

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization THE TECH INTERACTIVE D Employer identification number 94-2864660
E Telephone number 408-795-6116
G Gross receipts \$ 22,342,419.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.THETECH.ORG
K Form of organization:
L Year of formation: 1983
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO INSPIRE THE INNOVATOR IN EVERYONE. 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer ROBERT YOUNG, CFO, Date.
Paid: Preparer's name BRIAN YACKER, Preparer's signature BRIAN YACKER, Date 05/13/26, PTIN P00401346.
Preparer Use Only: Firm's name BAKER TILLY ADVISORY GROUP, LP, Firm's EIN 39-0859910, Firm's address 2050 MAIN STREET, SUITE 700, IRVINE, CA 92614, Phone no. 949.222.2999.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE TECH IS A MISSION DRIVEN ORGANIZATION THAT DEVELOPS THE NEXT GENERATION OF PROBLEM-SOLVERS LOCALLY, NATIONALLY AND GLOBALLY, THROUGH THE CREATION AND DISTRIBUTION OF WORLD-CLASS IMMERSIVE STEAM EDUCATION RESOURCES. WE BELIEVE THAT EVERYONE IS BORN AN INNOVATOR WHO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,044,449. including grants of \$ 27,000.) (Revenue \$ 2,398,481.) EXHIBITS, PROGRAMS, & EXPERIENCES THE TECH INTERACTIVE IS A 130,000-FOOT SCIENCE CENTER LOCATED IN DOWNTOWN SAN JOSE, THE HEART OF SILICON VALLEY. IT OFFERS HANDS-ON EXHIBITS, ACTIVITIES, EXPERIMENTAL LABS, AND DESIGN CHALLENGES THAT PROVIDE OPPORTUNITIES TO EXPLORE HOW TECHNOLOGICAL INNOVATION IS CHANGING OUR LIVES AND HELPING US TACKLE BIG CHALLENGES. THE TECH HOSTS AS MANY AS 500,000 PEOPLE A YEAR IN ITS GALLERIES AND PROGRAMS AND HAS APPROXIMATELY 3,500 MEMBER HOUSEHOLDS. 2025 WAS A LANDMARK YEAR FOR THE TECH INTERACTIVE, DEFINED BY BOLD NEW EXHIBITIONS, A DEEPER FOCUS ON ARTIFICIAL INTELLIGENCE (AI), AND A RENEWED COMMITMENT TO INCLUSIVE, HANDS-ON LEARNING EXPERIENCES. THE TECH'S LEARNING EXPERIENCES INCLUDE OVER 100 INTERACTIVE EXHIBITS,

4b (Code:) (Expenses \$ 5,401,190. including grants of \$) (Revenue \$ 448,364.) INSPIRING THE INNOVATOR IN EVERYONE EDUCATION AND ACCESS ARE AT THE HEART OF EVERYTHING WE DO AT THE TECH. OUR EDUCATION-CENTRIC PROGRAMS INCLUDE HIGH-QUALITY PROFESSIONAL DEVELOPMENT FOR TEACHERS, SUBSIDIZED RATES ON SCHOOL FIELD TRIPS FOR STUDENTS FROM UNDERSERVED DISTRICTS, LESSON PLANS AND CLASSROOM RESOURCES, AND A VARIETY OF IN-PERSON AND VIRTUAL EDUCATIONAL PROGRAMING FOR ALL AGES. UTILIZING IN-PERSON AND VIRTUAL EVENTS, IN 2025 WE REACHED OVER 2 MILLION K-12 STUDENTS WORLDWIDE. IN 2025 WE HOSTED OVER 73,000 IN-PERSON FIELD TRIP PARTICIPANTS, OF WHICH, 50% WERE FROM TITLE I SCHOOLS. THE BOWERS EDUCATION INSTITUTE EMPOWERS EDUCATORS IN PARTNERING SCHOOL DISTRICTS TO DESIGN AND LEAD CROSS-CURRICULAR ENGINEERING INSTRUCTION AND TRAINED 40 EDUCATORS IN

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,445,639.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
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) available 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 408-795-6116
201 SOUTH MARKET STREET, SAN JOSE, CA 95113

