(Rev. January 2020)

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Α	For the	ne 2019 calendar year, or tax year beginning $7/01$ , 2019, and ending	6/	30	,	2020	
В	Check	f applicable: C		D Employ	er identif	fication number	
	Ad	Idress change POWAY CENTER FOR THE PERFORMING ARTS		33-	03666	500	
		mme change FOUNDATION		E Telepho			
		15498 ESPOLA ROAD		959	-669-	-4799	
	$\vdash$	IPOWAY, CA 92064		030	000	4133	
		al return/terminated		•	٠. ٠	756	252
	$\mathbf{H}$	nended return	V-V la thia	G Gross retur			<u>, 352.</u>
	Ap	prication periangle trains and admits a printing training to MILHAP.L. RP.NNIP.	` '				X No
		SAME AS C ABOVE	If "No,	subordinates attach a list	(see ins	? Language Yes Yes	No
<u> </u>		exempt status: X 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1) or 527					
J	We	bsite: ► WWW.POWAYONSTAGE.ORG	(c) Group	exemption nu	ımber 🟲		
K		of organization: Corporation Trust X Association Other L Year of formation	198	8 M s	tate of le	gal domicile: CA	L
Pa	ırt I	Summary					
	1	Briefly describe the organization's mission or most significant activities: PRESENTS T			ERFOI	RMANCES A	ND
ø		PROVIDES EDUCATIONAL AND OUTREACH SERVICES TO THE COMMU	J <mark>N</mark> ITY.				
Activities & Governance							
Ĕ							
ŏ		Check this box ► ☐ if the organization discontinued its operations or disposed of mor				sets.	
<u>ح</u>		Number of voting members of the governing body (Part VI, line 1a)			3		14
တ္ဆ		Number of independent voting members of the governing body (Part VI, line 1b)			4		14
≝	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5		8
∌	6	Total number of volunteers (estimate if necessary)			6 7a		24
⋖		Net unrelated business taxable income from Form 990-T, line 39			7a 7b		0.
	D	Net unrelated business taxable income noni Form 990-1, line 39		rior Year	70	Current Y	
	8	Contributions and grants (Part VIII, line 1h)		428,3	E E		
ne	9	Program service revenue (Part VIII, line 2g)		413,9			,017. ,061.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,7			,472.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,7			-627.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		848,3			,923.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		040,0	50.	755	, ,,,,,,,
	14	Benefits paid to or for members (Part IX, column (A), line 4)					
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		209,0	11	211	E 4 0
es				•			<u>,549.</u>
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		36,0	00.	33	<u>,000.</u>
ă.		Total fundraising expenses (Part IX, column (D), line 25) 79,178.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		611,2			,787.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		856,2	28.	754	,336.
	19	Revenue less expenses. Subtract line 18 from line 12		-7,8	92.		-413.
- S			Beginnii	ng of Curren	t Year	End of Ye	ar
sets alan	20	Total assets (Part X, line 16).	1	L,022,4	21.	1,033	,050.
A B	21	Total liabilities (Part X, line 26)		47,2	53.	74	,836.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		975,1	68.	958	,214.
	rt II	Signature Block		,			<u></u>
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e best of m	ny knowledge	and belie	ef, it is true, correct	t, and
com	plete. D	eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sig	ηn	Signature of officer	Da	ate			
He	re	MICHAEL RENNIE	CEO				
		Type or print name and title					
		Print/Type preparer's name Preparer's signature Date		Check	if F	PTIN	
Pa	id	EMIN SHAHBAZIAN, CPA EMIN SHAHBAZIAN, CPA		self-employe	ed ]	P01761638	
	epare						
	Use Only			Firm's EIN	<b>82</b> -	1853384	
		LA CRESCENTA, CA 91214		Phone no.		330-9752	
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes	No

512,572.

**4 e** Total program service expenses

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
	Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Х	
	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2019) POWAY CENTER FOR THE PERFORMING ARTS Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
k	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ł	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Χ
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	7.0
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
RΛΛ	(gambling) winnings to prize winners?	1 c	X gan	(2010)

POWAY CENTER FOR THE PERFORMING ARTS

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	off 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			**
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			3.7
	services provided to the payor?	7 a		Χ
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If 'Yes,' complete Form 4720, Schedule O.	10		

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Q...... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. ..... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in 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?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 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 Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

