

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning **09-01**, 2021, and ending **08-31**, 2022

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AUSTIN SCIENCE EDUCATION FOUNDATION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>704 WEST GIBSON ST</b> City or town, state or province, country, and ZIP or foreign postal code <b>AUSTIN, TX 78704</b>	<b>D</b> Employer identification number <b>46-3571765</b> <b>E</b> Telephone number <b>(512) 994-4783</b> <b>F</b> Group Exemption Number ▶
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ [HTTP://WWW.AUSTINSCIENCE.ORG](http://WWW.AUSTINSCIENCE.ORG)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **177,830**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	163,850
	<b>2</b>	Program service revenue including government fees and contracts. . . . .	<b>2</b>	13,530
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b>	Investment income . . . . .	<b>4</b>	450
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events:		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>		
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	177,830	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O). . . . .	<b>10</b>	8,000
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	39,400
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	15,375
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b>	Other expenses (describe in Schedule O). . . . .	<b>16</b>	37,221
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	99,996	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	77,834
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	132,884
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O). . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20. . . . . ▶	<b>21</b>	210,718

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	182,293	225,081
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	14,493	29,851
25 Total assets	196,786	254,932
26 Total liabilities (describe in Schedule O)	63,902	44,214
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	132,884	210,718

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O - PRIMARY EXEMPT PURPOSE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 LOGISTICAL AND PROGRAM SUPPORT FOR THE AUSTIN ENERGY REGIONAL SCIENCE FESTIVAL	28a	72,509
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
29 SCHOLARSHIP GRANTS	29a	8,000
(Grants \$ 8,000 ) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)	31a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
32 Total program service expenses (add lines 28a through 31a)	32	80,509

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RONALD DITTMAR TREASURER	2.00	0	0	0
BARBARA TENBRINK MEMBER AT LARGE	2.00	0	0	0
SUEANN DECUIR MEMBER AT LARGE	2.00	0	0	0
RICHARD S HOWARD PRESIDENT	2.00	0	0	0
PAUL STRANGE VICE PRESIDENT	2.00	0	0	0
INGRID WEIGAND EXECUTIVE DIRECTOR	25.00	STMA06 0	0	0
JONATHAN LUDEN SECRETARY	2.00	0	0	0
VIC RAMIREZ VICE PRESIDENT	2.00	0	0	0
ASKIA LITTLE MEMBER AT LARGE	2.00	0	0	0
TAMMY COOPER MEMBER AT LARGE	2.00	0	0	0
NINA GOLDER DIRECTOR	2.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
47		X
48		X
49a		X
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. . . . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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**

▶ **RONALD DITTMAR**  
Signature of officer

▶ **RONALD DITTMAR, TREASURER**  
Type or print name and title

Date

**Paid Preparer Use Only**

Print/Type preparer's name <b>Ronald Dittmar</b>	Preparer's signature <b>Ronald Dittmar</b>	Date <b>01-19-2023</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>XXXXXXXXXX</b>
Firm's name ▶ <b>Ronald Dittmar CPA</b>	Firm's EIN ▶			
Firm's address ▶ <b>904 Ebony St Austin TX 78704</b>	Phone no. <b>512-442-8120</b>			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

<b>Name of the organization</b> AUSTIN SCIENCE EDUCATION FOUNDATION	<b>Employer identification number</b> 46-3571765
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	141,998	123,025	146,570	163,244	160,850	735,687
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	49,095	46,385	47,640	12,300	13,530	168,950
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	191,093	169,410	194,210	175,544	174,380	904,637
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						904,637

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .	191,093	169,410	194,210	175,544	174,380	904,637
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	275	567	348	130	450	1,770
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	275	567	348	130	450	1,770
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	191,368	169,977	194,558	175,674	174,830	906,407
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.80 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.85 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00 %
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00 %

- 19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 . . ▶

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (AUSTIN SCIENCE EDUCATION FOUNDATION) and Employer identification number (46-3571765)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

