SINGERLEWAK LLP 10960 WILSHIRE BOULEVARD, SUITE 700 LOS ANGELES, CALIFORNIA 90024 (310) 477-3924

JUNE 24, 2022

IDYLLWILD ARTS FOUNDATION P.O. BOX 38 IDYLLWILD, CA 92549

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

LIOR TEMKIN, CPA

	IRS e-file Signature Authorization		OMB No. 1545-0047
-orm 8879-EO	for an Exempt Organization		
	For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30	, 20 21	2020
epartment of the Treasury nternal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		
lame of exempt organization	or person subject to tax	Taxpayer	identification number
DYLLWILD ARTS FOUNI	ναπτον	95-180	1279
ame and title of officer or pe		55 100	
ISA LADY	,		
FO			
	Return and Return Information (Whole Dollars Only)		
check the box on line 1a, 2 plank, then leave line 1b, 2	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed wi 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you en e applicable line below. Do not complete more than one line in Part I.	th this form	was
la Form 990 check here		1b	25,303,932.
a Form 990-EZ check h	ere 🕨 🛄 b Total revenue, if any (Form 990-EZ, line 9)	2b	
a Form 1120-POL chec		3b	
a Form 990-PF check h			
5a Form 8868 check here 5a Form 990-T check here			
7a Form 4720 check here			
	ion and Signature Authorization of Officer or Person Subject to T	ax	
	I declare that 🔟 I am an officer of the above organization or 🔲 I am a person su		with respect to
name of organization)	, (EIN)	and	that I have examined a co
confidential information ne	thorize the financial institutions involved in the processing of the electronic payment o cessary to answer inquiries and resolve issues related to the payment. I have selected as my signature for the electronic return and, if applicable, the consent to electronic fi	a personal	
X I authorize SIN	GERLEWAK LLP	to enter m	y PIN 12345
	ERO firm name		Enter five numbers, bu do not enter all zeros
a state agency(i PIN on the retur As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that es) regulating charities as part of the IRS Fed/State program, I also authorize the aforer h's disclosure consent screen. Derson subject to tax with respect to the organization, I will enter my PIN as my signatu ed return. If I have indicated within this return that a copy of the return is being filed with ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	mentioned E ure on the ta h a state age	RO to enter my k year 2020 ency(ies)
Signature of officer or person subje	ct to tax	Dat	
	tion and Authentication		·
RO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 95151412345 Do not enter all zero	s	
	neric entry is my PIN, which is my signature on the 2020 electronically filed return indiceturn in accordance with the requirements of Pub 4163 , Modernized e-File (MeF) Informations Returns.		
RO's signature 🕨 SINGER	LEWAK LLP Date Date 06/	24/22	
	ERO Must Retain This Form -See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To D	o So	
HA For Paperwork Rec	uction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

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 20 ſ **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Α	For th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and e	ending J	UN 30, 2021	
B	Check if applicab	e: C Name of organization		D Employer identifi	cation number
	Addre	ss idyllwild arts foundation			
	Name	e Doing business as	95-1801279		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final	P.O. BOX 38		(951)659-217	
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	25,531,584.
X	Amen			H(a) Is this a group r	
	Applie tion pendi			for subordinates	s? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
		empt status: 🔽 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) o	or 🛄 527	If "No," attach a	list. See instructions
		te: WWW.IDYLLWILDARTS.ORG		H(c) Group exemption	· · · · ·
		organization: <u>x</u> Corporation <u></u> Trust Association <u></u> Other	L Year	of formation: 1946	V State of legal domicile: CA
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	NG LIVES	THROUGH THE	
Governance		TRANSFORMATIVE POWER OF ART.			
'ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos			1
200	3	Number of voting members of the governing body (Part VI, line 1a)			21
ъ	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
Activities	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		308	
tivit	6	otal number of volunteers (estimate if necessary)			44
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
		- · · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
ue	8	Contributions and grants (Part VIII, line 1h)		5,903,902.	4,821,333.
Revenue	9	Program service revenue (Part VIII, line 2g)		24,271,390.	20,148,775.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		194,960.	139,592.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		169,656.	194,232.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,539,908.	25,303,932.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,468,590.	7,213,238.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,848,518.	9,635,656.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		76,700.	0.
Ä	b	Total fundraising expenses (Part IX, column (D), line 25)		0 554 592	9 544 796
	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,554,582. 28,948,390.	8,544,786. 25,393,680.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	1,591,518.	
		Revenue less expenses. Subtract line 18 from line 12			
ance				eginning of Current Year	End of Year
Asse	20	Total assets (Part X, line 16)		40,172,188.	41,152,297. 11,457,212.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		12,153,697. 28,018,491.	29,695,085.
	art II	Net assets or fund balances. Subtract line 21 from line 20		20,010,491.	23,035,005.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ante and to the heet of m	w knowledge and belief, it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of wh			iy Kilowieuye allu Dellei, it IS
uue	, cone	and complete. Declaration of preparer (other trial officer) is based on all information of with	non prepare	nas any knowledge.	

Sign Here	Signature of officer LISA LADY, CFO Type or print name and title		Date		
Paid	Print/Type preparer's name LIOR TEMKIN	Preparer's signature LIOR TEMKIN	Date 06/24/22	Check PTIN if self-employed P00748170	
Preparer	Firm's name SINGERLEWAK LLP		Firm	's EIN ▶ 95-2302617	
Use Only	Firm's address 👞 10960 WILSHIRE BOULEVARD	, 7TH FLOOR			
	LOS ANGELES, CA 90024-3783 Phone no.(310)				
May the If	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No	

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Statement of Program S	ARTS FOUNDATION		95-1801279 Page
га		response or note to any line in this Part I	ш	
1	Briefly describe the organization's mis		II	L
	, ,	A NON-PROFIT ORGANIZATION FORM	IED TO	
		LIVES THROUGH THE TRANSFORMATI		
	ART.			
				
2	prior Form 990 or 990-EZ?	gnificant program services during the yea		
	If "Yes," describe these new services			
3	Did the organization cease conductin If "Yes," describe these changes on S	g, or make significant changes in how it c Schedule O.	onducts, any program services	s?Yes 🗴 No
4		service accomplishments for each of its th		
		zations are required to report the amount	of grants and allocations to of	thers, the total expenses, and
40	revenue, if any, for each program serv	<pre>/ICE reported. 18,726,788. including grants of \$</pre>	6 979 346 \ (p	19 662 883
4a		FULLY ACCREDITED BOARDING HIGH		enue \$ 15,002,005.
		HO ARE TALENTED IN ONE OR MORE		
		RS PRE-PROFESSIONAL TRAINING IN		
		RY ACADEMIC STUDIES. THE BEGIN		
	SCHOOL YEAR STARTED OUT REMO	TELY IN SEPTEMBER AND OCTOBER.	STUDENTS	
	WERE ALLOWED ON CAMPUS FOR H	YBRID LEARNING AS COVID-19 IMPR	ROVED.	
	CLASSES WERE HELD IN PERSON	FULLY AND OPERATING CLOSE TO NO	RMAL BY THE	
	END OF THE SCHOOL YEAR.			
4b		1,854,122. including grants of \$	233,892.) (Rev	venue \$ 485,892.
		M IS AN ACCREDITED SUMMER ARTS		
		485 STUDENTS FROM AGES 5 TO 92	-	
		ONLINE AND IN PERSON COURSES, A MALLER CAPACITY THAN NORMAL FOR		
	SUMMER.	MALLER CAPACITY THAN NORMAL FOR	THIS	
	SOMMER.			
4c		including grants of \$) (Per	
40	(Code) (Expenses \$	including grants of \$) (Rev	enne 2
4d	Other program services (Describe on	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨	20,580,910.		
				Form 990 (202
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Form	990	(2020)