POWAY CA 92064 858-668-4798

ARLENE LUND 15498 ESPOLA ROAD

## 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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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 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. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (F) Name and title Reportable Reportable Average Estimated amount hours director/trustee) compensation from compensation from of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional Highest compensated (list any employee hours for organizations related organiza tions l trustee helow dotted line) (1) MICHAEL RENNIE 40 PRESIDENT 0 0 X Χ 103,722 8,224. (2) DOUG JOHNSON 2 DIRECTOR 0 Χ 0 0 0. 2 (3) WAYNE HAMBURGER DIRECTOR 0 Χ 0 0 0. (4) BILL CHAFFIN 2 DIRECTOR 0 X 0 0 0. (5) LEAH MCBRIDE 2 **SECRETARY** 0 Χ X 0 0 0. 2 (6) BELINDA ROMERO DIRECTOR 0 X 0 0. 0 2 JJ MINK TREASURER 0 Χ 0. Χ 0. 0. 2 (8) JOSH BERNER DIRECTOR 0 Χ 0 0 0. (9) ELAINE COFRANCESCO 2 0. DIRECTOR 0 Χ 0 0 2 (10) RACHEL MCCARTHY HENNEFORTH DIRECTOR 0 Χ 0 0. 0 2 STEVE DEMATTEO DIRECTOR 0 Χ 0 0 0. (12) WENDY KASERMAN 2 DIRECTOR 0 Χ 0 0. 0 2 (13) JIM TENUTO CHAIRMAN 0 Χ Χ 0 0 0. DAN KRALL 2 VICE CHAIR 0 Χ 0 0 0.

Part VII   Section A. Officers	s, Directors, Tru		Key	Εm	_		es, a	and	d Highest Con	pensated Emp	loyees	<b>(</b> contii	nued)
		(B)			((	•							
(A)		Average hours	(do	not c	heck	more	than	one	(D)	(E)		(F)	
Name and title		per week					or/trus	tee)	Reportable compensation from	Reportable compensation from	Estim	ated amo	ount
		(list any hours	or o	sul	유	Кe	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	nsation t rganizati	from
		for related	Individual or director	iluli	Officer	/ em	nest oloye	mer			an	d related anization	l
		organiza - tions	হ ভ	inal I		Key employee	e e						
		below dotted	ndividual trustee or director	nstitutional trustee		ee	pens						
		line)	0	99			Highest compensated employee						
(15)													
<u>(15)</u>	. – – – – – – –		1										
(16)													
			1										
(17)													
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(18)													
(19)													
					4								
(20)													
(21)							1						
(00)					_								
(22)													
(23)													
	·												
(24)													
			1										
(25)													
1 b Subtotal								•	103,722.	0.		8,2	224.
c Total from continuation shee								-	0.	0.			0.
d Total (add lines 1b and 1c).			 امماره					, a al	103,722.	0.			224.
2 Total number of individuals (included from the organization	uding but not ilmited	to those i	istea	abov	ve) v	MIIO	recei	vea	more than \$100,00	or reportable comp	bensalio	П	
Tom the organization	1											Yes	No
2 Did the agreementing list on the			مناسم		امدم			ارم : ما		Lamamlavaa		163	140
3 Did the organization list any for on line 1a? If 'Yes,' complete	Schedule J for suc	h individu	e, ке ıal				:, OI	nigi 			. 3		Х
4 For any individual listed on lin	ne 1a is the sum of	renortah	le co	mne	nsa	tion	and	oth	er compensation	from			
the organization and related or	organizations greate	er than \$1	50,00	00?	If 'Y	∕es,	com	ıple	te Schedule J for		4		37
such individual											. 4		X
5 Did any person listed on line for services rendered to the o	rganization? If 'Yes	e comper ;,' comple	isatio ete So	n tr chea	om : Iule	any <i>J fo</i>	unre <i>r suc</i>	iate :h p	ed organization or <i>erson</i>	ındıvidual	. 5		Х
Section B. Independent Con	tractors										·		
1 Complete this table for your fi compensation from the organization	ve highest compens	sated indes	epen	dent	toot	ntra	ctors	tha	t received more to	han \$100,000 of	r		
			tile C	alell	uai j	yeai	CHUII	ng v	(B)	Ť		^\	
Name	<b>(A)</b> e and business addi	ress							Description of	of services	Compe	<b>C)</b> :nsatio	n
2 Total number of independent co			ited to	o the	se I	isted	d abo	ve)	who received more	than			
\$100,000 of compensation fro	m the organization	0											

