99	0
	99

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inter	nai Rev	enue Service		•	GO tO WWW.	irs.gov/Form99	o for instru	ctions and tr	ne latest li	nformatio	n.		mspec	Suon
Α	For t	he 2020 calen	ıdar y	/ear, or tax y	year begin	ning 7/0	1	, 2020,	and endir	<b>∍g</b> 6/	30	,	<b>20</b> 2021	
В	Check	if applicable:	С								D Employ	/er ident	ification num	ber
		ddress change	DUI	JAV CENT	FR FOR	THE PER	FORMINC	<b>ADTC</b>			33-	0366	600	
		-		UNDATION				11(15			E Telepho			
	_	ame change		498 ESPC		ח								
	In	itial return		WAY, CA							858	-668	-4799	
	Fi	nal return/terminated	100		72004									
	A	mended return									G Gross r	eceipts	\$ 1,4	118,777.
	А	pplication pending	FΝ	Name and addre	ess of principa	officer: MICH		INTE		H(a) Is this	a group retur			Yes X No
		ppriodition portainig	CAN	ME AS C		MICI	HALL KLI	NINLE		H(b) Are all	subordinates	s include	d?	Yes No
-	т				1			40.47(-)(1)	507	lf "No,	subordinates	. See ins	tructions	
<u> </u>		exempt status:	_	501(c)(3)	501(c) (		sert no.)	4947(a)(1) or	527					
J	We	bsite: ► WW	W.P	POWAYONS	TAGE.OI	<u>NG</u>				H(c) Group	exemption nu	umber 🕨	• <u> </u>	
κ	Forn	n of organization:	C	Corporation	Trust X	Association	Other 🏲	LY	ear of format	tion: 198	8 M s	State of I	egal domicile:	CA
Pa	nrt I	Summar	'v											
	1	Briefly descri		ne organizat	ion's missi	on or most s	ignificant a	ctivities: PRF	SENTS	THEATR	TCAL P	ERFO	RMANCES	S AND
	-	PROVIDES										<u> </u>		<u></u>
Activities & Governance			<u> </u>							101111	·			
lar					· – – – – –	·					· <b></b>			
er	•					·								
õ	2	Check this bo						tions or dispo					sets.	
ن ادە	3	Number of vo	oting	members of	t the gover	ning boay (P	art VI, line	Ta)	1			3		14
S	4	Number of in										4		14
itie	5	Total number										5		5
÷	6	Total number										6		15
ĕ		Total unrelate										7a		0.
	b	Net unrelated	d bus	iness taxab	le income	from Form 99	90-T, Part I,	, line 11				7b		0.
											Prior Year		Curre	ent Year
	8	Contributions	s and	grants (Par	rt VIII, line	1h)					364,0	)17.	1.3	344,589.
Revenue	9	Program serv									361,0			22,973.
ver	10	Investment ir									29,4			51,215.
Ъ.	11	Other revenu										527.		51,215.
	12	Total revenue									753,9		1 /	418,777.
		Grants and s									155,5	23.	1, 1	±10,///.
	13													
	14	Benefits paid												
~	15	Salaries, oth	er co	mpensation	, employee	e benefits (Pa	a <mark>rt</mark> IX, colur	n <mark>n (</mark> A), lines	5-10)		211,5	549.		212,129.
Expenses	16a	Professional	fund	raising fees	(Part IX, c	olumn (A), li	ine 11e)				33,0	000.		
en		Total fundrais												
Ä							· · · · · · · · · · · · · · · · · · ·		9,246.					
_	17	Other expense									509,7	787.		122,586.
	18	Total expens	es. A	dd lines 13 <sup>,</sup>	-17 (must e	equal Part IX	, column (A	A), line 25)			754,3	336.		334,715.
	19	Revenue less	s exp	enses. Subt	tract line 1	3 from line 1	2				- 4	113.	1,(	084,062.
28	•									Beginni	ng of Currer			of Year
Assets or d Balances	20	Total assets	(Part	X. line 16)							L,033,0			208,256.
Bala	21	Total liabilitie	•							_	74,8		4,2	35,399.
Net / Fund			`	,	,									
-	22	Net assets or			Subtract II	he 21 from II	ne 20				958,2	214.	2,1	172,857.
Pa	nrt II	Signatur	re B	lock										
Unde	er pena	Ities of perjury, I de eclaration of prepa	eclare	that I have exar	nined this retu	rn, including acco	ompanying sche	edules and stater	nents, and to	the best of n	ny knowledge	and beli	ef, it is true, c	correct, and
com	plete. D	eclaration of prepa	arer (ot	ther than officer	) is based on	all information of	which preparer	has any knowled	dge.					
Sig	n	Signatu	ure of c	officer						Da	ate			
He	re	MTC	HAE	L RENNI	F					CEO				
				name and title										
		Print/Type	nrenare	er's name		Preparer's signa	ature		Date		Ohaali	:4	PTIN	
_									2010		Check			
Pa		-		IAZARIAN,		ZAREH YEG	HIAZARIAN	I, CPA			self-employ	ed	P0175037	7
Pre	epar	Firm's name	e I	► <u>YSR CPA</u>	GROUP PO									
Us	e Or	Iy Firm's addr	ess I	► 2529 FOC	OTHILL BI	VD SUITE 2	212				Firm's EIN	▶ 82-	1853384	
					CENTA, CA						Phone no.		330-9752	
May	v the	IRS discuss th	nis re				e? See insti	ructions			1	010	. X Yes	
		r Paperwork F									10/21			n <b>990</b> (2020)
DA	H FO	r raperwork F	veuu	SUOTI ACUNC	Juce, see t	ne separate	mstructions	5.	IE	EA0101L 01/	19/21		LOLL	11 <b>330</b> (2020)