IDYLLWILD ARTS FOUNDATION Part IV Checklist of Required Schedules

95-1801279	
	Γ,

Page 3

		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
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	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1.14		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	x	
14a		14a		x
b		144		
5	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		x
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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19		19		x
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
		200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	04		x
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Form	990	(2020)
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Part IV

Checklist of Required Schedules (continued)

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L, Part I 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 Х 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Х 28a Х **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 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 Х 28c x 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х Schedule N, Part II 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 Х 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 34 х **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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)? 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 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? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 75 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ٥ 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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(gambling) winnings to prize winners?

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Form **990** (2020) 3263 1

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Form	990 (2020) IDYLLWILD ARTS FOUNDATION 95-1801279		Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 308			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Eorn		(2020)

Form **990** (2020)

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Form	990 (2020) IDYLLWILD ARTS FOUNDATION		95-1801279	Ð	Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	a "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	D. See	instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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 th	e dire	ct 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 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	lescribe			
	in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
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).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment	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 evalua	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <a>CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-T (Section 501(c)(3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request X Other (explain	on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records 🕨			
	LISA LADY - (951)659-2171					
	52500 TEMECULA ROAD, IDYLLWILD, CA 92549					
03200	6 12-23-20			Form	1 990	(2020)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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		
te Comple	to this table for all paragone required to be listed. Depart componentian for the colondar year anding	with an within the exercit	on's tax waar

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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	id a d	recto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	'ustee	trust		ee	npens		(00-2/1099-00150)		organization and related
	below	dual ti	tiona		nploy	stcor	<u> </u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAMELA JORDAN	40.00									
PRESIDENT, HEAD OF SCHOOL				х				246,063.	Ο.	28,249.
(2) LISA LADY	40.00									
VICE PRESIDENT, FINANCE				х				120,655.	0.	20,559.
(3) PALENCIA TURNER	40.00									
VICE PRESIDENT, ADVANCEMEN					Х			190,963.	0.	20,420.
(4) TARA SECHREST	40.00									
VICE PRESIDENT, ENROLLMENT						Х		129,422.	0.	23,263.
(5) MARIANNE KENT-STOLL	40.00									
ASSISTANT HEAD OF SCHOOL						X		130,308.	0.	9,123.
(6) JUSTIN BARRETT	40.00									
VICE PRESIDENT, STUDENT OP						Х		116,265.	0.	9,942.
(7) IAN SCHOENLEBER	40.00									
DIRECTOR OF DEVELOPMENT						X		100,075.	0.	12,611.
(8) JEFFREY A. DVORAK	5.00									
TRUSTEE, BOARD CHAIR		Х		Х				0.	0.	0.
(9) DWIGHT A. HOLMES	5.00									
TRUSTEE, VICE CHAIR		X		Х				0.	0.	0.
(10) HOWARD SHERMAN	5.00									
TRUSTEE, TREASURER		X		Х				0.	0.	0.
(11) KRISTIE HUBBARD	5.00									
TRUSTEE, SECRETARY		X		х				0.	0.	0.
(12) GEORGE REARDON	5.00									
TRUSTEE, COMMITTEE CHAIR		х				<u> </u>		0.	0.	0.
(13) WANDA K. JONES	5.00									
TRUSTEE, COMMITTEE CHAIR		X			<u> </u>			0.	0.	0.
(14) ERICA SKLAR	5.00									
TRUSTEE, COMMITTEE CHAIR	1.00	X						0.	0.	0.
(15) YEOUNGSUK KIM	1.00									
TRUSTEE	1.00	х						0.	0.	0.
(16) BARNABY FINCH	1.00									
TRUSTEE	1 00	X	<u> </u>		<u> </u>			0.	0.	0.
(17) JANET GOLDBERG	1.00								_	
TRUSTEE	l	X						0.	0.	0.
032007 12-23-20						0				Form 990 (2020)

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Form 990 (2020) IDYLLWILD ART	S FOUNDATI	ON							95-1801279		F	2age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ighe	st C	Compensated Employee	es (continued)			
(A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss pe nd a d	c) ition more erson) than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation		(F) stimat mount	of
	week (list any hours for related organizations below	tee or director	Institutional trustee	Officer		Highest compensated	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org ar	other npens rom th ganiza nd rela anizat	ation ne tion ted
(18) HARRY GRISWOLD	line) 1.00		Ins	Offi	Key	Hig	For					
TRUSTEE	1 00	X			-			0.	0	•		0.
(19) DEBBIE RENO-SMITH TRUSTEE	1.00	x						0.	0			0.
(20) LINDA RIDER	1.00											
TRUSTEE		х				<u> </u>		0.	0	•		0.
(21) JAMES B. LOVELACE TRUSTEE	1.00	x						0.	0			0
(22) DR. PAULENE POPEK	1.00	X			-			0.	0	•		0.
TRUSTEE	1.00	x						0.	0			0.
(23) SUSAN REARDON TRUSTEE	1.00	x						0.	0			0.
(24) MICHAEL E. SLOCUM	1.00						$\left \right $			•		
TRUSTEE		X						0.	0			0.
(25) GLEN E. STEPHENS	1.00											
TRUSTEE (26) NANCY C. STEPHENS	1.00	X		-			-	0.	0	•		0.
TRUSTEE	1.00	x						0.	0			Ο.
1b Subtotal					1	I		1,033,751.	0		124	,167.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								1,033,751.	0	•	124	,167.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			7
											Yes	No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su	uch individual							har companyation from t	the execution	3		X
and related organizations greater than \$150									ine organization	4	x	
5 Did any person listed on line 1a receive or a										-		
rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	pers	son .		-		5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for	-									sation	from	
(A)	,	ear	enui	ng v	VILII			(B)			C)	
Name and business	address						_	Description of se	ervices	Compe	ensatio	n
SUNSHINE DESIGN & CUSTOM HOMES P.O. BOX 4216, IDYLLWILD, CA 92549								CONSTRUCTION			657	,323.
MIKE HARMS												,
43430 E FLORIDA AVE, HEMET, CA 92549							_	CONSTRUCTION			577	,009.
LIBERT CASSIDY WHITMORE	00045							I BOAT			222	240
6033 W CENTURY BLVD, LOS ANGELES, CA	90045						_	LEGAL			232	,342.
							_					
2 Total number of independent contractors (i		ot li	mite	d to			steo	d above) who received m	ore than			
\$100,000 of compensation from the organiz		ma				3				5.	000	(0000)
SEE PART VII, SECTION A CONTINU 032008 12-23-20	ALLON SHEE	12								Form	<u>ລ</u> ລ႐	(2020)
		-		o -	_	9	-				~ ~	