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-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KATRINA STEVENS PRESIDENT & CEO | 40.00 | | | X | | | 602,922. | 0. | 5,526. | |
| (2) NATALIE TAYLOR VICE PRESIDENT, ENGAGEMENT AND EXP | 40.00 | | | | X | | 193,130. | 0. | 0. | |
| (3) ERICA BARRUTO CHIEF OF STAFF, VP OF EXHIBITS | 40.00 | | | | X | | 186,647. | 0. | 0. | |
| (4) SEAN WASHINGTON HEAD OF PEOPLE, CULTURE, & COMM | 40.00 | | | | X | | 172,649. | 0. | 2,102. | |
| (5) DAN RUTH SENIOR DIRECTOR OF IT | 40.00 | | | | | X | 169,145. | 0. | 3,183. | |
| (6) DORIS BELL VICE PRESIDENT, OPERATIONS | 40.00 | | | | X | | 167,610. | 0. | 3,183. | |
| (7) BRANDON LEWKE CONTROLLER (UNTIL 03/2025) | 40.00 | | | | | X | 138,992. | 0. | 3,338. | |
| (8) ADRIAN BROOKS IT MANAGER | 40.00 | | | | | X | 135,041. | 0. | 3,183. | |
| (9) KRISTA THOMAS SENIOR DIRECTOR OF BRAND MARKETING | 40.00 | | | | | X | 131,919. | 0. | 3,183. | |
| (10) LOLITA ACAY SALES AND SPECIAL EVENTS DIRECTOR | 40.00 | | | | | X | 132,067. | 0. | 0. | |
| (11) ROBERT YOUNG CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | 126,834. | 0. | 3,183. | |
| (12) MATTHEW SAPP BOARD CHAIR | 4.00 | X | | X | | | 0. | 0. | 0. | |
| (13) PAT MCGOVERN BOARD VICE CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (14) SEAN WHITE CAMPAIGN CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (15) GLORIA CHEN BOARD SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (16) COURTNEY BLUM DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) GREG BROWN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JUAN CRUZ DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) JAMES C. DEICHEN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) CHRISTOPHER S. DIGIORGIO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) SABRINA FARMER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) AYMERIC GISSELBRECHT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) SHIKOH GITAU DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) RAQUEL GONZALEZ DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) BILL HEIL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) JOHN HEINLEIN, PH.D. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,156,956. | 0. | 26,881. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,156,956. | 0. | 26,881. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| COMMUNITY COUNSELING SERVICE CO LLC, 527 MADISON AVE FIFTH FLOOR, NEW YORK, NY | EMPLOYEE EAP | 275,922. |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 373,355. | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2,661,014. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 6,864,793. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 588,420. | | | | |
| | h Total. Add lines 1a-1f | | 9,899,162. | | | | |
| Program Service Revenue | 2 a ADMISSION AND FEES | Business Code | | | | | |
| | | 611710 | 2,088,538. | 2,088,538. | | | |
| | b IMAX (EDUCATION) | 900099 | 309,943. | 309,943. | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 2,398,481. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 466,498. | | 1,249. | 465,249. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 973,929. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | 461,864. | | | | |
| | c Rental income or (loss) | 6c | 512,065. | | | | |
| | d Net rental income or (loss) | | 512,065. | | | 512,065. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 7,668,994. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 7,674,829. | | | | |
| | c Gain or (loss) | 7c | -5,835. | | | | |
| | d Net gain or (loss) | | -5,835. | | | -5,835. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| 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 allowances | 10a | 601,263. | | | | | |
| b Less: cost of goods sold | 10b | 152,899. | | | | | |
| c Net income or (loss) from sales of inventory | | 448,364. | 448,364. | | | | |
| Miscellaneous Revenue | 11 a IMAX (HOLLYWOOD) | Business Code | | | | | |
| | | 900099 | 287,986. | | 287,986. | | |
| | b SERVICE FEES | 900099 | 46,106. | | | 46,106. | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 334,092. | | | | | |
| 12 Total revenue. See instructions | | 14,052,827. | 2,846,845. | 289,235. | 1,017,585. | | |