Form 990 (2020) POWAY CENTER FO	OR THE PERFORMING ARTS	33-0366600	Page <b>2</b>
	ervice Accomplishments		
	a response or note to any line in this Part III	• • • • • • • • • • • • • • • • • • • •	Х
1 Briefly describe the organization's mis	SSION: THROUGH THE PRESENTATION OF A PROFES	CTONAL DEDEODMING ADTC	
	TER FOR THE PERFORMING ARTS AND TO R		
	ERIES AND AN ARTS OUTREACH PROGRAM F		<u> </u>
2 Did the organization undertake any sign	ficant program services during the year which were not listed	on the prior	
		Yes 🛛	No
If "Yes," describe these new services on			
0	g, or make significant changes in how it conducts, any pro	ogram services? Yes X	No
If "Yes," describe these changes on Sch			
Section $501(c)(3)$ and $501(c)(4)$ organ	service accomplishments for each of its three largest prog nizations are required to report the amount of grants and	allocations to others, the total experial	nses. Ises,
and revenue, if any, for each program	n service reported.		
4a (Code: ) (Expenses \$	130,583. including grants of \$		93.)
	TING MULTIPLE PERFORMANCES AT THE PE OUTH, AND IN GENERAL, MAKING THE ART		<u></u>
	OST TICKETS AND PROVIDING FREE TICKE		
	031 IICKEIS AND FROVIDING FREE IICKE		
4b (Code:) (Expenses \$	including grants of \$	) (Revenue \$)	)
<u>SEE_SCHEDULE_O</u>			
4c (Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4 d Other program services (Describe on		<u>^</u>	
(Expenses \$		enue \$ )	
4 e Total program service expenses ►	130,583. TEEA01021 10/07/20	Form <b>990</b>	(2020)

Form 990 (2020) POWAY CENTER FOR THE PERFORMING ARTS
Part IV Checklist of Required Schedules

1 4		oneckist of nequired Schedules			
1		e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete dule A	1	Yes X	No
2		e organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did th for pu	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section in effe	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election ect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Is the	organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>	5		Х
6	to pro	e organization maintain any donor advised funds or any similar funds or accounts for which donors have the right wide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, I	6		Х
7	Did th enviro	e organization receive or hold a conservation easement, including easements to preserve open space, the onment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part Il</i>	7		Х
8		ne organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'	8		Х
9	for an servic	ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ces? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did th or in	ne organization, directly or through a related organization, hold assets in donor-restricted endowments quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х	
11	If the or X a	organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, as applicable.			
	D, Pa	ne organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule art VI	11 a	Х	
		e organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total is reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	Х	
	<b>c</b> Did th asset	e organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total is reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
	<b>d</b> Did th in Pa	e organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported rt X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
		ne organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	the o	e organization's separate or consolidated financial statements for the tax year include a footnote that addresses rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	Sche	e organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete dule D, Parts XI and XII	12a	Х	
	<b>b</b> Was t <i>if the</i>	he organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the	e organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	<b>a</b> Did th	ne organization maintain an office, employees, or agents outside of the United States?	14a		Х
	busine at \$1	ie organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ess, investment, and program service activities outside the United States, or aggregate foreign investments valued 00,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did th foreig	ne organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any on organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did th or for	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did th colum	e organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, nn (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did th lines	e organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did th <i>comp</i>	e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Solete Schedule G, Part III.	19		Х
20	<b>a</b> Did th	ne organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
I	<b>b</b> If 'Ye	s' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did th dome	ne organization report more than \$5,000 of grants or other assistance to any domestic organization or estic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21		Х