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Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	nplo	oyee	es, a	nd	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(Pos	C) sition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DAVID THOMSEN	1.00									
TRUSTEE (28) DR. STEPHANIE WEBBER	1.00	X		<u> </u>			<u> </u>	0.	0.	0
TRUSTEE		x						0.	0.	0
Total to Part VII, Section A, line 1c										

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		Check if Schedule O						(B) Related or exempt	(C) Unrelated	(D) Revenue excluc
							Total revenue	function revenue		from tax under sections 512 - 5
	1 a	Federated campaigns		1a						
3	b	Membership dues		1b						
		Fundraising events								
		Related organizations								
		Government grants (cont		· · · · · · · · · · · · · · · · · · ·		3,310,943.				
5	f	All other contributions, gifts,								
		similar amounts not include				1,510,390.				
	-	Noncash contributions included i				156,825.	4 001 000			
<u>,</u>	h	Total. Add lines 1a-1f				Business Code	4,821,333.			
	•	TUITION				900099	10 662 992	10 662 992		
	2 a	SUMMER PROGRAM				900099	19,662,883. 485,892.	19,662,883. 485,892.		
	b					300033	405,092.	405,092.		
	C d									
	d									
	f e	All other program service	reve	nue						
	'n	Total. Add lines 2a-2f				1	20,148,775.			
t	3	Investment income (inclu								
	•	other similar amounts)					156,833.			156,8
	4	Income from investment								
	5	Royalties				F				
Revenue		,		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss	s)			🕨				
	7 a	Gross amount from sales of		(i) Securit	es	(ii) Other				
		assets other than inventory	7a			132,414.				
	b	Less: cost or other basis								
		and sales expenses	7b			149,655.				
	с	Gain or (loss)	7c			-17,241.				
	d	Net gain or (loss)				🕨	-17,241.			-17,2
	8 a	Gross income from fundrais	ing ev	rents (not						
		including \$		of						
Other Revenue		contributions reported or	n line	1c). See						
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from		-		🕨				
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from	•	0	s <u></u>	🕨				
	10 a	Gross sales of inventory,				100 000				
		and allowances			10a					
		Less: cost of goods sold			10b		01 070	04.075		
╉	с	Net income or (loss) from	sale	s of invento	у		84,276.	84,276.		
	44 -	OTHER INCOME				Business Code 900099	100 056			109,9
	11 a	OTHER INCOME				500055	109,956.			тоз'а
	b					├ ──── ├				
2	c d									
		All other revenue					109,956.			
		Total. Add lines 11a-11d Total revenue. See instructi					25,303,932.	20,233,051.	0,	249,5
	12	I JUAI IEVEIIUE. SEE IIISUUCU	0115			🕨 📘	20, JUJ, JJZ.		۰ ^ل	<u> </u>

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IDYLLWILD ARTS FOUNDATION

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	this Part IX (B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	7,213,238.	7,213,238.		
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	641,286.	143,932.	240,843.	256,511
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,337,614.	6,009,332.	807,295.	520,987
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	144,821.	16,436.	128,385.	
9	Other employee benefits	892,331.	743,919.	86,329.	62,083
10	Payroll taxes	619,604.	503,909.	69,524.	46,171
11	Fees for services (nonemployees):				
а	Management				
b	Legal	257,209.		257,209.	
С	Accounting	101,288.		101,288.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	30,215.		30,215.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,840,750.	1,409,809.	127,416.	303,525
12	Advertising and promotion	215,934.	61,673.		154,261
13	Office expenses	136,690.	134,133.		2,557
14	Information technology	326,989.	197,288.	129,701.	
15	Royalties	20.000		0.055	
16		32,398.	23,332.	9,066.	
17		74,817.	66,879.	7,038.	900
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	05 706		05 706	
20		95,796.		95,796.	
21	Payments to affiliates	1 105 000	Q10 E24	177 122	117 0/4
22	Depreciation, depletion, and amortization	1,105,800.	810,524.	177,432.	117,844 117,097
23	Other expenses. Itemize expenses not covered	1,098,788.	805,384.	176,307.	117,097
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule O.)	2,158,788.	1,582,338.	346,390.	230,060
a b	PROGRAM DIRECT EXPENSE	799,429.	799,429.	510,550.	250,000
ы С	DINING HALL MEALS - STU	39,105.	39,105.		
d					
e e	All other expenses	230,790.	20,250.	113,826.	96,714
25	Total functional expenses. Add lines 1 through 24e	25,393,680.	20,580,910.	2,904,060.	1,908,710
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 Figure if following SOP 98-2 (ASC 958-720)				

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get Loans and other receivables from other disquillied persons (as defined under section 4958(c)(3)(E) f 7 Notes and loans receivable, net 7 9 Frepad expenses and deferred charges 216,309,8 201,471. 9 Frepad expenses and deferred charges 648,922.9 114,108. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 41,605,009. b Less: accumulated depreciation 10a 41,605,009. 22,036,684. 11 Investments - other securities. See Part IV, line 11 6,962,216. 12 8,398,927. 13 Investments - other securities. See Part IV, line 11 13 41 41 15 Other securities. See Part IV, line 11 14 41 41 16 Total assets. Add lines 1 through 15 (must equal line 33) 40,172,188. 16 41,152,297. 17 Accounts payable and accrued expenses 5,208,015. 17 5,349,206. 18 Grants payable and accrued expenses 20 21 20 21 Ecorow or ousdodi labicowrit ability. Complete Part			controlled entity of family member of any of thes	e person			5	
gege 7 Notes and loans receivable, net 7 8 Inventories for sale or use 216,309,8 201,471. 9 Prepaid expenses and deferred charges 648,922,9 9 114,108. 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 41,605,009. 8 221,036,864. 10c 22,036,805. 11 Investments - publicly traded securities. 6,962,216. 12 8,398,927. 13 Investments - other securities. See Part IV, line 11 6,962,216. 12 8,398,927. 14 Intangible assets 14 13 14 13 15 Other assets. See Part IV, line 11 29,591. 15 24,508. 16 Total assets. Add lines 1 through 15 (must equal line 33) 40,172,188. 16 41,152,297. 17 Accounts payable and accrued expenses 5,208,015. 17 5,349,206. 18 Grants payable 18 40,172,188. 16 41,152,297. 12 Econs and other payables to any current or former officer, director, truste, key employee, creator		6	Loans and other receivables from other disquali	fied perso	ons (as defined			
8 Inventories for sale or use 216,309. 8 201,471. 9 Prepaid expenses and deferred charges 648,922. 9 114,108. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 41,605,009. 22,309,684. 10c 22,036,805. 11 Investments - publicly traded securities. 11 11 13 11 12 Investments - program-related. See Part IV, line 11 6,962,216. 12 8,398,927. 13 Investments - program-related. See Part IV, line 11 6,962,216. 12 8,398,927. 14 Intagets. Sace Part IV, line 11 13 41 41,52,297. 16 Total assets. Add lines 1 through 15 (must equal line 33) 40,172,188. 16 41,152,297. 17 Accourts payable and accrued expenses 5,208,015. 17 5,349,206. 18 Grants payable and accrued expenses 5,208,015. 17 5,349,206. 18 Caras and other payables to any equal to correlated river or 35% controlide entity or family member of any of these persons 22 22 21 Escrew or custodial account inability. Complete Part IV of Schedule D<			under section 4958(f)(1)), and persons described	d in sectio	on 4958(c)(3)(B)		6	
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Source Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 17,066,793. 27 27 Net assets without donor restrictions 17,066,793. 27 28 Net assets with donor restrictions 10,951,698. 28 11,946,270. Organizations that do not follow FASB ASC 958, check here □ 10,951,698. 28 11,946,270. Organizations that do not follow FASB ASC 958, check here □ 10,951,698. 28 11,946,270. Organizations that do not follow FASB ASC 958, check here □ 10,951,698. 29 10 30 Paid-in or capital stock or trust principal, or current funds 30 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 28,018,491. 32 29,695,085. 32 Total net assets or fund balances 28,018,491. 32 29,695,085.			of Schedule D			133,662.	25	87,112.
and complete lines 27, 28, 32, and 33. 17,066,793. 27 17,748,815. 27 Net assets with donor restrictions 10,951,698. 28 11,946,270. 28 Net assets with donor restrictions 10,951,698. 28 11,946,270. Organizations that do not follow FASB ASC 958, check here ▶ 10 10 10 and complete lines 29 through 33. 29 29 10 30 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 29,695,085. 32 Total net assets or fund balances 28,018,491. 32 29,695,085.		26	Total liabilities. Add lines 17 through 25			12,153,697.	26	11,457,212.
	(0		Organizations that follow FASB ASC 958, che	ck here	► X			
	ces		and complete lines 27, 28, 32, and 33.					
	Ilan	27	Net assets without donor restrictions			17,066,793.	27	17,748,815.
	Be	28	Net assets with donor restrictions			10,951,698.	28	11,946,270.
	pun							
	гF		and complete lines 29 through 33.					
	o s	29	Capital stock or trust principal, or current funds				29	
	sel	30					30	
	t As	31					31	
	Net	32	Total net assets or fund balances			28,018,491.	32	29,695,085.
		33				40,172,188.	33	41,152,297.