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 X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 12,000. | 12,000. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 15,000. | 15,000. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,535,165. | 498,735. | 828,089. | 208,341. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 8,055,618. | 7,377,776. | | 677,842. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 722,420. | 479,399. | 146,600. | 96,421. |
| 10 Payroll taxes | 680,042. | 569,929. | 29,680. | 80,433. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 318,367. | | 318,367. | |
| c Accounting | 217,613. | | 217,613. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 48,453. | | 48,453. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 3,388,792. | 2,817,641. | 207,863. | 363,288. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 152,435. | 106,744. | 32,724. | 12,967. |
| 14 Information technology | 308,770. | 241,403. | 40,309. | 27,058. |
| 15 Royalties | 257,770. | 256,795. | | 975. |
| 16 Occupancy | 1,723,237. | 1,379,939. | 240,718. | 102,580. |
| 17 Travel | 211,955. | 169,365. | 29,432. | 13,158. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 57,044. | 45,720. | 7,988. | 3,336. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 895,529. | 873,637. | 5,774. | 16,118. |
| 23 Insurance | 270,487. | 252,208. | 10,133. | 8,146. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a OUTREACH | 672,389. | 35,945. | 49. | 636,395. |
| b THE TECH CHALLENGE | 508,191. | 289,690. | 14,315. | 204,186. |
| c MATERIALS AND SUPPLIES | 501,476. | 501,476. | | |
| d EQUIPMENT RENTAL | 469,449. | 380,419. | 89. | 88,941. |
| e All other expenses | 287,223. | 141,818. | 122,168. | 23,237. |
| 25 Total functional expenses. Add lines 1 through 24e | 21,309,425. | 16,445,639. | 2,300,364. | 2,563,422. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 2,685,522. | 1 | 443,831. |
| | 2 Savings and temporary cash investments | 560,197. | 2 | 150,004. |
| | 3 Pledges and grants receivable, net | 9,010,566. | 3 | 2,067,011. |
| | 4 Accounts receivable, net | 21,189. | 4 | 9,142. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 69,482. | 9 | 73,000. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 42,482,052. | | |
| | b Less: accumulated depreciation | 10b 35,868,247. | 7,008,751. | 10c 6,613,805. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 29,741,896. | 12 | 35,161,547. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 42,519,214. | 15 | 41,630,364. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 91,616,817. | 16 | 86,148,704. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,394,173. | 17 | 1,643,581. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 274,865. | 19 | 223,361. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,778,956. | 25 | 1,320,812. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,447,994. | 26 | 3,187,754. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 8,611,063. | 27 | 5,625,260. |
| | 28 Net assets with donor restrictions | 79,557,760. | 28 | 77,335,690. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 88,168,823. | 32 | 82,960,950. |
| 33 Total liabilities and net assets/fund balances | 91,616,817. | 33 | 86,148,704. | |

Part 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 | 14,052,827. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 21,309,425. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -7,256,598. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 88,168,823. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,467,419. |
| 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 | -418,694. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 82,960,950. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** 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?
- 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

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form 990 (2024)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,385,140. | 15,385,115. | 10,710,875. | 24,622,229. | 9,889,162. | 69,992,521. |
| 2 Tax revenues levied for the organization'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 ... | 1,024,683. | 1,015,200. | 1,005,480. | 995,518. | 985,305. | 5,026,186. |
| 4 Total. Add lines 1 through 3 | 10,409,823. | 16,400,315. | 11,716,355. | 25,617,747. | 10,874,467. | 75,018,707. |
| 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) | | | | | | 13,347,391. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 61,671,316. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 10,409,823. | 16,400,315. | 11,716,355. | 25,617,747. | 10,874,467. | 75,018,707. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 60,357. | 357,044. | 814,867. | 876,916. | 1,439,178. | 3,548,362. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 17,034. | 41,693. | 105,489. | 204,785. | 46,106. | 415,107. |
| 11 Total support. Add lines 7 through 10 | | | | | | 78,982,176. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 10,050,873. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 78.08 | % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 87.46 | % |
| 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 | | | <input checked="" type="checkbox"/> |
| 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 and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 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 test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 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 purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 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 organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section 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 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to under distributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

Schedule A (Form 990) 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.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2020 AMOUNT: \$ 17,034.
 2021 AMOUNT: \$ 41,693.
 2022 AMOUNT: \$ 2,104.
 2023 AMOUNT: \$ 14,583.

SERVICE FEES

2022 AMOUNT: \$ 64,751.
 2023 AMOUNT: \$ 40,732.
 2024 AMOUNT: \$ 46,106.

REFUND

2022 AMOUNT: \$ 38,634.
 2023 AMOUNT: \$ 149,470.

**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

THE TECH INTERACTIVE

Employer identification number

94-2864660

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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).

| | |
|---|---|
| Name of organization THE TECH INTERACTIVE | Employer identification number 94-2864660 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | <hr/> <hr/> <hr/> | \$ 4,500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 1,696,770. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 1,167,385. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 615,995. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 538,684. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 310,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization THE TECH INTERACTIVE | Employer identification number 94-2864660 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 305,894. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 300,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 281,866. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 225,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization THE TECH INTERACTIVE | Employer identification number 94-2864660 |
|---|---|