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 Form 990 (2020)
 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,		Yes	No
	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
I	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Λ
(	c 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		
(	d 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
I	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? <i>If 'Yes,' complete Schedule L, Part II</i>	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? <i>If 'Yes,' complete Schedule L, Part III.</i>	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):			
ä	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
(	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	contributions? If 'Yes,' complete Schedule M.	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
33	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
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a14b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0			
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2020) POWAY CENTER FOR THE PERFORMING ARTS	33-0366600		Ρ	age <b>5</b>				
Part V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)							
		ľ	Yes	No				
<b>2a</b> 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>2</b>								
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment ta:	5	2 b	Х					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х				
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0		3b						
<b>4 a</b> 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)?								
b If 'Yes,' enter the name of the foreign country►								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc								
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5 a		X				
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to		5 b		Х				
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c						
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and o solicit any contributions that were not tax deductible as charitable contributions?	did the organization	6 a		Х				
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were	6 b						
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?	/ for goods and	7 a		Х				
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required to file							
Form 8282?		7 c		X				
d If 'Yes,' indicate the number of Forms 8282 filed during the year		_		V				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben		7e		X X				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7 f		Λ				
g If the organization received a contribution of qualified intellectual property, did the organization file Form as required?		7 g						
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org Form 1098-C?	anization file a	7 h						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t	he sponsoring	7 11						
organization have excess business holdings at any time during the year?		8						
9 Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a						
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	?	9 b						
10 Section 501(c)(7) organizations. Enter:								
a Initiation fees and capital contributions included on Part VIII, line 12								
<ul> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>11 Section 501(c)(12) organizations. Enter:</li> </ul>								
a Gross income from members or shareholders	a							
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources								
against amounts due or received from them.).	-							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12a						
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <b>12</b>	b							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		12-						
a Is the organization licensed to issue qualified health plans in more than one state?		13a						
с , , , , , , , , , , , , , , , , , , ,								
<ul> <li>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.</li> <li>c Enter the amount of reserves on hand</li> </ul>	-							
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	-	14a		Х				
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Sch</i>		14b						
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rel								
excess parachute payment(s) during the year?		15		X				
16 Is the organization an educational institution subject to the section 4968 excise tax on net invest	ment income?	16		Х				
If 'Yes,' complete Form 4720, Schedule O.		-						

33-0366600

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7			for					
a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or c	hanges (	on						
Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. X					
Section A. Governing Body and Management								
	,	Yes	No					
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year <b>1 a</b>	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>b</b> Enter the number of voting members included on line 1a, above, who are independent <b>1 b</b>	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?	2		Х					
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4 Did the organization make any significant changes to its governing documents								
since the prior Form 990 was filed?			Х					
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			Х					
6 Did the organization have members or stockholders?	6		Х					
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х					
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			х					
<ul> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by</li> </ul>								
the following:								
a The governing body?	•••	Х						
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Х						
<b>9</b> 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? <i>If 'Yes,' provide the names and addresses on Schedule O</i>								
Section B. Policies (This Section B requests information about policies not required by the Interna	I Reveni	le Co	ode.)					
10 a Did the organization have local chapters, branches, or affiliates?								
<b>b</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?		Х	<u> </u>					
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE								
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		Х						
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	126	v						
to conflicts?	12b	Х						
Schedule O how this was done SEE .SCHEDULE . Q		Х						
13 Did the organization have a written whistleblower policy?		Х						
14 Did the organization have a written document retention and destruction policy?	14	Х						
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a The organization's CEO, Executive Director, or top management officialSEE.SCHEDULEO	15a	Х						
<b>b</b> Other officers or key employees of the organization	15b	Х						
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).								
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х					
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	100		I					
17 List the states with which a copy of this Form 990 is required to be filed ► CA								
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	on 501(c)(	3)s or	<u> </u>					
available for public inspection. Indicate how you made these available. Check all that apply.								
Own website   Another's website   X   Upon request   Other (explain on Schedule Compared on Schedule Compa	り							
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements the public during the tax year. SEE SCHEDULE O	available to							
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►								

Form 990 (2020) POWAY CENTER FOR THE PERFORMING ARTS	33-0366600	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Hi Independent Contractors	ghest Compensated Employees	s, and
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 Comp	ensated Employees	
<ul> <li>a Complete this table for all persons required to be listed. Report compensation for the calendar year organization's tax year.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organization. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> </ul>	-	
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition</li> <li>List the organization's five current highest compensated employees (other than an officer, who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of organization and any related organizations.</li> </ul>	, director, trustee, or key employee)	

• 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)										
	(A)	(B)	(B) Position (do r than one box,		Position (do not check more than one box, unless person					ore	(D)	(E)	(F)
	Name and title	Average hours	is	s both	an o	officer /truste	and a		Reportable compensation from	Reportable compensation from	Estimated amount of other		
		per week	or Inc	SU	Of	Ke	em Hig	Ъ	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization		
		(list any hours for	dividus direct	tituti	Officer	Key employee	ploy	rme			and related organizations		
		related organiza- tions	ici al tr	onal		ploy	ee ee				5		
		below dotted	Individual trustee or director	Institutional trustee		ee	Ipen						
		line)	e	tee			Highest compensated employee						
(1)	MICHAEL RENNIE	40											
	PRESIDENT	0	Х		Х				101,727.	0.	7,666.		
(2)	DOUG JOHNSON	2									<u> </u>		
	DIRECTOR	0	Х						0.	0.	0.		
(3)	WAYNE HAMBURGER	2											
	DIRECTOR	0	Х						0.	0.	0.		
_(4)	BILL CHAFFIN	2	-										
	DIRECTOR	0	Х						0.	0.	0.		
_(5)_	LEAH MCBRIDE	2											
(0)	SECRETARY	0	Х		Х	)			0.	0.	0.		
(6)	BELINDA ROMERO	2	v						0	0	0		
(7)	DIRECTOR JJ MINK	0 2	Х						0.	0.	0.		
_()	TREASURER		Х		Х				0.	0.	0.		
(8)	JOSH BERNER	2	Λ		Λ				0.	0.	0.		
_(0)_	DIRECTOR	0	Х						0.	0.	0.		
(9)	ELAINE COFRANCESCO	2	- 23						0.		0.		
	DIRECTOR	0	Х						0.	0.	0.		
(10)	RACHEL MCCARTHY HENNEFORTH	2											
<u> </u>	DIRECTOR	0	Х						0.	0.	0.		
(11)	STEVE DEMATTEO	2											
	DIRECTOR	0	Х						0.	0.	0.		
(12)	WENDY KASERMAN	2											
	DIRECTOR	0	Х						0.	0.	0.		
(13)	JIM TENUTO	2	l										
	VICE CHAIR	0	Х		Х				0.	0.	0.		
(14)	DAN KRALL								_	_	-		
	CHAIRMAN	0	Х		Х				0.	0.	0.		
BAA		TEEA0	107L	10/07	7/20						Form <b>990</b> (2020)		