IDYLLWILD ARTS FOUNDATION

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

Cash - non-interest-bearing

Savings and temporary cash investments

3 Pledges and grants receivable, net

4 Accounts receivable, net

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 95-1801279

1

2

3

4

5

(A)

Beginning of year

2,081,084

3,912,746

4,011,636.

Page **11**

3,551,504.

5,464,436.

1,360,538.

Form 990 (2020)

(B) End of year

Form 990 (2020)
Part X Balance Sheet

1

2

Form 990 (2020) IDYLLWILD ARTS FOUN	DATION	95-1801279		Pag	ge 12
Part XI Reconciliation of Net Assets				,	
Check if Schedule O contains a response or n	note to any line in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line	12)	1	25	,303,	932.
	25)	2	25	,393,	680.
3 Revenue less expenses. Subtract line 2 from line 1		3		-89,	748.
4 Net assets or fund balances at beginning of year (m	ust equal Part X, line 32, column (A))	4	28	,018,	491.
5 Net unrealized gains (losses) on investments		5	1	,654,	890.
		6		111,	452.
		7			
		8			
9 Other changes in net assets or fund balances (expla	ain on Schedule O)	9			Ο.
10 Net assets or fund balances at end of year. Combine	e lines 3 through 9 (must equal Part X, line 32,				
column (B))		10	29	,695,	085.
Part XII Financial Statements and Reporting	ng				
Check if Schedule O contains a response or n	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 accountin	g from a prior year or checked "Other," explain in Schedule	0.			
2a Were the organization's financial statements compile	ed 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 reviewed	l on a			
separate basis, consolidated basis, or both:					
Separate basis Consolidated basis	Both consolidated and separate basis				
b Were the organization's financial statements audited	d 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 separate	e basis,			
consolidated basis, or both:					
X Separate basis Consolidated basis	Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have	a committee that assumes responsibility for oversight of the	e audit,			
review, or compilation of its financial statements and	d selection of an independent accountant?		2c	Х	
If the organization changed either its oversight proc	ess or selection process during the tax year, explain on Sch	edule O.			
3a As a result of a federal award, was the organization	required to undergo an audit or audits as set forth in the Sir	ngle Audit			
Act and OMB Circular A-133?			3a		Х
	audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why on Schedule O and describe a	any steps taken to undergo such audits		3b	000	

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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
2020
Open to Public Inspection

Name of the organization

Nam	e of t	he organization						Employer	identification number			
		IDYLLW	ILD ARTS FOUNDA	TION				9!	5-1801279			
Pa	tΙ	Reason for Public	Charity Status.	(All organizations must c	omplete th	his part.) S	See instruction	าร.				
The o	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, o	heck only	one box.)						
1	IDYLLWILD ARTS FOUNDATION 95-1801279 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.) 4 I A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	 a church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 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: 											
3		A hospital or a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section TO(b)(1)(A)(i). 2 A school described in section T70(b)(1)(A)(ii), (Attach Schedule E (Form 990 erg0EZ).) A hospital or a cooperative hospital service organization described in section TO(b)(1)(A)(iii). 3 A hospital or a cooperative hospital service organization described in section T70(b)(1)(A)(iii). 4 A endical research organization operated in conjunction with a hospital described in section T70(b)(1)(A)(iv). 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section T70(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section T70(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support form a governmental unit of from the general public described in section T70(b)(1)(A)(v). 9 An agricultural research organization described in section T70(b)(1)(A)(v). 9 An agricultural research organization described in section T70(b)(1)(A)(v). 9 An agricultural research organization described in section T70(b)(1)(A)(v). 9 An organization organization g											
6												
7				antial part of its support f	rom a gov	ernmenta	l unit or from t	he general	public described in			
	 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.) 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 university: 											
9		-	-			-		-	•			
	 2 A school described in section 170(b)(1)(A)(i). (Attach Schedule E (Form 990 or 990-E2). 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)(V). 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 of from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(Vi): (Complete Part II.) 9 An againzation that normally receives a substantial part of its support from contributions, with a land-grant college or university:											
10	IDVLIATED ARTS FOUNDATION 95-1801279 Part I Reason for Public Charity Status, (a) organizations must complete this part.) See instructions. 95-1801279 Part I Reason for Public Charity Status, (a) organizations must complete this part.) See instructions. 95-1801279 Part I A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). Part I A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). 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)(i). 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)(v). 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)(v). 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)(v). A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exampt incomes). Explore the organization after June 30, 19%. A norganization organized and operated exclusively to test for public safety. See section 509(a)(2). Cleacy the purposes of one or more publicly suported organization section 509(a)(1) coseavection											
10												
				•	. ,				0			
						3363 acqu		ganzation	alter bulle 50, 1975.			
11			• •	ively to test for public sa	fetv. See	section 5	09(a)(4).					
12				•	-			arrv out the	e purposes of one or			
			-	-				-				
а												
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting			
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving			
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С								Ily integrate	ed with,			
		7										
d								Ũ				
				• •	-		-	d an attent	iveness			
			-	-				U. T				
е							а турет, туре	ii, iype iii				
f	Ento					zation.						
9				(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other			
		organization				1	support (see ir	nstructions)	support (see instructions)			
Tota							L		<u> </u>			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 15

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Schedule A (Form 990 or 990-EZ) 2020 IDYLLWILD ARTS FOUNDATION

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) 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						
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 activities	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	p here					
	ction C. Computation of Publ						
	Public support percentage for 2020 (14	%
	Public support percentage from 2019					15	%
16 a	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
1 7a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the fact	ts-and-circumstand	ces test, check this	s box and stop h e	ere. Explain in Part	VI how the organ	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported	organization		▶∟
k	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and s	stop here. Explain i	in Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a public	ly supported organ	nization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instructio	ns ►
					Soh	odulo A (Eorm 00	0 or 990-E7) 2020

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 IDYLLWILD ARTS FOUNDATION

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.)