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 |
|------------------------------|--|---|----------------------|
| 4 | SECURITIES _____ _____ _____ | \$ 515,995. | 06/30/25 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization THE TECH INTERACTIVE | Employer identification number 94-2864660 |
|---|---|

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 Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, 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

THE TECH INTERACTIVE

Employer identification number

94-2864660

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 24,846,299. | 23,742,386. | 23,938,350. | 27,300,679. | 21,494,321. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 2,365,760. | 2,514,659. | 1,112,927. | -1,705,854. | 6,583,345. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,796,443. | 1,410,746. | 1,308,891. | 1,656,475. | 776,987. |
| f Administrative expenses | 47,084. | | | | |
| g End of year balance | 25,368,532. | 24,846,299. | 23,742,386. | 23,938,350. | 27,300,679. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 65.8900 %
 - c Term endowment 34.1100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 13,651,295. | 13,191,957. | 459,338. |
| d Equipment | | 8,264,560. | 8,146,938. | 117,622. |
| e Other | | 20,566,197. | 14,529,352. | 6,036,845. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 6,613,805. |

Part VII Investments - Other Securities

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) US TREASURY NOTES | 3,803,737. | END-OF-YEAR MARKET VALUE |
| (B) MONEY MARKET FUNDS | 13,242,922. | END-OF-YEAR MARKET VALUE |
| (C) FIXED INCOME FUNDS | 264,706. | END-OF-YEAR MARKET VALUE |
| (D) VENTURE CAPITAL FUNDS | 5,099,446. | END-OF-YEAR MARKET VALUE |
| (E) EQUITY FUNDS | 12,750,736. | END-OF-YEAR MARKET VALUE |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 35,161,547. | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) CITY OF SAN JOSE LEASE | 40,397,508. |
| (2) LIQUOR LICENSE | 20,000. |
| (3) OPERATING LEASE RIGHT OF USE ASSETS | 1,212,856. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 41,630,364. |

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITIES | 1,320,812. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 1,320,812. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 18,255,177. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 2,467,419. |
| b | Donated services and use of facilities | 2b | 1,168,621. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 3,636,040. |
| 3 | Subtract line 2e from line 1 | 3 | 14,619,137. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 48,453. |
| b | Other (Describe in Part XIII.) | 4b | -614,763. |
| c | Add lines 4a and 4b | 4c | -566,310. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 14,052,827. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 23,463,050. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 1,168,621. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,033,457. |
| e | Add lines 2a through 2d | 2e | 2,202,078. |
| 3 | Subtract line 2e from line 1 | 3 | 21,260,972. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 48,453. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 48,453. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 21,309,425. |

Part XIII Supplemental Information

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

PART V, LINE 4:

THE INTENDED USE OF THE TECH'S ENDOWMENT FUNDS IS TO PROVIDE A DEPENDABLE AND GROWING SOURCE OF FUNDING FOR THE SUPPORT OF OPERATIONS, SPECIAL PROGRAMS, AND CAPITAL IMPROVEMENTS OF THE TECH.

PART X, LINE 2:

THE TECH HAS BEEN DETERMINED TO BE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AND FROM CALIFORNIA INCOME TAXES UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE.

THE TECH APPLIES THE PROVISIONS SET FORTH IN FASB ASC TOPIC 740, INCOME TAXES, TO ACCOUNT FOR THE UNCERTAINTY IN INCOME TAXES. THE TECH HAS ASSESSED ALL INCOME TAX POSITIONS TAKEN WHERE THE STATUTE OF LIMITATIONS REMAINS OPEN. THE TECH BELIEVES ITS TAX FILING POSITIONS WILL BE SUSTAINED UPON TAX EXAMINATION; THEREFORE, NO LIABILITY FOR UNCERTAIN INCOME TAX POSITIONS HAS BEEN RECORDED AT JUNE 30, 2025 AND 2024. THE TECH DOES NOT ANTICIPATE ANY SIGNIFICANT INCREASES OR DECREASES TO UNCERTAIN INCOME TAX POSITIONS DURING THE NEXT TWELVE MONTHS.

ALTHOUGH AN ORGANIZATION IS RECOGNIZED AS TAX EXEMPT, IT IS STILL LIABLE FOR TAX ON ITS UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE TECH BELIEVES IT DOES NOT HAVE UBTI THAT WOULD RESULT IN AN INCOME TAX LIABILITY AT JUNE 30, 2025 AND 2024.