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

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

General Rule

- [X] 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...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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 <b>AUSTIN SCIENCE EDUCATION FOUNDATION</b>	Employer identification number <b>46-3571765</b>
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**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	3M AUSTIN 6801 RIVER PLACE BLVD BLD 130-5N-07 AUSTIN TX 78726	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SYNOPSYS INC 700 EAST MIDDLEFIELD RD MOUNTAIN VIEW CA 94043	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THERMO FISHER SCIENTIFIC 2130 WOODWARD STREET AUSTIN TX 78744	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TYREX GROUP/DLI 12317 TECHNOLOGY BLVD STE 100 AUSTIN TX 78727	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BROADCOM FOUNDATION 4041 MACARTHUR BLVD, STE 510 NEWPORT BEACH CA 92660	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CIRRUS LOGIC 800 W 6TH ST AUSTIN TX 78701	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

AUSTIN SCIENCE EDUCATION FOUNDATION

Employer identification number

46-3571765

**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	GOOGLE 500 W 2ND ST AUSTIN TX 78701	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DELL INC 319 E PARMER LN AUSTIN TX 78753	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SAMSUNG 12100 SAMSUNG BLVD AUSTIN TX 78754	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DUKE ENERGY RENEWABLES 550 SOUTH TRYON ST CHARLOTTE NC 28202	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	INNOVATION WORKSPACES 1205 BMC DRIVE CEDAR PARK TX 78613	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MONTGOMERY FAMILY FUND 302 DUCKHORN PASS AUSTIN TX 78738	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AUSTIN SCIENCE EDUCATION FOUNDATION</b>	Employer identification number <b>46-3571765</b>
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**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
13	CITY OF AUSTIN WATERSHED PROTECTION  505 BARTON SPRINGS RD  AUSTIN TX 78704	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization  
**AUSTIN SCIENCE EDUCATION FOUNDATION**

Employer identification number  
**46-3571765**

**01. General explanation attachment**

PRIMARY EXEMPT PURPOSE

THE AUSTIN SCIENCE EDUCATION FOUNDATION PROMOTES STUDENTS' KNOWLEDGE OF SCIENCE,  
TECHNOLOGY, ENGINEERING AND MATH BY ENABLING PARTICIPATION IN THE AUSTIN ENERGY REGIONAL  
SCIENCE FAIR, AND SUPPORTING SELECTED STUDENTS ADVANCEMENT TO THE TEXAS AND INTERNATIONAL  
SCIENCE AND ENGINEERING FAIRS

**02. List of grants and similar amounts paid (Part I, line 10)**

ACTIVITY	SCHOLARSHIP GRANTS - LESS THAN \$5000
GRANTEE	VARIOUS
RELATIONSHIP	AE SCIENCE FAIR SCHOLARSHIP WINNERS
AMOUNT	8,000

**03. Description of other expenses (Part I, line 16)**

DESCRIPTION	AMOUNT
BUSINESS OVERHEAD COSTS	4,843
PAYROLL TAXES	3,014
OTHER EVENT SUPPORT	29,364

**04. Description of other assets (Part II, line 24)**

CATEGORY	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	13,450	29,851
PREPAID EXPENSES	1,043	0

Name of the organization <b>AUSTIN SCIENCE EDUCATION FOUNDATION</b>	Employer identification number <b>46-3571765</b>
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05. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
SCHOLARSHIPS PAYABLE	25,500	16,000
DEFERRED REVENUE	35,000	25,000
PAYROLL TAX PAYABLE	3,402	3,214

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**Federal Supporting Statements**

**2021 PG01**

Name(s) as shown on return

Tax ID Number

AUSTIN SCIENCE EDUCATION FOUNDATION

46-3571765

**FORM 990EZ - PART IV**  
COMPENSATION EXPLANATION

STATEMENT #A06

NAME

INGRID WEIGAND

EXPLANATION

MS WEIGAND COORDINATES AND SUPPORTS ALL ASPECTS OF THE ANNUAL AUSTIN ENERGY REGIONAL SCIENCE FESTIVAL, INCLUDING SPONSORSHIPS, SCHOOL REGISTRATIONS, AND LOGISTICS.

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