		Check if Schedule O contains a resp	onse or note to any	Ine in this Part V	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	1,000. 206,274. 156,743. 12,462.				
Col	h	Total. Add lines 1a-1f		364,017.			
			Business Code				
Program Service Revenue		TICKET SALES	711190	361,061.	361,061.		
e R	b						
rvic	ч С						
n Se	u e						
grar	f	All other program service revenue					
Pro		Total. Add lines 2a-2f		361,061.			
	3	Investment income (including dividends, ir other similar amounts)	bond proceeds	10,887.			10,887.
	5	Royalties	(ii) Personal				
	b	Gross rents	(II) Personal		4		
	d	Net rental income or (loss)	▶				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  Gain or (loss)		- 0			
		Net gain or (loss)		18,585.			18,585.
Other Revenue		Gross income from fundraising events (not including \$ 1,000. of contributions reported on line 1c). See Part IV, line 18		21,000			
₽	С	Net income or (loss) from fundraising e	events	-2,429.			-2,429.
		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses 91  Net income or (loss) from gaming activ					
			illes				
		Gross sales of inventory, less returns and allowances  Less: cost of goods sold 101					
		Net income or (loss) from sales of inve	ntory				
S.			Business Code				
eo Fe	11 a	CONCESSION	900099	1,552.			1,552.
Miscellaneous Revenue	b	CONCESSION PROGRAM ADS  All other revenue	900099	250.			250.
če ≷e	C ا۔	All other revenue					
MIS		Total. Add lines 11a-11d	<b>&gt;</b>	1 000			
		Total revenue. See instructions		1,802. 753.923.	361.061.	0.	28.845.

### 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 r	<u> </u>		(C)	
Do i 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> 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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	113,732.	56,866.	34,120.	22,746.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	81,490.	50,831.	22,095.	8,564.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	·			,
9	Other employee benefits	608.	383.	165.	60.
10	Payroll taxes	15,719.	8,713.	4,518.	2,488.
	Fees for services (nonemployees):				
	Management				
	Legal				
	: Accounting	32,568.		32,568.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	33,000.		C 455	33,000.
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	6,455.		6,455.	
_	(A) amount, list line 11g expenses on Schedule O.)	42,200.	42,200.		
	Advertising and promotion	81,070.	52,009.	29,061.	
13	Office expenses	12,203.		12,203.	
14	Information technology	2,624.		2,624.	
15	Royalties				
16 17	Occupancy	513.		513.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	313.		313.	
19	Conferences, conventions, and meetings	3,741.		3,741.	
20	Interest				
21	Payments to affiliates			2 2 2 2	
22	Depreciation, depletion, and amortization	2,063.		2,063.	
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	3,041.		3,041.	
а	ARTIST FEES	213,240.	213,240.		
	OPERATING EXPENSES	50,680.	50,680.		
	RIDER EXPENSE	19,320.	19,320.		
	ARTS & EDUCATION	18,330.	18,330.		
	All other expenses	21,739.		9,419.	12,320.
25	Total functional expenses. Add lines 1 through 24e	754,336.	512,572.	162,586.	79,178.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

		Check if Schedule O contains a response or note to	any I	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			69,896.	1	60,786.
	2	Savings and temporary cash investments			296,251.	2	336,998.
	3	Pledges and grants receivable, net			9,000.	3	12,462.
	4	Accounts receivable, net			9,208.	4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic	cer, director, ibutor, or 35%			
				H		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
ts	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			17,438.	9	26,316.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1				
		Less: accumulated depreciation		8,811.	2,955.	10 c	892.
	11	Investments – publicly traded securities			2,355.	11	032.
	12	Investments – other securities. See Part IV, line 11			617,673.	12	595,596.
	13	Investments – program-related. See Part IV, line 11.			011/0101	13	030,030.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	1,022,421.	16	1,033,050.		
	17	Accounts payable and accrued expenses			38,572.	17	12,280.
	18	Grants payable			18	,	
	19 Deferred revenue				8,567.	19	718.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, c utor, or rsons	lirector, trustee, r 35%		22	
⊐	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		114.	25	61,838.
	26	Total liabilities. Add lines 17 through 25			47,253.	26	74,836.
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	, ===		,
ă	27	Net assets without donor restrictions		-	268,077.	27	277,420.
Bal	28	Net assets with donor restrictions		<u> </u>	707,091.	28	680,794.
힏		Organizations that do not follow FASB ASC 958, che			707,031.		000,754.
Net Assets or Fund Balances		and complete lines 29 through 33.					
Ö	29	Capital stock or trust principal, or current funds		<u> </u>		29	
ķ	30	Paid-in or capital surplus, or land, building, or equipm				30	
As	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
et	32	Total net assets or fund balances			975,168.	32	958,214.
Z	33	Total liabilities and net assets/fund balances			1,022,421.	33	1,033,050.