**SCHEDULE F
(Form 990)**

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

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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 THE TECH INTERACTIVE | Employer identification number 94-2864660 |
|--|--|

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| SUB-SAHARAN AFRICA | 0 | 2 | GRANTS | | 15,000. |
| SUB-SAHARAN AFRICA | 0 | 2 | PROGRAM SERVICES | TECH CHALLENGE PROGRAM | 73,765. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 4 | | | 88,765. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 4 | | | 88,765. |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE TECH HIRES A REPUTABLE INDEPENDENT CONTRACTOR TO MANAGE THE PROGRAM
OFFERINGS IN KENYA. THE TECH STAFF TRAVEL TO KENYA DURING THE PROGRAM
SEASON TO MONITOR PROGRESS AND MEET WITH THE CONTRACTOR.

Lined area for supplemental information.

**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**

Name of the organization

THE TECH INTERACTIVE

Employer identification number

94-2864660

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 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 |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| SCHOLARSHIPS | 6 | 12,000. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

STUDENT VOLUNTEERS AT THE TECH APPLY AND THE AWARD IS PAID DIRECTLY TO THE RECIPIENTS ACCREDITED FOUR-YEAR COLLEGE OR UNIVERSITY TO COVER EDUCATIONAL EXPENSES (TUITION, ROOM AND BOARD, BOOKS AND FEES).

**SCHEDULE J
(Form 990)**

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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 THE TECH INTERACTIVE | Employer identification number 94-2864660 |
|---|---|

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

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

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) KATRINA STEVENS PRESIDENT & CEO | (i) | 550,422. | 0. | 52,500. | 0. | 5,526. | 608,448. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) NATALIE TAYLOR VICE PRESIDENT, ENGAGEMENT AND EXP | (i) | 193,130. | 0. | 0. | 0. | 0. | 193,130. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) ERICA BARRUTO CHIEF OF STAFF, VP OF EXHIBITS | (i) | 163,647. | 0. | 23,000. | 0. | 0. | 186,647. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) SEAN WASHINGTON HEAD OF PEOPLE, CULTURE, & COMM | (i) | 170,899. | 0. | 1,750. | 0. | 2,102. | 174,751. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) DAN RUTH SENIOR DIRECTOR OF IT | (i) | 138,645. | 0. | 30,500. | 0. | 3,183. | 172,328. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) DORIS BELL VICE PRESIDENT, OPERATIONS | (i) | 152,010. | 0. | 15,600. | 0. | 3,183. | 170,793. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE TECH INTERACTIVE

Employer identification number

94-2864660

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 9 | 578,291. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 3 | 7,485. | FMV |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (AWARD PLACARDS) | X | 1 | 1,544. | FMV |
| 26 Other (EXHIBIT FLOORS) | X | 1 | 1,100. | FMV |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

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

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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

Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS.

Lined area for supplemental information input.

**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

THE TECH INTERACTIVE

Employer identification number

94-2864660

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CAN CHANGE THE WORLD FOR THE BETTER. THE TECH IS DEDICATED TO
EMPOWERING MARGINALIZED COMMUNITIES TO THRIVE AND CREATE MEANINGFUL
CHANGE FOR EVERYONE. THIS COMMITMENT RESONATES DEEPLY WITH OUR CORE
VALUES AND UNWAVERING DEDICATION TO PROMOTING STEM INCLUSION FOR ALL.
THROUGH FOSTERING A CULTURE OF INCLUSIVITY, BOTH WITHIN OUR
ORGANIZATION AND BEYOND, WE AIM TO DISMANTLE BARRIERS AND FORGE STRONG
CONNECTIONS ACROSS DIVERSE COMMUNITIES.

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

HANDS-ON SCIENCE LABS, ROTATING WEEKEND ACTIVITIES AND DAILY
EDUCATIONAL IMAX FILMS. IN 2025 WE OPENED TWO NEW GALLERIES: AI
SANDBOX, FEATURING DREAM GARDEN, AN AI-POWERED IMMERSIVE ROOM, AND
PIXEL PLAYGROUND WHERE VISITORS OF ALL AGES CAN EXPLORE EMERGING
TECHNOLOGIES HANDS-ON.