## Form 990 (2020) POWAY CENTER FOR THE PERFORMING ARTS

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Part	VII Section A. Officers, Directors, Tru	stees,	Key l	Emp	oloy	ees,	and	d Highest Com	pensated Empl	oyees (continu	ued)
		(B)			(C)						
	(A) Name and title	Average hours per week	box,	unless	perso	n re than n is bot ctor/trus	tee)	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amou of other	ınt
		(list any hours	Indiv or dii	Institutio	Ney o	emple	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation fro the organization and related	n n
		for related organiza	Individual trustee or director	nstitutional trustee	Ney employee	Highest compensated employee	ler			organizations	
		- tions below dotted	truste	al trus	yee	mpen					
		line)	ĕ	(ç		sated	-				
(15)									.0.		
(16)											
(17)											
(18)								5			
(19)											
(20)											
(21)											
(22)											
(23)											
							4				
(24)											
(25)											
	Subtotal			• • • •				101,727.	0.	7,66	
	Fotal from continuation sheets to Part VII, Section Fotal (add lines 1b and 1c)						•	0. 101,727.	0.	7,66	0.
	Fotal number of individuals (including but not limited						ved				50.
1	rom the organization 🛌 1										
2										Yes	No
3 [	Did the organization list any <b>former</b> officer, direct on line 1a? <i>If</i> 'Yes,' complete Schedule J for sucl	or, truste h individu	е, ке <u>у</u> al	y em	ploye	e, or	nıgr	est compensated	employee	3	Х
	For any individual listed on line 1a, is the sum of he organization and related organizations greate										
	such individual Did any person listed on line 1a receive or accrue									4	Х
1	or services rendered to the organization? If 'Yes	,' comple	te Sci	hedu	le J i	or suc	ch p	erson		5	Х
1 (	tion B. Independent Contractors Complete this table for your five highest compense	sated ind	epend	lent c	ontra	actors	tha	t received more t	nan \$100,000 of		
(	compensation from the organization. Report compens	sation for	the ca	lenda	ir yea	r endi	ng v	vith or within the or	ganization's tax year.		
	(A) Name and business addr	ess						(B) Description o	of services	(C) Compensation	1
2	Fotal number of independent contractors (including b	ut not lim	ited to	those	e liste	ed abo	ve)	who received more	than		
	\$100,000 of compensation from the organization						- /				

# Form 990 (2020) POWAY CENTER FOR THE PERFORMING ARTS Part VIII Statement of Revenue

33-0366600

	Check if Schedule O contains a response or note to any				
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from under section 512-514
1 st	I a Federated campaigns   I a				
and Other Similar Amounts	b Membership dues 1b				
Am	c Fundraising events 1c				
ilar	d Related organizations 1d				
E R	e Government grants (contributions) 1e 197,517. f All other contributions, gifts, grants, and				
er	similar amounts not included above 1f 1,147,072.				
5	g Noncash contributions included in lines 1a-1f 1g				
DUI	h Total. Add lines 1a-1f	1,344,589.			
	Business Code	1,344,309.			
2	2a <u>TICKET SALES</u> 711190	22,973.	22,973.		
	b				
	c				
	d				
	e				
2	f All other program service revenue				
	g Total. Add lines 2a-2f►	22,973.			
3	3 Investment income (including dividends, interest, and other similar amounts)	10 110			10.11
4		10,113.			10,11
5					
ľ	(i) Real (ii) Personal				
6	6a Gross rents				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)►				
7	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets other than inventory <b>7a 41</b> , <b>102</b> .				
	<b>b</b> Less: cost or other basis				
	and sales expenses <b>7b</b> c Gain or (loss) <b>7c</b> 41, 102.				
	c Gain or (loss)	41 100			41 10
		41,102.			41,10
8	3 a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c).				
8	See Part IV, line 18				
	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events ►				
9	<b>D</b> a Gross income from gaming activities.				
	See Part IV, line 19				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities►				
10	Da Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold				
	c Net income or (loss) from sales of inventory				
+	Business Code				
<mark>ש</mark> 11	1a CONCESSION 900099				
nu Nu	b PROGRAM ADS 900099				
Š	1a         CONCESSION         900099           b         PROGRAM ADS         900099           c				
_	e Total. Add lines 11a-11d				
12	<b>2</b> Total revenue. See instructions	1,418,777.	22,973.	0.	51,21