Pa	rt 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)	7.	53,9	923.				
2	Total expenses (must equal Part IX, column (A), line 25)	7.	54,3	36.				
3	Revenue less expenses. Subtract line 2 from line 1		-4	13.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	9	75,1	.68.				
5	Net unrealized gains (losses) on investments			541.				
6	6 Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain on Schedule O)9			0.				
10								
_	column (B))	9.	58,2	214.				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X				
	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>b</b> Were the organization's financial statements audited by an independent accountant?	2 b	Χ					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:    X   Separate basis							
	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?	2 c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х				
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3 b						
2Λ/	TEFA0112L 01/21/20	Form	oon /	2010)				

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number POWAY CENTER FOR THE PERFORMING ARTS FOUNDATION 33-0366600 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.) 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 or 990-EZ).) 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 lines 12a through 12d that describes the <mark>type</mark> of supp<mark>or</mark>ting organization and compl<mark>ete lin</mark>es 12e, 12f, and 12g 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. 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. 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. **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.** 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. Enter the number of supported organizations ..... **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
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					0		
4	Total. Add lines 1 through 3							
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)				25			
6	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total	
7	Amounts from line 4		<b>*</b>					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on	C						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				·			
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc. (see ins	structions)				12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)		
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20	119 (line 6, columi	n (f) divided by lir	ne 11, column (f))			14	%
15	Public support percentage from							%
16a	<b>33-1/3% support test—2019.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the b	ox on line 13, and	d line 14 is 33-1/3	3% or more, cl	heck this box	_ П
b	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a rganization	a, and line 15 is 33	3-1/3% or moi	re, check this box	
1 <b>7</b> a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	<b>e.</b> Explain in	Part VI how	
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	<b>e.</b> Explain in	Part VI how the	П
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	is box and see	e instructions	

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

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

Sec	Section A. Public Support									
Calend	lar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	391,750.	395,288.	383,068.	428,355.	364,015.	1,962,476.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	267,090.	320,913.	335,188.	413,967.	360,413.	1,697,571.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						_			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	867.	2,864.	2,675.	4,360.	2,452.	13,218.			
	The value of services or facilities furnished by a governmental unit to the organization without charge	56,130.	42,498.	36,423.	37,965.	53,316.	226,332.			
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	715,837. 19,327.	761,563. 28,901.	757,354.	884,647.	780,196. 0.	3,899,597. 48,228.			
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.	0.	0.	0.	0.	0.	0.			
c	Add lines 7a and 7b	19,327.	28,901.	0.	0.	0.	48,228.			
	<b>Public support.</b> (Subtract line 7c from line 6.)	13,321	20,301.	0.	0.	0.	3,851,369.			
Sec	tion B. Total Support									
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total			
	Amounts from line 6	715,837.	761,563.	757,354.	884,647.	780,196.	3,899,597.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,082.	13,048.	11,454.	10,938.	10,887.	57,409.			
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				·		0.			
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	11,082. -20,170.	13,048. -18,936.	11,454. -27,083.	10,938. -22,520.	10,887. -2,429.	57,409. -91,138.			
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	20,2:01	20,0000	21,70001	22,020	2, 123	0.			
	Total support. (Add lines 9, 10c, 11, and 12.)	706,749.	755,675.	741,725.	873,065.	788,654.	3,865,868.			
	organization, check this box and	stop here								
	tion C. Computation of Pul									
	Public support percentage for 20		• •				99.62 %			
	Public support percentage from 2					16	99.26 %			
	tion D. Computation of Inv				(6)	1 1	0			
	Investment income percentage for	•		-			1.49 %			
	Investment income percentage framework 33-1/3% support tests—2019. If the support tests—2019 is					l l	1.61 %			
	is not more than 33-1/3%, check	this box and <b>stop</b>	here. The organ	ization qualifies a	as a publicly supp	orted organization	ı ► <u>X</u>			
	<b>33-1/3% support tests—2018.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	nd <b>stop here.</b> The	e organization qu	alifies as a public	ly supported orga	nization <b>&gt;</b>			
20	i iivate iouiluation. Ii the organi.	Lation did 110t CHEC		17, 13a, UI 13D, C	HECK HIIS DOX AND	SEE INSTRUCTIONS.	······ <u>[</u>			