<u>Sec</u>	ction A. Public Support						i
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ						
-	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
					-)
See	ction C. Computation of Publ						
15	Public support percentage for 2020 (line 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	: III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the					33 1/3%, and l	ine 17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-25-21			,, <i>z</i> , <i>z</i>			990 or 990-EZ) 2020
_ >= 0				17	501		
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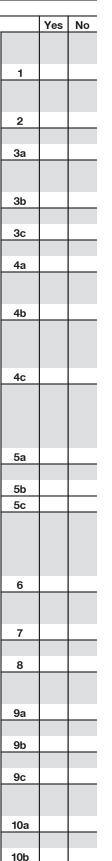
Part IV Supporting Organizations

(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

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

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Schedule A (Form 990 or 990-EZ) 2020

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		Yes	No
1 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 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		

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(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

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(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played 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 yea(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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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Page 5

Yes

1

2

No

19

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Yes No

1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 \perp 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

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Schedule A (Form 990 or 990-EZ) 2020 IDYLLWILD ARTS FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

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Schedule A	(Form 990 d	or 990-EZ) 2	2020	IDYLLWILD	ARTS	FOUNDATION

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes 1						
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(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				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
с	From 2017						
d	From 2018						
e	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
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,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
с	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, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
а	Excess from 2016						
b	Excess from 2017						
с	Excess from 2018						
d	Excess from 2019						
e	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020	IDYLLWILD	ARTS	FOUNDATION
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Schedule A (For	m 990 or 990-E	Z) 2020 ID	YLLWILD A	ARTS	FOUNDATION				95-1801		Pag
Part VI Su Par line Sec	pplementa t IV, Section A 1; Part IV, Sec	I Informat , lines 1, 2, 3 ction D, lines , 6, and 8; an	t ion. Provi b, 3c, 4b, 4 2 and 3; Pa	de the c, 5a, art IV, S	explanations re 6, 9a, 9b, 9c, 1 ⁻ Section E, lines	1a, 11b, and ⁻ 1c, 2a, 2b, 3a	rt II, line 10; Part I1c; Part IV, Sec a, and 3b; Part V pplete this part f	ction B, lines /, line 1; Part	1 and 2; Par V, Section B	t IV, Sectic , line 1e; P	on C, art V,
	,										
32028 01-25-21						22		Schedu	ule A (Form 9	990 or 990	-EZ)
70624 70	1224 32	63		202	20.05095		ILD ARTS	FOUNE	ATION	3263	3

Department of the Treasury Internal Revenue Service Name of the organization

or 990-PF

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

IDYLLWILD	ARTS	FOUNDATION	

95-1801279	

Organization	type (check one):	
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

SCHEDULE D

Department of the Treasury

(Form	990)	
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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.



Interna	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest inform	nation.		Inspec	tion
Nam	Name of the organization Employer identification nu				on number		
		IDYLLWILD ARTS FOUNDATION				5-1801279	
Pa		ations Maintaining Donor Advise		s or Ac	counts	Complete if	the
	organizatio	on answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b)	Funds ar	nd other acco	ounts
1	Total number at e	nd of year					
2	Aggregate value o	of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	at end of year					
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	S		
	are the organization	on's property, subject to the organization's	exclusive legal control?			X Yes	No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used on	ly		
	for charitable purp	poses and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferrir	ng		
	impermissible priv					Yes	NoNo
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, li	ne 7.		
1	Purpose(s) of con	servation easements held by the organizat	ion (check all that apply).				
	Preservation	n of land for public use (for example, recrea	ation or education)	f a histori	cally impo	ortant land are	ea
	Protection of	of natural habitat	Preservation of	f a certifie	ed historic	structure	
	Preservation	n of open space					
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation contribution in the form	of a con	servation	easement on	the last
	day of the tax yea			_	Held	l at the End of t	the Tax Year
а		onservation easements			2a		
b		tricted by conservation easements			2b		
С		rvation easements on a certified historic str			2c		
d		rvation easements included in (c) acquired					
		nal Register			2d		
3		rvation easements modified, transferred, re	leased, extinguished, or terminated by th	e organiz	ation dur	ing the tax	
	year 🕨						
4		where property subject to conservation ea					
5		ation have a written policy regarding the pe					—
•		forcement of the conservation easements i					└── No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	iservation	i easemei	nts during the	e year
-							
7		ses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserva	ation ease	ements a	uning the year	
0	► \$	nuction accomment reported on line O(d) about	a action the requirements of eaction 17)/h)///D)/	:)		
8		rvation easement reported on line 2(d) abov				Yes	No
9	In Part XIII. doscri	n)(4)(B)(ii)? be how the organization reports conservation	ion assempts in its revenue and expans	o statom			
5		d include, if applicable, the text of the foot	•			as the	
		counting for conservation easements.					
Pa		ations Maintaining Collections o	f Art, Historical Treasures, or C	Other Si	imilar A	ssets.	
	Complete i	f the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balar	nce sheet	works	
	•	easures, or other similar assets held for pul					
		Part XIII the text of the footnote to its fina	, ,				
b	· •	elected, as permitted under FASB ASC 95			sheet wo	rks of	
	-	sures, or other similar assets held for public					
		ing amounts relating to these items:	,, <u>.</u>			. 1	
	•	ided on Form 990, Part VIII, line 1			▶ \$		
					\$		
2	.,	received or held works of art, historical tre			-		
-		unts required to be reported under FASB A		J, P	-		
а	-	I on Form 990 Part VIII line 1			► \$		

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b Assets included in Form 990, Part X

30 2020.05095 IDYLLWILD ARTS FOUNDATION

Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 IDYLLWILD #	ARTS FOUNDATION				95-18012	279	Pa	age 2
Pa	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or O	ther Sim	nilar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ke significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further t	he organization's	exempt pu	rpose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other sir	nilar assets	5			
	to be sold to raise funds rather than to be made	aintained as part of t	he organization's co	ollection?		L	Yes		No
Pa	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes	" on Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	is or other assets	not include	∋d	_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amoun	t	
с	Beginning balance				10	;			
d	Additions during the year				1c	I			
е	Distributions during the year				1e	,			
f	Ending balance						_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account I	iability?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>]
Pa	t V Endowment Funds. Complete i			1	1				
		(a) Current year	(b) Prior year	(c) Two years bac				-	
1a	Beginning of year balance	5,402,511.	5,285,261.	5,273,48		,207,311.	5	,185,	
b	Contributions	4,465.	117,250.	11,77	7.	66,173.		21,	800.
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	5,406,976.	5,402,511.	5,285,26	1. 5	,273,484.	5	,207,	311.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 100.0000	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered f	for the orga	nization	г		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	1	· · · · ·						
	Description of property	(a) Cost or of			c) Accumul		(d) Boo	k value	Э
		basis (investr		(other)	depreciati		-	C1 0	201
	Land			,612,321.	15 10	F 000		, ,	321.
	Buildings		27	,656,707.	15,12	5,888.	12	,530,	819.
	Leasehold improvements			417 544	0.00			1 2 5	015
	Equipment			,417,744.		2,727.			017.
	Other			,918,237.	2,15	9,589.			648.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part.	X, column (B), line 1	UC.)					805.
						Schedule	D (Forn	n 990)	2020