#### (A) (B) (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 ..... 2 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Δ Benefits paid to or for members ..... Compensation of current officers, directors, 5 trustees, and key employees ..... 109,397. 38,289. 32,819 38,289. Compensation not included above to 6 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 ..... 85,902 38,791 22,760 24,351. Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions) ..... 9 Other employee benefits ..... 1,246 494 354 398. Payroll taxes ..... 10 15,584 6,179 980. 4,425 4, 11 Fees for services (nonemployees): a Management ..... c Accounting..... 36,863. 36,863 d Lobbying. e Professional fundraising services. See Part IV, line 17... f Investment management fees ..... 6,996. 6,996. Other. (If line 11g amount exceeds 10% of line 25, column q (A) amount, list line 11g expenses on Schedule 0.).... Advertising and promotion..... 12 4,531. 715. 3,816. 13 Office expenses ..... 10,314. 10,314. Information technology..... 6,267. 14 6,267. 15 Royalties..... Occupancy ..... 16 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials Conferences, conventions, and meetings.... 19 903 903. 20 Interest ..... 245. 245. 21 Payments to affiliates..... 1,237. 22 Depreciation, depletion, and amortization.... 1,237. 23 Insurance 3,057 3,057. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).... a ARTIST FEES 25,013 25,013 b <u>ARTS & EDUCATION</u> 17,815 17,815 4,830 4,830 c MISCELLANEOUS d RIDER\_EXPENSE 2,007 2,007 2,508 1,280. 1,228 e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 334,715 130,583. 134,886 69,246 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).....

#### Form 990 (2020) POWAY CENTER FOR THE PERFORMING ARTS

Statement of Functional Expenses Part IX

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

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

# Form 990 (2020) POWAY CENTER FOR THE PERFORMING ARTS

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	60,786.	1	68,502.
	2	Savings and temporary cash investments	336,998.	2	1,363,617.
	3	Pledges and grants receivable, net	12,462.	3	
	4	Accounts receivable, net		4	22,188.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
S	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges.	26,316.	9	14,713.
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	20,310.		
	b	Less: accumulated depreciation	892.	10 c	688.
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11	595,596.	12	738,548.
	13	Investments – program-related. See Part IV, line 11	•	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,033,050.	16	2,208,256.
	17	Accounts payable and accrued expenses	12,280.	17	16,848.
	18	Grants payable	710	18 19	710
	19 20		718.	20	718.
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
tie		Loans and other payables to any current or former officer, director, trustee,		21	
Liabilities	22	key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	61,838.	25	17,833.
	26	Total liabilities. Add lines 17 through 25	74,836.	26	35,399.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions	277,420.	27	1,352,235.
<u>m</u>	28 <	Net assets with donor restrictions	680,794.	28	820,622.
Fund		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
it A	32	Total net assets or fund balances	958,214.	32	2,172,857.
Ne	33	Total liabilities and net assets/fund balances.	1,033,050.	33	2,208,256.
BAA		TEEA0111L 10/07/20	· ·		Form <b>990</b> (2020)

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33-0366600

Form	n 990 (2020) POWAY CENTER FOR THE PERFORMING ARTS 33-	0366600		Pa	ge <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.	r			. Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	18,7	77.
2	Total expenses (must equal Part IX, column (A), line 25).	2	3	34,7	15.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,0	84,0	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		58,2	
5	Net unrealized gains (losses) on investments.	5	1:	30,5	575.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9			6.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10	2,1	72.8	57.
Par	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	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	a on a			
ŀ	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	Х	
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa		2.5		
	basis, consolidated basis, or both: X Separate basis Consolidated basis Consolidated basis				
	$\mathbf{c}$ 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.				
3a	a 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
ł	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA				<b>990</b> (	(2020)