SINCE 1988, THE TECH CHALLENGE HAS BEEN OUR SIGNATURE TEAM ENGINEERING
DESIGN COMPETITION INSPIRING OVER 40,000 STUDENTS IN GRADES 4-12 TO
DESIGN AND BUILD DEVICES THAT SOLVE REAL-WORLD PROBLEMS. IN 2025, MORE
THAN 8,500 STUDENTS PARTICIPATED IN THE PROGRAM. THE TECH CHALLENGE HAS
CONNECTED WITH VARIOUS ETHNIC AND SOCIOECONOMIC COMMUNITIES TO
INTRODUCE STUDENTS NOT ONLY TO SCIENCE, TECHNOLOGY, ENGINEERING, AND
MATHEMATICS (STEM) CONCEPTS, BUT ALSO TO THE THRILL OF HANDS-ON
LEARNING AND REAL-WORLD DESIGN.

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

2025. THROUGH THE MUSEUMS FOR ALL PROGRAM, OVER 14,000 VISITORS WERE
ABLE TO VISIT THE TECH INTERACTIVE AT A DISCOUNTED RATE OF JUST \$5 PER
PERSON.

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

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FILING OF THE RETURNS. ALL
BOARD MEMBERS ARE SENT A FINAL DRAFT OF THE RETURNS PRIOR TO FILING.

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

EACH DIRECTOR, EACH CORPORATE OFFICER, THE HIGHEST RANKING OR CHIEF
MANAGEMENT OFFICIAL, THE HIGHEST RANKING OR CHIEF FINANCIAL OFFICER, EACH
KEY EMPLOYEE OF THE TECH, AND OTHERS THAT THE TECH MAY IDENTIFY, IS
REQUIRED TO SIGN A STATEMENT THAT:

- 1) AFFIRMS THE PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST
POLICY, HAS READ AND UNDERSTOOD THE POLICY, AND HAS AGREED TO COMPLY WITH
THE POLICY; AND
- 2) DISCLOSES THE PERSON'S INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF
INTEREST.

ALL SUCH STATEMENTS BY DIRECTORS AND OFFICERS ARE REQUIRED TO BE FILED WITH
THE RECORDS OF THE BOARD OR COMMITTEE; STATEMENTS BY OTHERS SHALL BE
RETAINED IN THEIR PERSONNEL FILES.

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

THE EXECUTIVE COMMITTEE APPROVES COMPENSATION FOR THE CEO AND CFO. THE
ORGANIZATION PERIODICALLY CONDUCTS AND/OR REVIEWS COMPENSATION COMPARISONS.

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

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

| | |
|--|--|
| Name of the organization THE TECH INTERACTIVE | Employer identification number 94-2864660 |
|--|--|

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 323,729. |
| MANAGEMENT AND GENERAL EXPENSES | 34,853. |
| FUNDRAISING EXPENSES | 133,406. |
| TOTAL EXPENSES | 491,988. |

MAINTENANCE SERVICES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 468,790. |
| MANAGEMENT AND GENERAL EXPENSES | 6,391. |
| FUNDRAISING EXPENSES | 14,883. |
| TOTAL EXPENSES | 490,064. |

AV SERVICES:

| | |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES | 1,974. |
| MANAGEMENT AND GENERAL EXPENSES | 213. |
| FUNDRAISING EXPENSES | 813. |
| TOTAL EXPENSES | 3,000. |

CLEANING SERVICES:

| | |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES | 855. |
| MANAGEMENT AND GENERAL EXPENSES | 92. |
| FUNDRAISING EXPENSES | 353. |
| TOTAL EXPENSES | 1,300. |

CONSTRUCTION:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 73,545. |
| MANAGEMENT AND GENERAL EXPENSES | 7,918. |
| FUNDRAISING EXPENSES | 30,307. |
| TOTAL EXPENSES | 111,770. |

COPY EDITING SERVICES:

| | |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES | 1,480. |
| MANAGEMENT AND GENERAL EXPENSES | 159. |
| FUNDRAISING EXPENSES | 610. |
| TOTAL EXPENSES | 2,249. |

DIGITAL CONTENT CREATION:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 169,304. |
| MANAGEMENT AND GENERAL EXPENSES | 18,227. |
| FUNDRAISING EXPENSES | 69,769. |
| TOTAL EXPENSES | 257,300. |

ELECTRICIAN:

| | |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES | 4,453. |
| MANAGEMENT AND GENERAL EXPENSES | 479. |
| FUNDRAISING EXPENSES | 1,835. |
| TOTAL EXPENSES | 6,767. |