032052 12-01-20

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ENDOWMENT ASSET PORTFOLIO - MUTUAL		
(B) FUNDS	6,190,051.	END-OF-YEAR MARKET VALUE
(C) ENDOWMENT ASSET PORTFOLIO - BONDS	2,208,876.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,398,927.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes CAPITAL LEASE OBLIGATION 87,112. (2) (3) (4) (5) (6) (7)(8) (9) 87,112. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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...

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Page 3

Sche	dule D (Form 990) 2020 IDYLLWILD ARTS FOUNDATION			95-1801279	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturn.	
	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	19,904,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		1,654,890.		
b	Donated services and use of facilities	2b	111,452.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	77,997.		
е	Add lines 2a through 2d			2e	1,844,339.
3	Subtract line 2e from line 1			3	18,060,479.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	7,243,453.		
С	Add lines 4a and 4b			4c	7,243,453.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	25,303,932.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	18,228,224.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	77,997.		
е	Add lines 2a through 2d			2e	77,997.
3	Subtract line 2e from line 1			3	18,150,227.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	7,243,453.		
С	Add lines 4a and 4b			4c	7,243,453.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	25,393,680.
	t XIII Supplemental Information.				
Prov	de 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 add	itional inforr	nation.		
PART	V, LINE 4:				
-					
THRC	UGH DECEMBER 31, 2008, THE CALIFORNIA UNIFORM PRUDENT MANAGEME	NT OF			
TNO		D			
TNPI	ITUTIONAL FUNDS ACT (UPMIFA) GOVERNED THE MANAGEMENT AND USE O	£			
DONG	R-RESTRICTED ENDOWMENT FUNDS HELD BY CHARITABLE INSTITUTIONS I	א הטד			
DOINC	R-RESIRICIED ENDOWMENT FONDS RELD BI CRARITABLE INSTITUTIONS I.				
GUIZI	E OF CALTFORNIA INNER HEMIEA THE SCHOOL CLASSIFIED AS DERMAN	FNT.V			
5IAI	E OF CALIFORNIA. UNDER UPMIFA, THE SCHOOL CLASSIFIED AS PERMAN				
RESI	RICTED NET ASSETS THE ORIGINAL VALUE OF GIFTS DONATED TO THE P.	ERMANENT			
ENDO	INFRIM AND ACCUMULATIONS TO THE DEDMANENT ENDOWENT MADE IN ACC	OPDANCE			
	WMENT AND ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACC	OVDANCE			
WITH	THE DIRECTION, IF ANY, OF THE APPLICABLE DONOR GIFT INSTRUMENT	Τ.			
ACCI	MULATED EARNINGS OF DONOR-RESTRICTED ENDOWMENT FUNDS ARE CLASS	IFIED AS			

UNRESTRICTED OR TEMPORARILY RESTRICTED NET ASSETS, FUNDS AVAILABLE FOR

OPERATIONS IN ACCORDANCE WITH THE DONOR SPECIFICATIONS.

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Part All Supplemental Information (continued)		
PART X, LINE 2:		
IN JULY 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD	("FASB") ISSUED	
FINANCIAL ACCOUNTING STANDARDS INTERPRETATION NO. 48 (")	FIN 48"),	
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, NOW REFERRED	D TO AS ACCOUNTING	
STANDARDS CODIFICATION TOPIC NO. 740 ("ASC 740"), WHICH	CLARIFIES THE	
ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS TAKE	N OR EXPECTED TO BE	
TAKEN IN TAX RETURNS THAT AFFECT AMOUNTS REPORTED IN AN	ORGANIZATION'S	
FINANCIAL STATEMENTS IN ACCORDANCE WITH THE ACCOUNTING	FOR INCOME TAXES	
TOPIC OF ASC 740 (FORMERLY SFAS 109, ACCOUNTING FOR INC	OME TAXES). ASC 740	
REQUIRES THAT AN ORGANIZATION RECOGNIZE IN THE FINANCIAL	L STATEMENTS THE	
IMPACT OF THE TAX POSITION IF THAT POSITION WILL MORE L	IKELY THAN NOT BE	
SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF TH	E POSITION. ASC 740	
ALSO PROVIDES GUIDANCE RELATED TO DE-RECOGNITION, CLASS	IFICATION, INTEREST	
AND PENALTIES, ACCOUNTING IN INTERIM PERIODS AND DISCLOS	SURE. DURING THE	
YEAR ENDED JUNE 30, 2021, THE SCHOOL PERFORMED AN EVALUA	ATION OF UNCERTAIN	
TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD R	EQUIRE RECOGNITION	
IN THE STATEMENT OF ACTIVITIES OR WHICH MAY HAVE AN EFF	ECT ON ITS	
TAX-EXEMPT STATUS.		
JURISDICTION: FEDERAL OPEN TAX YEARS: 2017-2	2020	
JURISDICTION: CALIFORNIA OPEN TAX YEARS: 2016-	2020	
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
COST OF GOODS SOLD	77,997.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FINANCIAL AID	7,213,238.	
INVESTMENT ENDOWMENT FEES	30,215.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	7,243,453.	
032055 12-01-20	24	Schedule D (Form 990) 2020
	34	

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2020.05095 IDYLLWILD ARTS FOUNDATION 3263___1

Schedule D (Form 990) 2020 IDYLLWILD ARTS FOUNDATION		95-1801279	Page 5
Schedule D (Form 990) 2020 IDYLLWILD ARTS FOUNDATION Part XIII Supplemental Information (continued)			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD	77,997.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
FINANCIAL AID	7,213,238.		
INVESTMENT ENDOWMENT FEES	30,215.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	7,243,453.		
		Schedule D (For	m 990) 202(
032055 12-01-20			

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Schools

OMB No. 1545-0047

Open to Public

Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

IDYLLWILD ARTS FOUNDATION

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

95-1801279

Pa	rtl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarshi	ps? 2	х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	LEGENDS IN PROMOTIONAL AND ADMISSIONS MATERIALS			
		_		
4	Does the organization maintain the following?			
			X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	? 4b	X	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?		X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
		_		
		_		
		_		
		_		
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?			X
	Admissions policies?			X
	Employment of faculty or administrative staff?			X
	Scholarships or other financial assistance?			X
	Educational policies?			X
-	Use of facilities?			X
	Athletic programs?			X
h	Other extracurricular activities?	<u>5h</u>		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
		_		
		—		
		_		
		_ _		
	Does the organization receive any financial aid or assistance from a governmental agency?			X
b	Has the organization's right to such aid ever been revoked or suspended?	<u>6b</u>		X
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	_		
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		X	
IHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (I	orm 990 or	990-EZ	A 2020

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Schedule E (Form 990 or 990-EZ) 2020	IDYLLWILD ARTS FOUNDATION
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Schedule E (Form 990 or 990-EZ) 2020 IDVILLARTS FOUNDATION	95-1
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	17, as
applicable. Also provide any other additional information.	