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

	11 0 0		.,	
	·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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</i> 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	المماا	the agreement in a country of the green and of the following mayons 2		Yes	No
		he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			1
1	Did th	and directors, trustees, or membership of one or more supported organizations have the newer to regularly appoint		Yes	No
	or ele Part \ If the direct	le directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported organization(s)			
	that o	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	ion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organ	inzation's governing documents in enection the date of notification, to the extent not previously provided?	•		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
		nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played s regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
a b		the organization is the parent of each of its supported organizations. Complete line 3 below.			
			aatriia	tional	
С		he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	istruc	lions).	
2	Activi	ities T <mark>es</mark> t. <i>Answer (a) and (b) below.</i>		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the order organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> inizations and explain how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
		rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

SCITE	edule A (Form 990 of 990-E2) 2019 POWAY CENTER FOR THE PERFORMING	, AK.	15 33-03	66600 Page <b>6</b>
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> 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	S	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
- 6	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(	: Fair market value of other non-exempt-use assets	1c		
	I 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 1-1/2% 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 .035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

JUI	edule A (101111 990 01 990-LZ) 2019 POWAI CENIER FOR THE PERFORMING ARTS	33-0366600	raye <i>i</i>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con	tinued)	
Sec	ction D — Distributions	Currer	nt Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		

9 Distributable amount for 2019 from Section C, line 6

10 Line 8 amount divided by line 9 amount

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e	4		
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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.) Part VI



#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization POWAY CENTER FOR THE PERFORMING ARTS

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. 0010

Employer identification number

2019

OMB No. 1545-0047

	FOUNDAT		33-0366600
Organiz	ation type (check one)	:	
Filers of	f:	Section:	
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on
Form 99	0-PF	527 political organization	
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		red by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General	Rule		
X		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalione contributor. Complete Parts I and II. See instructions for determining a contribution	
Special	Rules	·· (C) - (O)	
	under sections 509(a)( received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, linute contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that
	during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.	
	during the year, cont \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive the received during the year checked, enter here the total contributions that were received during the year ose. Don't complete any of the parts unless the <b>General Rule</b> applies to this sively religious, charitable, etc., contributions totaling \$5,000 or more during the second described in the second des	tributions totaled more than ir for an exclusively religious, organization because
		sn't covered by the General Rule and/or the Special Rules doesn't file Sched lo' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9	

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

POWAY CENTER FOR THE PERFORMING ARTS FOUNDATION 33-0366600 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... 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?..... No Yes 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 No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 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 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..... 2 a **b** Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a)......... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... 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 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..... 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.....

Part III   Organizations Mainta	ining Collection	is of Art, Histo	rica	Treasures, or C	otner Similar Ass	ets (cc	ntinu	ea)
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>d</b> Loan	or exc	hange program				
<b>b</b> Scholarly research		e Other						
c Preservation for future gener	ations							
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?								
Escrow and Custodia   line 9, or reported an	<b>l Arrangements</b> amount on Forr	<b>s.</b> Complete if t n 990, Part X,	he o	rganization ansv 21.	vered 'Yes' on Fo	rm 990	), Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or c	ther intermediary	for co	ntributions or other	assets not included	Yes	Γ	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and co	mplete the followi	ng tat	ole:			_	
						Amount		
<b>c</b> Beginning balance					. 1 c			
<b>d</b> Additions during the year					. 1 d			
e Distributions during the year					. 1 e			
f Ending balance					. 1f			
2a Did the organization include an a	mount on Form 99	0, Part X, line 21,	for es	scrow or custodial a	count liability?	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check	here if the explar	nation	has been provided	on Part XIII	<del></del>		7
							_	
Part V Endowment Funds. C	omplete if the c	organization <mark>a</mark> n	swer	ed 'Yes' on Form	<u>n</u> 990, Part IV, Iir			
	(a) Current year	(b) Prior year		(c) Two years back	(d) Three years back		our year	
1 a Beginning of year balance	617,673	. 623,8	52.	611,532	571,932.		611,	802.
<b>b</b> Contributions								
<b>c</b> Net investment earnings, gains,								
and losses	11,847	. 26,9	40.	46,028	73,420.		-6,	924.
<b>d</b> Grants or scholarships								
e Other expenditures for facilities	27 466	26.0	0.2	26 462	26 027		27	1/12
and programs	27,466			26,462		_		143.
f Administrative expenses	6,455			7,246				803.
g End of year balance	595,599			623,852			5/1,	932.
2 Provide the estimated percentage			ie Ig,	column (a)) held as	<b>5</b> :			
a Board designated or quasi-endowm		%						
<b>b</b> Permanent endowment ►	%							
c Term endowment	8							
The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.						
3a Are there endowment funds not in t	he possession of the	organization that a	are hel	d and administered for	or the	_		1
organization by:							Yes	No
(i) Unrelated organizations						3a(i)	X	
(ii) Related organizations						3a(ii)		Х
<b>b</b> If 'Yes' on line 3a(ii), are the rela	•	•				. 3b		
4 Describe in Part XIII the intended		ization's endowme	ent fur	nds. SEE PART	XIII			
Part VI Land, Buildings, and								
Complete if the organi	zation answere	d 'Yes' on Forr	n 99	0, Part IV, line 1	1a. See Form 99	0, Part	: X, Iir	ne 10.
Description of property		ost or other basis (investment)	<b>(</b> b)	Cost or other casis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
<b>1 a</b> Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment				9,703.	8,811.			892.
<b>e</b> Other				2,7.00.	0,011.			<u>-</u>
Total. Add lines 1a through 1e. (Colum		orm 990, Part X. o	colum	n (B), line 10c.)	<b></b>			892.
RAA	(2)	, , , , , , , , , , , ,		(-), (-0.)		ule D (Fo	vm 990	