	EDULE A 1 990 or 990-EZ)	Corr		ty Status and P		•••		tion	OMB No. 1545-0047
(			. 4947(a	a)(1) nonexempt charita	able trus	t.			
Departr	nent of the Treasury			ch to Form 990 or Forr					Open to Public
Internal	nent of the Treasury Revenue Service	► (	Go to www.irs.gov/Fo	orm990 for instructions	and the	latest i	nformati	on.	Inspection
Name o			ER FOR THE PEI	RFORMING ARTS				Employer identifica	
Part		OUNDATION	rity Status (All c	organizations must	compl	oto thio		33-036660 See instruc	-
			<u>, , , , , , , , , , , , , , , , , , , </u>	For lines 1 through 12,			<u> </u>		
1	ň	•		hurches described in <b>sec</b>		-			
2				Schedule E (Form 990 or			.,		
3	A hospital or	a cooperative h	ospital service organ	ization described in se	ction 17	0(b)(1)(A	A)(iii).		
4	A medical res	-	tion operated in conji	unction with a hospital	describe	d in sec	ction 170	<b>(b)(1)(A)(iii)</b> . E	nter the hospital's
5	An organizati	on operated for <b>b)(1)(A)(iv).</b> (Co	the benefit of a colle mplete Part II.)	ege or university owned	or oper	ated by	a goverr	imental unit de	escribed in
6	A federal, sta	te, or local gov	ernment or governme	ental unit described in <b>s</b>	section 1	1 <b>70(b)</b> (1)	)(A)(v).		
7	An organization in section 17	n that normally r 0(b)(1)(A)(vi).(	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	it or from	the general pul	olic described
8	A community	trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)				
9				ction 170(b)(1)(A)(ix) oper e (see instructions). Ente					
10	from activities	s related to its e come and unre	exempt functions, sub	han 33-1/3% of its supp oject to certain exceptic e income (less section Part III.)	ons; and	(2) no r	more tha	n 33-1/3% of it	ts support from gross
11	An organizati	on organized ar	nd operated exclusive	ely to test for public saf	ety. See	sectior	ו 509(a)(4	4).	
12	or more publi	clv supported o	rganizations describe	ely for the benefit of, to ad in <b>section 509(a)(1)</b> of upporting organization	or sectio	on 509(a)	)(2). See	section 509(a	ut the purposes of one <b>)(3).</b> Check the box in
а	organization(s	orting organizati ) the power to re <b>t IV, Sections A</b>	gularly appoint or elect	d, or controlled by its sur a majority of the directo	oported or rs or trus	rganizat stees of t	ion(s), ty the suppo	pically by giving orting organization	the supported on. <b>You must</b>
b	management	oporting organiz of the supporting te Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its control or	support manage	ted orgar the supp	nization(s), by ported organizat	having control or ion(s). <b>You</b>
C				tion operated in connectio plete Part IV, Sections					
d	functionally in	ntegrated. The c	proanization generally	anization operated in con must satisfy a distribu <b>A and D, and Part V.</b>	ition rea	with its s uiremen	supported It and an	l organization(s) attentiveness	) that is not requirement (see
е	Check this bo	x if the organiz	ation received a writt	en determination from	the IRS	that it is	а Туре	I, Type II, Type	e III functionally
f				supporting organization					
			n about the supported						
(	i) Name of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	s the tion listed joverning nent?		ount of monetary (see instructions)	(vi) Amount of other support (see instructions)
	•				Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

Total

Schedule A (Form 9	990 or 990-EZ) 2020	POWAY CENTER	FOR THE	PERFORMING ARTS	33-0366600

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

Jec	don A. I ublic Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<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					S	
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)				5		
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4						
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 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
	tion C. Computation of Pul		•				
	Public support percentage for 20						%
15	Public support percentage from a	2019 Schedule A,	Part II, line 14			15	%
16a	<b>33-1/3% support test-2020.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a pul	id not check the b plicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	k this box
b	<b>33-1/3% support test-2019.</b> If the and <b>stop here.</b> The organization						
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and <b>stop here</b>	. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances'	nd-circumstances test. The organiza	s test, check this l ation qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Part ed organization.	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 POWAY CENTER FOR THE PERFORMING ARTS

33-0366600

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support (c) 2018 Calendar year (or fiscal year beginning in) > (a) 2016 (b) 2017 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any 'unusual grants.').... 395,288 383,068 428,355 364,015. 1,344,589 2,915,315. 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... 22,973 320,913 413,967 335,188 360,413 1,453,454. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 2,864 2,675 4,360 2,452 12,351. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.... 0. The value of services or facilities furnished by a governmental unit to the organization without charge ... 42,498 36,423 37,965 53,316 4,758 174,960. 354 320 Total. Add lines 1 through 5... 761,563 757, 884,647 780,196 372 4 556,080. Amounts included on lines 1, 7a 2, and 3 received from disqualified persons.... 28,901 0 0 0 0 28,901. **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... 0 0 0 0 0 n c Add lines 7a and 7b.... 28,901 0 0 0 0 28 901. 8 Public support. (Subtract line 7c from line 6.). 4,527,179 Section B. Total Support (e) 2020 (c) 2018 (f) Total (a) 2016 (b) 2017 (d) 2019 Calendar year (or fiscal year beginning in) ► 9 Amounts from line 6..... 761,563 757,354 884,647 780,196. 1, 372,320 4,556,080. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 11,454 10,938 similar sources . 13,048 10,887 10,113 56,440. Unrelated business taxable h income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b ..... 13,048 11,454 10,938 10,887 10,113 56,440. Net income from unrelated business 11 activities not included in line 10b. whether or not the business is regularly carried on ..... -18,936 -27,083-22,520 -2,429 -70,968. **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)... 0. 13 Total support. (Add lines 9, 10c, 11, and 12.)..... 755,675. 741,725 873,065 788,654. 1,382,433. 4,541,552. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 ► organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)...... 15 % 99.68 16 Public support percentage from 2019 Schedule A, Part III, line 15. 16 99.62 Ŷ Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))..... 17 1.24 0\0 18 Investment income percentage from 2019 Schedule A, Part III, line 17 ..... 0\0 18 1.49 19a 33-1/3% support tests-2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 Х is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization ... ► **b** 33-1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....