EXHIBIT RESEARCH AND BUILD:

| | |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES | 5,264. |
| MANAGEMENT AND GENERAL EXPENSES | 567. |
| FUNDRAISING EXPENSES | 2,169. |

| | | | |
|---|----------------------|--------------------------------|------------|
| Name of the organization | THE TECH INTERACTIVE | Employer identification number | 94-2864660 |
| TOTAL EXPENSES | | 8,000. | |
| NIGHT JANITORIAL SERVICE: | | | |
| PROGRAM SERVICE EXPENSES | | 1,882. | |
| MANAGEMENT AND GENERAL EXPENSES | | 203. | |
| FUNDRAISING EXPENSES | | 776. | |
| TOTAL EXPENSES | | 2,861. | |
| PALEONTOLOGIST CONSULTING FOR EXHIBIT: | | | |
| PROGRAM SERVICE EXPENSES | | 401. | |
| MANAGEMENT AND GENERAL EXPENSES | | 43. | |
| FUNDRAISING EXPENSES | | 165. | |
| TOTAL EXPENSES | | 609. | |
| PHOTOGRAPHY: | | | |
| PROGRAM SERVICE EXPENSES | | 263. | |
| MANAGEMENT AND GENERAL EXPENSES | | 28. | |
| FUNDRAISING EXPENSES | | 108. | |
| TOTAL EXPENSES | | 399. | |
| PROGRAM SURVEY AND RESEARCH: | | | |
| PROGRAM SERVICE EXPENSES | | 9,870. | |
| MANAGEMENT AND GENERAL EXPENSES | | 1,063. | |
| FUNDRAISING EXPENSES | | 4,067. | |
| TOTAL EXPENSES | | 15,000. | |
| PROGRAM WORKSHOP FACILITATION: | | | |
| PROGRAM SERVICE EXPENSES | | 6,461. | |
| MANAGEMENT AND GENERAL EXPENSES | | 696. | |
| FUNDRAISING EXPENSES | | 2,663. | |
| TOTAL EXPENSES | | 9,820. | |
| RECYCLING SERVICES: | | | |
| PROGRAM SERVICE EXPENSES | | 395. | |
| MANAGEMENT AND GENERAL EXPENSES | | 43. | |
| FUNDRAISING EXPENSES | | 163. | |
| TOTAL EXPENSES | | 601. | |
| SECURITY SYSTEM: | | | |
| PROGRAM SERVICE EXPENSES | | 113. | |
| MANAGEMENT AND GENERAL EXPENSES | | 12. | |
| FUNDRAISING EXPENSES | | 47. | |
| TOTAL EXPENSES | | 172. | |
| SPANISH TRANSLATION: | | | |
| PROGRAM SERVICE EXPENSES | | 388. | |
| MANAGEMENT AND GENERAL EXPENSES | | 42. | |
| FUNDRAISING EXPENSES | | 160. | |
| TOTAL EXPENSES | | 590. | |
| TEACHER TRAINING CONTENT DEVELOPMENT & DELIVERY: | | | |
| PROGRAM SERVICE EXPENSES | | 29,836. | |
| MANAGEMENT AND GENERAL EXPENSES | | 3,212. | |
| FUNDRAISING EXPENSES | | 12,295. | |
| TOTAL EXPENSES | | 45,343. | |