·		0, Part IV, line 11b. See Form 990, Part X, lin	ie iz
(a) Description of security or category (including name of se	**	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	+		
(A) (B)			
(C)			
(D) (E)			
(F) (G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line	<u>12.</u> ) ► 595,596.		
Part VIII Investments — Program Relate		N/A	
Complete if the organization an	swered 'Yes' on Form 99	0, Part IV, line 11c. See Form 990, Part X, Iir	ne 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		_	
(9)			
_(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line  Part IX Other Assets.	(° 13.) ► N/ F		
Part IX Other Assets. Complete if the organization an	swered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, lin	ne 15
		o, i ait iv, iiilo i ia. occ i oiiii 330, i ait 7, iii	
	(a) Description	(b) Book value	
(1)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description	(b) Book valu	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities.	(a) Description	(b) Book valu	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, or Part X Complete if the organization answered "	column (B) line 15.)	(b) Book valu	he
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, of Part X  Other Liabilities. Complete if the organization answered " 1.	(a) Description	(b) Book valu	he
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, or part X Other Liabilities. Complete if the organization answered 1. (1) Federal income taxes	column (B) line 15.)	(b) Book valu	ie e
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, or part X  Complete if the organization answered "  1. (1) Federal income taxes (2) OTHER LIABILITIES	column (B) line 15.)	(b) Book valu	ie 305.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, or part X  Complete if the organization answered ''  1. (1) Federal income taxes (2) OTHER LIABILITIES (3) PPP LOAN	column (B) line 15.)	(b) Book valu	ie 305.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, or part X  Complete if the organization answered "  1. (1) Federal income taxes (2) OTHER LIABILITIES (3) PPP LOAN (4)	column (B) line 15.)	(b) Book valu	ie 305.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, or part X  Complete if the organization answered Total (1) Federal income taxes (2) OTHER LIABILITIES (3) PPP LOAN (4) (5)	column (B) line 15.)	(b) Book valu	ie 305.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, or Complete if the organization answered "  1. (1) Federal income taxes (2) OTHER LIABILITIES (3) PPP LOAN (4) (5) (6)	column (B) line 15.)	(b) Book valu	ie 305.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, or part X  Complete if the organization answered Total (1) Federal income taxes (2) OTHER LIABILITIES (3) PPP LOAN (4) (5)	column (B) line 15.)	(b) Book valu	ie 305.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, of the Liabilities. Complete if the organization answered 1. (1) Federal income taxes (2) OTHER LIABILITIES (3) PPP LOAN (4) (5) (6) (7)	column (B) line 15.)	(b) Book valu	ie 305.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, of the Complete if the organization answered of the Complete if the Organization and Organization answered of the Organization and Org	column (B) line 15.)	(b) Book valu	ie e
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, of the Liabilities. Complete if the organization answered of the complete if the organization and the complete if the organizatio	column (B) line 15.)	(b) Book valu	ie 305.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, of Part X  Other Liabilities. Complete if the organization answered '1. (1) Federal income taxes (2) OTHER LIABILITIES (3) PPP LOAN (4) (5) (6) (7) (8) (9) (10)	(a) Description  column (B) line 15.)  Yes' on Form 990, Part IV, line 1 (a) Description of liability	(b) Book value  1e or 11f. See Form 990, Part X, line 25.  (b) Book value  18, 43,	ie 305.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, of the part X  Complete if the organization answered 1. (1) Federal income taxes (2) OTHER LIABILITIES (3) PPP LOAN (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line	(a) Description  Column (B) line 15.)  Yes' on Form 990, Part IV, line 1 (a) Description of liability  25.)	(b) Book value  1e or 11f. See Form 990, Part X, line 25.  (b) Book value  18, 43, 43, inancial statements that reports the organization's liability for uncertain	ee 305.533.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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	784,243.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	541.	
b Donated services and use of facilities	316.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	36,775.
3 Subtract line 2e from line 1	3	747,468.
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	155.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		6,455.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	753,923.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	801,197.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	316.	
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	53,316.
3 Subtract line 2e from line 1	3	747,881.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	155.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	6,455. 754.336
5 Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)	5	75/1 336