#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

			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		
2.	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b			
Ja	and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
		J		
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	6		
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)</i> .	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? <i>If 'Yes,' provide detail in <b>Part VI.</b></i>	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? <i>If 'Yes,' provide detail in <b>Part VI.</b></i>	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)? <i>If 'Yes,' answer line 10b below</i> .	1 <b>0</b> a		
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		

#### Schedule A (Form 990 or 990-EZ) 2020 POWAY CENTER FOR THE PERFORMING ARTS

Part IV Supporting Organizations (continued)			_
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b		
C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

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Page 5

Yes

Yes

Yes

2a

2b

3a

3h

No

No

1

2

No

Schedule A (Form 990 or 990-EZ) 2020 POWAY CENTER FOR THE PERFORMING			66600 Pag
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organization           1         Check here if the organization satisfied the Integral Part Test as a qualifying trust			Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	ons must	complete Sections A	through E.
Section A – Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	S.C.	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally into	egrated	Type III supporting ord	anization

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

Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990 EZ) 2020 POWAY CENTER FOR THE PERFORMING ARTS

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organizat	ions (continued)	)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati	ion is responsive (provide	details		
	in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
	P From 2016				
c	From 2017				
d	From 2018				
e	e From 2019				
1	f Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	i Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, s	X			
а	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
	Breakdown of line 7:				
a	Excess from 2016				
-	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020	POWAY CENTE	ER FOR THE	2 PERFORMING	ARTS	33-0366600	Page 8
Part VI	Supplemental In	formation. Provid	le the explanat	ons required by Par	rt II, line 1	0; Part II, line 17a or 17b; Part	
	III, line 12; Part IV, Se						
	B, lines 1 and 2; Part	IV, Section C, line 1	: Part IV, Sectio	n D, lines 2 and 3;	Part IV, Se	ection E, lines 1c, 2a, 2b,	
						; and Part V, Section E,	
	lines 2, 5, and 6. Also	complete this part f	or any addition	<u>al information. (See</u>	e instructio	ns.)	

SCHEDULE D		Sup	plemental Financial Statements			OMB No.	1545-0047	
(Form 990)		► 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.				2020		
Department of the Treasury Internal Revenue Service		► Go to www.irs	► Attach to Form 990. s.gov/Form990 for instructions and the latest information.			Open to Public Inspection		
Name of the organization			Employer			dentification number		
POWAY CENTER FOR THE PERFORMING A FOUNDATION					33-0366600			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.								
					Funds and	other accounts		
1	Total number at e	Otal number at end of year						
2		ggregate value of contributions to (during year)						
3		ggregate value of grants from (during year)						
4	00 0	ggregate value at end of year						
5	are the organizati	ion's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?			Yes	No	
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing that grant fun- t of the donor or donor advisor, or for any other	purpose co	nferring _	Yes	No	
Pa		tion Easements.						
T al			wered 'Yes' on Form 990, Part IV, line	7.				
1	Purpose(s) of cor	nservation easements held by	y the organization (check all that apply).					
		of land for public use (for exam			5 1		area	
		natural habitat	Preservati	ion of a cert	ified histori	c structure		
2		of open space	and a qualified appear ation contribution in the for	m of a conco	ruction acco	mont on the		
2	last day of the tax	x year.	neld a qualified conservation contribution in the for					
	a Total number of o	conservation easements				End of the Tax Year		
	b Total acreage restricted by conservation easements							
	c Number of conse	rvation easements on a certi	fied historic structure included in (a)	2c				
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.							
3		Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the						
4	Number of states v	where property subject to conse	ervation easement is located ►	_				
5			garding the periodic monitoring, inspection, ha			Yes	No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►							
7	Amount of expense ►\$	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
8		Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)						
	and section 170(h	and section 170(h)(4)(B)(ii)?						
9	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.					nting for		
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.							
1;	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its revenue si Id for public exhibition, education, or research Il statements that describes these items.	tatement and in furtherand	d balance s ce of public	heet works service, pr	of art, ovide in	
I	historical treasures following amounts	f the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, nistorical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the ollowing amounts relating to these items:					art,	
	••		line 1					
2	.,		nistorical traccuras, or other similar assots for finan			lowing		
			historical treasures, or other similar assets for finar ASC 958 relating to these items: 1			owing		
			·····				. <u> </u>	
			e Instructions for Form 990. TEEA3301L		•••••	ule D (Forr	n 990) 2020	

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 POWAY Part III Organizations Maintai				33-0366		Page 2
	-					nueu)
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 d Loan or exchange program						
	b Scholarly research e Other					
<ul><li>5 During the year, did the organiza to be sold to raise funds rather th</li></ul>	tion solicit or receive	e donations of art, his as part of the organ	storical treasures, or nization's collection?	other similar assets	Yes	No
Part IV Escrow and Custodia					m 990, F	Part IV,
line 9, or reported an a					,	,
<b>1 a</b> Is the organization an agent, trus on Form 990, Part X?	tee, custodian or ot	her intermediary for a	contributions or other	assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
			A	A A	Amount	
<b>c</b> Beginning balance				. 1c		
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance				. 1f		
<b>2 a</b> Did the organization include an a				-	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check	here if the explanation	n has been provided	on Part XIII		
Deut V Endermant England					. 10	
Part V Endowment Funds. C						vaara baak
<b>1 a</b> Beginning of year balance	(a) Current year 595, 599.	(b) Prior year 617,673	(c) Two years back 623, 852	(d) Three years back 611,532.	(e) Four years back . 571,932.	
<b>b</b> Contributions	393,399.	017,075	023,032	011, 332.	57	1,932.
c Net investment earnings, gains, and losses	179,811.	11,847	. 26,940.	46,028.	7	3,420.
<b>d</b> Grants or scholarships		11/01/	10,510	10/0201	,	0,1201
e Other expenditures for facilities						
and programs	29,866.					
f Administrative expenses	6,996.					
<b>g</b> End of year balance	738,548.				1,532.	
2 Provide the estimated percentage			, column (a)) held as			
a Board designated or quasi-endowm		010				
b Permanent endowment ►	72.00 %					
	8.00 <sup>8</sup>	00/				
The percentages on lines 2a, 2b, ar	id 2c should equal 10	0%.				
3a Are there endowment funds not in t	he possession of the	organization that are h	eld and administered for	or the	Ye	s No
organization by: (i) Unrelated organizations					3a(i) X	
(ii) Related organizations					3a(i) A	X
<b>b</b> If 'Yes' on line 3a(ii), are the rela					3b	X
4 Describe in Part XIII the intended	-	•			50	
Part VI Land, Buildings, and				<u> </u>		
Complete if the organi		'Yes' on Form 9	90. Part IV. line 1	1a. See Form 990	). Part X.	line 10.
Description of property	(a) Cos		<b>b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
<b>1 a</b> Land	,					
<b>b</b> Buildings.						
c Leasehold improvements						
d Equipment			10,736.	10,048.		688.
<b>e</b> Other				10,010.		
Total. Add lines 1a through 1e. (Column		rm 990, Part X, colui	mn (B), line 10c.)	· · · · · · · · · · · · · · · · · · ·		688.
BAA	· · · •	·			le D (Form	