| | | | |
|---|----------------------|--------------------------------|------------|
| Name of the organization | THE TECH INTERACTIVE | Employer identification number | 94-2864660 |
| TRANSLATION: | | | |
| PROGRAM SERVICE EXPENSES | | 16,666. | |
| MANAGEMENT AND GENERAL EXPENSES | | 1,794. | |
| FUNDRAISING EXPENSES | | 6,868. | |
| TOTAL EXPENSES | | 25,328. | |
| JANITORIAL SERVICES: | | | |
| PROGRAM SERVICE EXPENSES | | 422,470. | |
| MANAGEMENT AND GENERAL EXPENSES | | 5,759. | |
| FUNDRAISING EXPENSES | | 13,412. | |
| TOTAL EXPENSES | | 441,641. | |
| SECURITY SERVICES: | | | |
| PROGRAM SERVICE EXPENSES | | 511,224. | |
| MANAGEMENT AND GENERAL EXPENSES | | 6,969. | |
| FUNDRAISING EXPENSES | | 16,230. | |
| TOTAL EXPENSES | | 534,423. | |
| EDUCATION DESIGN CONSULTANT: | | | |
| PROGRAM SERVICE EXPENSES | | 10,905. | |
| MANAGEMENT AND GENERAL EXPENSES | | 149. | |
| FUNDRAISING EXPENSES | | 346. | |
| TOTAL EXPENSES | | 11,400. | |
| EXHIBIT CONSTRUCTION: | | | |
| PROGRAM SERVICE EXPENSES | | 47,527. | |
| MANAGEMENT AND GENERAL EXPENSES | | 648. | |
| FUNDRAISING EXPENSES | | 1,509. | |
| TOTAL EXPENSES | | 49,684. | |
| EXHIBIT CONSULTING: | | | |
| PROGRAM SERVICE EXPENSES | | 765. | |
| MANAGEMENT AND GENERAL EXPENSES | | 10. | |
| FUNDRAISING EXPENSES | | 24. | |
| TOTAL EXPENSES | | 799. | |
| EXHIBIT TRANSLATION: | | | |
| PROGRAM SERVICE EXPENSES | | 10,503. | |
| MANAGEMENT AND GENERAL EXPENSES | | 143. | |
| FUNDRAISING EXPENSES | | 333. | |
| TOTAL EXPENSES | | 10,979. | |
| GENERAL ORGANIZATION CONSULTING: | | | |
| PROGRAM SERVICE EXPENSES | | 2,774. | |
| MANAGEMENT AND GENERAL EXPENSES | | 38. | |
| FUNDRAISING EXPENSES | | 88. | |
| TOTAL EXPENSES | | 2,900. | |
| TEMP EMPLOYEE AGENCY: | | | |
| PROGRAM SERVICE EXPENSES | | 21,431. | |
| MANAGEMENT AND GENERAL EXPENSES | | 292. | |
| FUNDRAISING EXPENSES | | 680. | |
| TOTAL EXPENSES | | 22,403. | |
| EDUCATION CONSULTANT: | | | |
| PROGRAM SERVICE EXPENSES | | 56,505. | |

| | |
|--|--|
| Name of the organization THE TECH INTERACTIVE | Employer identification number 94-2864660 |
|--|--|

| | |
|---------------------------------|---------|
| MANAGEMENT AND GENERAL EXPENSES | 9,872. |
| FUNDRAISING EXPENSES | 4,123. |
| TOTAL EXPENSES | 70,500. |

EMPLOYEE TRAININGS:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 65,802. |
| MANAGEMENT AND GENERAL EXPENSES | 11,496. |
| FUNDRAISING EXPENSES | 4,802. |
| TOTAL EXPENSES | 82,100. |

HR RELATED CONSULTING:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 161,012. |
| MANAGEMENT AND GENERAL EXPENSES | 28,131. |
| FUNDRAISING EXPENSES | 11,749. |
| TOTAL EXPENSES | 200,892. |

MARKETING ANALYTICS CONSULTANT:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 12,022. |
| MANAGEMENT AND GENERAL EXPENSES | 2,100. |
| FUNDRAISING EXPENSES | 877. |
| TOTAL EXPENSES | 14,999. |

NGO LEGAL & OPERATIONS SUPPORT:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 28,641. |
| MANAGEMENT AND GENERAL EXPENSES | 5,004. |
| FUNDRAISING EXPENSES | 2,090. |
| TOTAL EXPENSES | 35,735. |

RESEARCH CONSULTANT:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 117,156. |
| MANAGEMENT AND GENERAL EXPENSES | 20,469. |
| FUNDRAISING EXPENSES | 8,549. |
| TOTAL EXPENSES | 146,174. |

STRATEGY CONSULTANT:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 21,981. |
| MANAGEMENT AND GENERAL EXPENSES | 3,840. |
| FUNDRAISING EXPENSES | 1,604. |
| TOTAL EXPENSES | 27,425. |

OTHER PROFESSIONAL FEES:

| | |
|--|------------|
| PROGRAM SERVICE EXPENSES | 211,254. |
| MANAGEMENT AND GENERAL EXPENSES | 36,908. |
| FUNDRAISING EXPENSES | 15,415. |
| TOTAL EXPENSES | 263,577. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 3,388,792. |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|--|-----------|
| BENEFICIAL INTEREST IN USE OF FACILITIES | -418,694. |
|--|-----------|

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

| | |
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| Name of the organization <p align="center">THE TECH INTERACTIVE</p> | Employer identification number <p align="center">94-2864660</p> |
|--|--|

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| THE TECH INTERACTIVE KENYA (NGO-K9FEPV) PO BOX 1546 NAKURU, KENYA 20100 | THE TECH CHALLENGE KENYA PROGRAM | KENYA | 501(C)(3) | | THE TECH INTERACTIVE | | X |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