032062 11-10-20

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	sing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$				or 19, or if the	2020
Department of the Treasury		Attach to Form 990					Open to Public
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for inst	ructior	is and	I the latest informat		Inspection identification number
Name of the organization		ARTS FOUNDATION				95-18012	
		Complete if the organization answ	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990)-EZ filers are not
 Indicate whether th a X Mail solicitat b X Internet and c X Phone solicit d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written of ed in Form 990, P highest paid indi ast \$5,000 by the s of individual	sed funds through any of the follow e X Solicita s f S Solicita g X Specia or oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of al fundra al (inclu profess uant to fund have c	non-g gover aising ding o ional f agree	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees, or	to be id by) (vi) Amount paid to (or retained by) organization
ANTONIA GLENN - 12	SKYLARK		Yes	No			·
DR, APT #31, LARKS	PUR, CA	GRANT WRITING		x	2,245,000.	67,9	25. 2,177,075.
			+				
			<u> </u>				
			+				
							<u> </u>
Total					2,245,000.	67,9	25. 2,177,075.
3 List all states in whi		on is registered or licensed to solicit		oution	s or has been notified	d it is exempt fro	m registration
or licensing.							
CA							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

I	Dart II	Fun	draisi	na Ev	onte	Complete if t	ho ora	onization anow	:
\$	Schedule (G (Form	990 or 9	990-EZ)	2020	IDYLLWILD	ARTS	FOUNDATION	

95-1801279 Page 2

Pa		 Fundraising Events. Complete if the of fundraising event contributions and groups. 	e organization answered			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ø			(event type)	(event type)	(total number)	– col. (c))
Revenue						
Rev	1	Gross receipts			_	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses		······				
ben	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	, , , , , , , , , , , , , , , , , , , ,				
Pa	11 11	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization a				
10		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Fait IV, iiile 19, 0	or reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ŝ	2	Cash prizes				
ense						
Expe	3	Noncash prizes			_	
Direct Expenses	4	Bent/facility costs				
Ē	1	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes 9	%	
	6	Volunteer labor	No	Νο	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	Net garning income summary. Subtract line 7				
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls f	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b) If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:		-	ax year?	Yes No
		· · · · · · · · · · · · · · · · · · ·				
0320	82 1	1-25-20			Schedule G (Fo	orm 990 or 990-EZ) 2020
					·	-

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2020 IDYLLWILD ARTS FOUNDATION 95	5-180127	9	Page 3
11	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?	_	Yes	No
13	Indicate the percentage of gaming activity conducted in:	····· —	100	
	The organization's facility	13;	a	%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun of gaming revenue retained by the third party ▶ \$	t		
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	-	
	retain the state gaming license?	L	Yes	No No
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 > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III,	lines 9	, 9b, 10b,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: ANTONIA GLENN			
(T)	ADDRESS OF FUNDRAISER: 12 SKYLARK DR, APT #31, LARKSPUR, CA 94939			
(1)	IDDADU UT TONDAILDENT TE DATEMA DA, MT #01, EMANDION, ON 91909			
0320	33 11-25-20 Schedule G	(Form 990	or 990)-EZ) 2020

Schedule G	(Form 990	or 990-EZ)

032084 04-01-20

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SCHEDULE I (Form 990)		G GO Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	ier Assistan Id Individual n answered "Yes"	ce to Organ Is in the Uni	iizations, ited States rt IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	m 990. vr the latest inforn	nation.		Open to Public Inspection
Name of the organization	ion IDYLLWILD ARTS FOUNDATION	OUNDATION						Employer identification number 95-1801279
Part I General In	General Information on Grants and Assistance	Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	s grantees' eligibilit	y for the grants or ass	istance, and the select	
	criteria used to award the grants or assistance?	nce?						X Yes No
SC-	Describe in Part IV the organization's procedures for monitoring the use of grant tunds in the United States	edures for monit	oring the use of grant	funds in the Unite	d States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	omestic Organi:	zations and Domestic הילוימומי ול מלמוויו	c Governments. C	Somplete if the org: नत्व	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(b) EIN	(fi applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb3 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	government or, sted in the line 1	ganizations listed in the table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructi	ons for Form 990.					Schedule I (Form 990) 2020

032101 11-02-20

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Schedule I (Form 990) 2020 IDYLLWILD ARTS FOUNDATION	ION				95-1801279 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ired "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AID AND SCHOLARSHIPS FOR STUDENTS	195	7,213,238.	.0	0.CASH	
Part IV Supplemental Information. Provide the information required in	uired in Part I, lin	e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information	l dditional information.	
PART I, LINE 2:					
IDYLLWILD ARTS IS NOT ENGAGED IN GRANTWAKING; ALL RECIPIENTS OF	ECIPIENTS OF	ASSISTANCE			
ARE STUDENTS WHO ARE MONITORED THROUGH THEIR ENROLLMENT		IN THE SCHOOL'S			
PROGRAMS .					
032102 11-02-20		43			Schedule I (Form 990) 2020

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
		-		20	20	
	-	Compensated Employees		20	ZU)
Dena	tment of the Treasury			Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio	n	Employer ide	entificati	on nu	mber
		IDYLLWILD ARTS FOUNDATION	95-1801	279		
Pa	rt I Question	s Regarding Compensation				
Solution For certain Officers, Dectors, Trustees, Ry Employees, and Highest 2 Department of the Tomory Complete if the organization answered Yte's on Form 990, Part IV, Line 23. A tach to Form 990. Complete if the organization answered Yte's on Form 990, Part IV, Line 23. A tach to Form 990. Enclose on the organization Enclose on the organization Enclose on the organization Enclose on the organization Enclose on the organization provide any of the following to or for a person listed on Form 990. Part II. Complete Part III to provide any relevant information regarding these items. First class or charter travel Payments for business or explores on the organization provide any of the following to or for a person listed on Form 990. Part II. Complete Part III to explain any relevant information regarding these items. First class or charter travel Payments for business or explores provide any of the following to or for a personal seed organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the corganization used to establish the complete Part III to explain Define the second organization to establish the complete Substantiation to explain in Part III. 2 Indicate which, if any, of the following the organization used to establish the compensation of the completions to momittee Complete Part III to explain in Part III. 3 Indicate which, if any, of the following the organization used to y a related organization to establish co			Yes	No		
1a			1 990,			
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
		n a company and an a company and a company				
b					v	
•				. 1b	X	
2						v
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		X
2	la dia sta colsista di Sta		-			
3						
			lon to			
	·					
		ther organizations Approval by the board or compensation of	committee			
4	During the year did	any person listed on Form 990 Part VII. Section A line 1a with respect to the filing				
•						
а	•			4a		x
						x
						X
•						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5			on			
а	•			5a		х
b	Any related organiz	ation?		5b		X
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
а	The organization?			6a		х
b	Any related organiz	ation?		6b		Х
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
				. 7		х
8						
	•			8		х
9						
			<u></u>	. 9		
LHA				e J (Forr	n 990) 2020