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 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 - INTENDED USES OF ENDOWMENT FUND

THE FOUNDATION IS THE BENEFICIARY OF AN ENDOWMENT FUND THAT IS HELD BY THE SAN DIEGO FOUNDATION (SDF). THE INCOME FROM A PORTION OF THE ENDOWMENT FUND IS RESTRICTED BY A DONOR TO SUPPORT ARTS EDUCATION FOR YOUTH THROUGH THE FOUNDATION, THE INCOME ON THE REMAINDER OF THE ENDOWMENT IS TIME RESTRICTED.

#### **PART X - FASB ASC 740 FOOTNOTE**

BAA

THE FOUNDATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX POSITIONS AS ADDRESSED IN

FASB ACCOUNTING STANDARDS CODIFICATION 740-10-65-1. THE FOUNDATION RECOGNIZES

Schedule D (Form 990) 2019

Part XIII | Supplemental Information (continued)

#### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX PROVISION, WHEN APPLICABLE. THERE ARE NO AMOUNTS ACCRUED IN THE FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS.



#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization POWAY CENTER FOR THE PERFORMING ARTS

OMB No. 1545-0047

Open to Public Inspection

33-0366600 FOUNDATION **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . . . **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) have custody or control of contributions? or entity (fundraiser) fundraiser listed in from activity organization column (i) NICHOLE KEITH Yes No 7245-56 CALABRIA COURT FUNDRAISIN X 33,000 SAN DIEGO CA 92122 2 3 5 6 7 8 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2019 POWAY CENTER FOR THE PERFORMING ARTS 33-0366600 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) NONE through column (c) (event type) (event type) (total number) REVENUE 1 Gross receipts..... 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 6 Rent/facility costs..... 7 Food and beverages ..... Other direct expenses..... 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d)..... Gaming. Complete if the organization answered Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming bingo/progressive bingo (add column (a) REVENUE (a) Bingo (c) Other gaming through column (c)) Gross revenue..... **2** Cash prizes................. D X P E N C T S Rent/facility costs...... **5** Other direct expenses...... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?..... **b** If 'Yes,' explain:

Sche	edule G (Form 990 or 990-EZ) 2019 POWAY CENTER FOR THE PERFORMING ARTS 33	3-0366600	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		No
	Indicate the percentage of gaming activity conducted in:  a The organization's facility.	13 a	%
ŀ	<b>b</b> An outside facility	13 b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name ►		
	Address •		
i	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party  c If 'Yes,' enter name and address of the third party:  and the organization  c If 'Yes,' enter name and address of the third party:		No
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided	. – – – – – – -	
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$	·····Yes	No
Pai	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, col	umns (iii) and (	(v):
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	y additional	(-),
	PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION		
	SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  (I) NAME OF FUNDRAISER: NICHOLE KEITH		
	(I) ADDRESS OF FUNDRAISER: 7245-56 CALABRIA COURT, SAN DIEGO, CA 921	22	

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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 990-EZ.