Part VII		<ul> <li>Other Securities.</li> </ul>	Voc' on Form 00	0 Part IV line 11h See Form	000 Port V line 12
(a) Desc		tegory (including name of security)	(b) Book value	0, Part IV, line 11b. See Form (c) Method of valuation: Cost or end	
		sts			
(3) Other	Theid equity intere				
$\frac{(A)}{(B)}$					
(B) (C)					
(C)					
(D)					
<u>(E)</u>					
(F)					
(G)					
(H)					
( )					
		990, Part X, column (B) line 12.) 🕨	738,548.		
Part VIII	Investments	<ul> <li>Program Related.</li> </ul>	Waal on Farm 00	N/A	000 Dort V line 12
	(a) Description of		(b) Book value	0, Part IV, line 11c. See Form (c) Method of valuation: Cost or er	
(1)	(a) Description of	i investment		(c) Method of Valuation: Cost of el	iu-or-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets	· organization answord	N/A	0, Part IV, line 11d. See Form	000 Part V line 15
			scription	o, raitiv, interru: seeronn	(b) Book value
(1)		(4) 20	sonption		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	<mark>lumn (</mark> b) must equ	al Form 990, Part X, column (	B) line 15.)		►
Part X	Other Liabilit	ies.			-
	Complete if the o			1e or 11f. See Form 990, Part X, line 2	
1.		(a) Desci	ription of liability		(b) Book value
	ral income taxes				17 022
(2) OTH (3)	ER LIABILIT	IES			17,833.
(4) (5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(10)					
	nn (h) must equal Form	990, Part X, column (B) line 25.)			▶ 17,833.
	., .	, , , , ,		inancial statements that reports the organization	

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

Schedule D (Form 990) 2020 POWAY CENTER FOR THE PERFORMING ARTS	33-036660	0 Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1 Total revenue, gains, and other support per audited financial statements	1	1,547,114.				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · · · · · · · · · · · · · · · · · ·				
a Net unrealized gains (losses) on investments	5.					
b Donated services and use of facilities	3.					
c Recoveries of prior year grants						
d Other (Describe in Part XIII.)						
e Add lines <b>2a</b> through <b>2d</b>	2e	135,333.				
3 Subtract line 2e from line 1	3	1,411,781.				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,				
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 6, 99	5.					
b Other (Describe in Part XIII.)						
c Add lines 4a and 4b	4c	6,996.				
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,418,777.				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	· · ·				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1 Total expenses and losses per audited financial statements	1	332,477.				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a Donated services and use of facilities	3					
<b>b</b> Prior year adjustments	<u> </u>					
c Other losses						
d Other (Describe in Part XIII.)						
e Add lines 2a through 2d	2e	4,758.				
3 Subtract line 2e from line 1.		327,719.				
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		011/1101				
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 6, 99	5.					
b Other (Describe in Part XIII.)						
c Add lines 4a and 4b		6,996.				
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	334,715.				
Part XIII Supplemental Information.						

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

### PART V, LINE 4 - 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

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) 2020 BAA

## 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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Employer identification number

33-0366600

Name of the organization POWAY CENTER FOR THE PERFORMING ARTS FOUNDATION

#### 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

Name of the organization POWAY CENTER FOR THE PERFORMING ARTS FOUNDATION

Employer identification number 33-0366600

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

IN 2020/2021, POWAY ONSTAGE DEVELOPED ONLINE ARTS IN EDUCATION TOOLS FOR STUDENTS PRACTICING DISTANCE LEARNING. MORE THAN 470,000 STUDENTS WORLDWIDE PARTICIPATED IN THESE ONLINE OFFERINGS. ADDITIONALLY, POWAY ONSTAGE PROVIDED TAPED AND STREAMING PERFORMANCES BY PROFESSIONAL ARTISTS.

#### 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.

#### FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING  $TOTAL \frac{\$}{\$} \frac{6}{6}$ .