032111 12-07-20

For each individual whose compensation must be reported on Schedule J, rep Do not list any individuals that aren't listed on Form 990. Part VII.	be re	eported on Schedule 990. Part VII.	, report compensa	tion from the organi	bort compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)	m related organization	is, described in the ins	tructions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	in be	ndividual must equal t	he total amount of f	⁻ orm 990, Part VII, S	ection A, line 1a, applic	able column (D) and (f	E) amounts for that ind	lividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(n)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) PAMELA JORDAN	Ξ	246,063.	0.	0.	8,077.	20,172.	274,312.	.0
PRESIDENT, HEAD OF SCHOOL		0.	°0	.0	0	•0	•0	.0
(2) PALENCIA TURNER	Ξ	190,963.	.0	° 0	5,057.	15,363.	211,383.	•0
VICE PRESIDENT, ADVANCEMEN	(ii)	0.	.0	.0	.0	.0	.0	•0
(3) TARA SECHREST) E	129,422.	0.	.0	5,482.	17,781.	152,685.	.0
VICE PRESIDENT, ENROLLMENT		.0	0.	.0	.0	.0	.0	.0
) E							
) (ii)							
) E							
) <u>=</u>							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
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	Ξ							
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				ЧГ			Schedu	Schedule J (Form 990) 2020

Page 2

 Schedule J (Form 990) 2020
 IDYLLMILD
 ARTS
 FOUNDATION
 95-1801279

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

95-1801279

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032112 12-07-20

Schedule J (Form 990) 2020 IDYLLWILD ARTS FOUNDATION	95-1801279 Page 3	ы
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	this part for any additional information.	1
PART I, LINE 1A:		
BECAUSE OF ITS REMOTE LOCATION, HOUSING IS PROVIDED FOR THE SCHOOL'S		
PRESIDENT BECAUSE PROXIMITY TO THE SCHOOL IS A REQUIREMENT OF EMPLOYMENT.		1
		I
		1
		I
		I
		I
		1
	Schedule J (Form 990) 2020	20

SCHEDULE L		Tra	nsactior	ns V	Vith	Inte	erested	Ρ	ersons			ON	/IB No.	1545-00)47
(Form 990 or 990-EZ)	Complete if	the or	rganization an 28b, or 28c, o						, line 25a, 25b, 2 40b.	26, 27	, 2 8a,		2	02	0
Department of the Treasury			Atta	ch to	Form	990 or	Form 990-EZ	Z.						o Pub	lic
Internal Revenue Service	G	0 to v	vww.irs.gov/Fo	orm99	U for Ir	Istruc	tions and the	ate	est information.		nlovo	r ident	spect		umber
6	IDYLLWILD	ARTS	FOUNDATION								1801		mean		
), sect	ion 50	1(c)(4), and se	ectio	on 501(c)(29) orga						
									r Form 990-EZ, P						
1 (a) Name of disgualified	naraan	(b) R	elationship bet			lified	1.		escription of tran	oootia			(d)	Corre	cted?
(a) Name of disqualmed	person		person and o	rganiza	ation		(0	;) De	escription of tran	sactio	Dri		Y	es	No
													_		
													_		
													+		
2 Enter the amount of tax	incurred by	the or	ganization mar	agers	or disc	qualifie	d persons du	ring	the year under				_		
			•	•		•	•	•	,		▶ \$				
section 4958 3 Enter the amount of tax	, if any, on lir	ne 2, a	above, reimburs	ed by	the or	ganiza	tion				▶ \$				
Part II Loans to an															
-	-					, Part \	V, line 38a or l	Forn	n 990, Part IV, lin	ie 26;	or if th	ne orga	anizati	on	
reported an among reported an	ount on Forn (b) Relation		(c) Purpose		2. an to or	10) Original	14	B Dalanaa dua	10		(h) Ap	proved	(;) \	/ritten
interested person	with organiz	ation	of loan	fron	n the zation?		ipal amount	יי	f) Balance due) In ault?	bý bo comm	ard or		ment?
					From	-				Yes	No	Yes	No	Yes	No
				10										1.00	
															<u> </u>
															<u> </u>
Total							> \$								-
Part III Grants or A	ssistance	Ben	efiting Inte	reste	d Pe	rsons									
Complete if the	organization	answ	vered "Yes" on	Form §	990, Pa	art IV, I	line 27.								
(a) Name of interested	person		b) Relationship interested pers the organiza	son an			c) Amount of assistance		(d) Type assistan			• •) Purp assist	ose o ance	f
				alion											
		_									_				
											_				
		-									+				
		+									+				
											+				
LHA For Paperwork Reduc	ction Act No	tice, s	see the Instruc	tions	for Fo	rm 990	0 or 990-EZ.		Sche	edule	L (Fo	rm 990) or 9	90-EZ	.) 2020

Schedule L (Form 990 or 990-EZ) 2020 IDYLLWILD ARTS FOUNDATION

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
TREVOR HOLMES	SON OF A BOARD MEMB	39,425.	HIRED AS TH		X
HEATHER COMPANIOTT	DAUGHTER OF A BOARD	73,665.	HIRED AS DI		X
				1	
				1	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TREVOR HOLMES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF A BOARD MEMBER OF THE ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 39,425.

(D) DESCRIPTION OF TRANSACTION: HIRED AS THEATER FACULTY

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: HEATHER COMPANIOTT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF A BOARD MEMBER OF THE ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 73,665.

(D) DESCRIPTION OF TRANSACTION: HIRED AS DIRECTOR OF SPECIAL PROGRAMS

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

09470624 701224 3263

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number 95-1801279

Department of the Treasury	
Internal Revenue Service	

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

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

Open to Public Inspection

20

Name of the organization

IDYLLWILD	ARTS	FOUNDATION	

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		1,452,	FAIR MARKET VALU	3		
6	Cars and other vehicles			, ,				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	7	45 373	FAIR MARKET VALU	3		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	x	1	110 000	FAIR MARKET VALU	2		
18								
19	Collectibles							
20	Food inventory Drugs and medical supplies							
20 21								
22	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()		 					
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, L	Jonee Acknowledg	gement			V	
20-	During the user did the experimetics reacing by			a subad in Daub I. Jin an 4 Abuar	ach 00 that it		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					00-		v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.			of any appendix developed 10	tioneO			v
31								X
32a	Does the organization hire or use third parties of		-				Ţ	
	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y tor which column (a) is ch	ecked,			
	describe in Part II.							

Schedule M (Form 990) 2020

032141 11-23-20

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

SCHEDULE M, LINE 32B:

AN EMPLOYEE, WHO WAS ALSO A REALTOR, HANDLED THE SALE OF THE REAL

PROPERTY. SALES OF STOCK ARE HANDLED THROUGH AN INVESTMENT ACCOUNT

HELD AT CHARLES SCHWAB.

Schedule M (Form 990) 2020

032142 11-23-20

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95-1801279

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