQUE SCIENCE EXPERIENCE WHERE STUDENTS SEE THE MATERIALS THAT MAKE UP COMETS.

THE THEATER IMPROVEMENTS TRANSFORMED THE SPACE INTO A MORE IMMERSIVE AND ENGAGING EXPERIENCE FOR AUDIENCES OF ALL AGES. THE NEXT PHASE OF ITS RENOVATION WILL BEGIN IN 2026.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE: EXPANDING ACCESS TO SCIENCE EDUCATION:

GRIFFITH OBSERVATORY FOUNDATION FULLY FUNDS ALL STAFFING, MATERIALS,
AND EQUIPMENT FOR GRIFFITH OBSERVATORY'S FIFTH-GRADE IN-PERSON AND
ONLINE SCHOOL PROGRAMS. THESE FREE S.T.E.A.M. (SCIENCE, TECHNOLOGY,
ENGINEERING, ARTS, AND MATHEMATICS) EDUCATIONAL EXPERIENCES ARE
DESIGNED TO MEET CALIFORNIA STATE BOARD OF EDUCATION SCIENCE STANDARDS
AND SERVE:

- \* UP TO 27,000 FIFTH-GRADE STUDENTS ANNUALLY IN PERSON AT GRIFFITH OBSERVATORY.
- \* UP TO 100,000 STUDENTS THROUGH THE ON-LINE PROGRAM, WHICH IS DELIVERED LIVE BY OBSERVATORY STAFF, REACHING CLASSROOMS BEYOND LOS ANGELES.
- \* THE MAJORITY OF IN-PERSON PARTICIPANTS COME FROM TITLE I SCHOOLS

RECOGNIZING THAT TRANSPORTATION COSTS ARE A BARRIER FOR MANY STUDENTS,
THE FOUNDATION ALSO PROVIDES FUNDING FOR BUS SCHOLARSHIPS, ALLOWING LOS
ANGELES UNIFIED SCHOOL DISTRICT TITLE I SCHOOLS TO PARTICIPATE IN THE
IN-PERSON SCHOOL PROGRAM AT NO COST.

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

THE AUDIT COMMITTEE RECEIVES THE TAX RETURN, REVIEWS IT AND, IF NECESSARY, REQUESTS CHANGES TO BE MADE. COPIES OF THE RETURN ARE PROVIDED TO EACH BOARD MEMBER FOR REVIEW AND COMMENT. ONCE ANY CHANGES HAVE BEEN MADE, THE RETURN IS SIGNED AND FILED.

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

THE CONFLICT OF INTEREST POLICY IS PROCESSED ANNUALLY AND IF A CONFLICT ARISES IT IS DISCUSSED AND, IF NECESSARY, BROUGHT TO THE BOARD FOR REVIEW.

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

THE ORGANIZATION'S BOARD EXECUTIVE COMMITTEE DETERMINES THE EXECUTIVE DIRECTOR'S SALARY AND OTHER SALARIES ON AN ANNUAL BASIS BASED ON THE REVIEW OF COMPARATIVE DATA.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE OFFICES OF THE ORGANIZATION.