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

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization T

POWAY CENTER FOR THE PERFORMING ARTS FOUNDATION

Employer identification number

Schedule O (Form 990 or 990-EZ) (2019)

33-0366600

#### FORM 990. PART III. LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION'S ARTS IN EDUCATION INITIATIVE IS A SERIES OF PROGRAMS DESIGNED TO OFFSET CUTBACKS IN ARTS PROGRAMS IN OUR SCHOOLS AND ASSIST OUR PUBLIC SCHOOL DISTRICT IN MEETING THE VISUAL AND PERFORMING ARTS STEWARDSHIP SET BY THE STATE OF CALIFORNIA. THE ORGANIZATION'S FOUNDATION PROVIDES VALUABLE LEARNING OPPORTUNITIES THAT INCLUDE IN-SCHOOL WORKSHOPS, CLASSES WITH VISITING ARTISTS, A ONE-WEEK ALL EXPENSES PAID THEATER CAMP AND MORE. THESE PROGRAMS PROVIDE CHILDREN AND THEIR PARENTS A PLATFORM TO DEVELOP ARTISTIC AND CREATIVE ABILITIES, CRITICAL THINKING, TEAMWORK AND SOCIAL SKILLS WHILE ALSO INTRODUCING CHILDREN TO THE WORLD OF THEATRE, DANCE AND MUSIC. INTRODUCTION TO INSTRUMENTS FEATURES LOCAL HIGH SCHOOL BAND STUDENTS HOSTING ASSEMBLIES WITH ALL 4TH GRADERS IN THE DISTRICT. DESIGNED TO OFFSET CUTS THAT HAVE CAUSED MUSIC EDUCATION PROGRAMS TO BE ELIMINATED FROM 4TH GRADE CURRICULUM, INTRODUCTION TO INSTRUMENTAL GROUPS - WOODWIND, BRASS, PERCUSSION AND MORE - IN ASSEMBLIES THAT ARE ENTERTAINING AND ENGAGING WHILE ENCOURAGING PARTICIPATION IN THE 5TH GRADE MUSIC PROGRAMS. MORE THAN 20 BUSES TRANSPORT STUDENTS TO PARTICIPATING HIGH SCHOOLS AS WELL AS THE POWAY CENTER FOR THE PERFORMING ARTS. THIS PROGRAM SERVICES ALL 25 ELEMENTARY SCHOOLS IN THE DISTRICT INCLUDING APPROXIMATELY 2,500 4TH GRADERS. MISSOULA CHILDREN'S THEATRE IS A COMPREHENSIVE, ONE-WEEK THEATRE CAMP FOR YOUTH AGES 5-18. AS MANY AS 180 CHILDREN AUDITION FOR THE OPPORTUNITY TO ATTEND AN ALL EXPENSES PAID THEATER CAMP HELD AT THE POWAY CENTER FOR THE PERFORMING ARTS. OF THE 180 PARTICIPANTS, APPROXIMATELY 60 ARE SELECTED TO ATTEND THE CAMP WHICH COVERS ALL ASPECTS OF THEATER PRODUCTION FROM AUDITIONS, SINGING AND DANCING, REHEARSALS, THEATER TECH AND FINAL PERFORMANCES. THE ARTS IN EDUCATION INITIATIVE ALSO OFFERS IN-SCHOOL WORKSHOPS WITH THEATER PROFESSIONALS AT SELECT SCHOOLS FOR UP TO 700 YOUTH AND A STUDY GUIDE FOR TEACHERS TO INCORPORATE

TEEA4901L 08/19/19

Employer identification number 33-0366600

#### FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION HAS ADDED A SIGNIFICANT ONLINE COMPONENT TO ITS ARTS IN EDUCATION PROGRAMS.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

INPUTS REQUIRED FOR THE COMPLETION OF THE RETURN ARE PROVIDED TO OUR INDEPENDENT ACCOUNTANTS WHO PREPARE THE DRAFT RETURN. THE DRAFT RETURN IS REVIEWED BY STAFF, AND AFTER ANY NECESSARY REVISIONS ARE MADE TO THE RETURN, A COPY OF THE RETURN IS MADE AVAILABLE TO THE BOARD MEMBERS, PRIOR TO THE FILING OF THE RETURN, FOR THEIR REVIEW AND COMMENT.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT. THEY ARE

ALSO REMINDED AT EACH MONTHLY BOARD MEETING THAT THEY MUST NOTIFY MANAGEMENT

IMMEDIATELY SHOULD THEIR STATUS CHANGE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE ORGANIZATION HAS A COMPENSATION COMMITTEE TO REVIEW COMPARABLE INDUSTRIES AND
MAKE RECOMMENDATIONS ON STAFF SALARIES. SALARY RECOMMENDATIONS ARE PRESENTED AT THE
ORGANIZATION'S EXECUTIVE DIRECTOR'S ANNUAL REVIEW, HELD IN AUGUST OF EACH YEAR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.