Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

AF	or the	2015 calendar year, or tax year beginning	L 1, 2013 allu	ending	ON 30, 2010						
Вс	heck if oplicable	C Name of organization PERFORMING ARTS CENTER OF			D Employer ider	ntificat	tion number				
	Addres	LOS ANGELES COUNTY									
	Name change	Doing business as			95-	22170	11				
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone nur	nber					
	TFinal	135 NORTH GRAND AVENUE	,				2-7211				
	Jreturn/ termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		53,956,411.				
	Amend				H(a) Is this a grou	ıp retu	rn				
F	_return Applica		WHITNEY		for subordin	ates?	Yes X No				
	Jtion pendin	SAME AS C ABOVE			H(b) Are all subordinates included? Yes No						
1 7			◀ (insert no.) 4947(a)(1)	or 527	-		t. (see instructions)				
1 1	ax-exe	mpt status. (A) 30 N(c)(5) (2) 30 N(c)(7)	(mout no.) 10 m (a)(1)	0 02.	H(c) Group exem		3				
			sociation Other >	I Year			State of legal domicile: CA				
		Summary	ooolaaon out.orp	IL Tour	or formation:	1111					
1.6		Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O							
Se	1 1	Briefly describe the organization's mission or most	significant activities.								
Jan		Check this box if the organization disco	ationed its approxima or dispe	seed of more	a than 25% of its no	at aggs	ote				
Activities & Governance						3	42				
်		Number of voting members of the governing body				4	41				
∞		Number of independent voting members of the go				5	1370				
ies		Fotal number of individuals employed in calendar y				6	608				
Ξ		Total number of volunteers (estimate if necessary)					29,902.				
Act		Total unrelated business revenue from Part VIII, co				7a 7b	4,802.				
-	b	Net unrelated business taxable income from Form	990-T, line 34			/D					
			-	Prior Year	0.0	9,766,317.					
<u>ه</u>	1	Contributions and grants (Part VIII, line 1h)			13,287,5						
Revenue		Program service revenue (Part VIII, line 2g)			39,465,5	_	37,422,808.				
ě		nvestment income (Part VIII, column (A), lines 3, 4		1,420,3	_	3,723,120.					
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8d		929,0		2,520,413.					
	12	Total revenue - add lines 8 through 11 (must equa		55,102,4	_	53,432,658.					
	13	Grants and similar amounts paid (Part IX, column		973,9		920,882.					
		Benefits paid to or for members (Part IX, column (0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		26,262,3	_	24,738,486.				
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		54,1	23.	67,308.				
å	b	Total fundraising expenses (Part IX, column (D), lir	ie 25) 2,464	,549.			- In the street				
Ú	17	Other expenses (Part IX, column (A), lines 11a-11c	I, 11f-24e)		27,474,1	_	25,269,796.				
	18	Total expenses. Add lines 13-17 (must equal Part	IX, column (A), line 25)		54,764,5	\rightarrow	50,996,472.				
	19	Revenue less expenses. Subtract line 18 from line	12		337,9	39.	2,436,186.				
Net Assets or Fund Ralances				В	eginning of Current Y		End of Year				
sets	20	Total assets (Part X, line 16)			91,499,0		87,594,551.				
ASS	21	Total liabilities (Part X, line 26)			42,225,8		44,093,417.				
Set	22	Net assets or fund balances. Subtract line 21 from	n line 20		49,273,2	68.	43,501,134.				
P	art II	Signature Block									
Unc	ler pena	Ities of perjury, I declare that I have examined this return	, including accompanying schedu	les and stater	ments, and to the best	of my l	knowledge and belief, it is				
true	, correc	t, and complete Declaration of preparer (other than offic	er) is based on all information of	which prepare	er has any knowledge.						
-		Musa Wantage			4	1/25	3/17				
Sig	ın	Signature of officer			Date						
He		LISA WHITNEY, SENIOR VP, FINANCE	& CFO								
		Type or print name and title									
_		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN				
Pai	d	LIOR TEMKIN	<u> </u>	04/04/17 II P00748170							
	parer	Firm's name SINGERLEWAK LLP			Firm's EIN 95-2302617						
	Only	Firm's address 10960 WILSHIRE BLVD. ST									
501	,	LOS ANGELES, CA 90024-3		Phone no	(310) 477-3924					
140	w the I	RS discuss this return with the preparer shown ah		ne entreti docto a del montro en	Control of the Contro		X Yes No				

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532002 12-16-15

SEE SCHEDULE O FOR CONTINUATION(S)

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Part IV Checklist of Required Schedules

			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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	۳		
•	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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	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	444	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplation report on amount for other liabilities in Part X, line 352 If "Yes," complete Schedule D, Part X	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_ ^	
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	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Cabadula D. Davis VI and VII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

LOS ANGELES COUNTY

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 21
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Bax 3 of Form 1096. Enter- 0.1 for applicable 16 15 10 0 19 Enter the number of Forms W-26 included in line 1 a. Enter 0.1 find applicable 15 0 0 10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1370 20 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 1370 11 If all seat one is reported on line 22, did the organization file all recipited federal employment tax returns? 2b X Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X X 15 If Yes, * has it filed a Form 990-T for this year? If 'Wo, * to line 3b, provide an explanation in Schedule O 3b X 26 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 accounts (FBAR). 27 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 28 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X X II Yes, * to line 5a or 5b, did the organization file Form 8886 T? 5c X X II Yes, * to line 5a or 5b, did the organization file Form 8886 T? 5c X X II Yes, * to line 5a or 5b, did the organization file Form 8886 T? 5c X X II Yes, * to line 5a or 5b, did the organization file Form 8886 T? 5c X X II Yes, * to line 5a or 5b, did the organization file Form 8886 T? 5c X X II Yes, * to line 5a or 5b, did the organization file Form 8886 T? 5c X X II Yes, * to line 5a or 5b, did the organization file Form 8868 T? 5c X X II Yes, * to line 6a or 5b, did the organization file Form 8868 T? 5c X X X X X X X X X X X X X X X X X X		Check if Schedule O contains a response or note to any line in this Part V				
be Enter the number of Forms W26 included in line 1a. Enter 0 / In not applicable Included Incl					Yes	No
be Enter the number of Forms W26 included in line 1a. Enter 0 / In not applicable Included Incl	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	299			
Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2 In 1370 2 In 1370 3 In 1370 3 In 1370 5 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 In 1370 3 In 1370 5 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In 1370 5 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In 1370 5 In 137	b		0			
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b IX 4 At any time during the calendary 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 accounts)? 4a At any time the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization and the foreign country (such as a bank account, securities account, or other financial accounts)? 5b Was the organization for 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Use of the organization have the organization file Form 8889 as the stransaction? 5c Use of the organization have explored the organization than the was or is a party to a prohibited tax shelter transaction? 5c Use of the organization have explored that the organization than the very solicitation an express statement that such contributions or grits were not tax deductible? 6c Organization fine organization have explored the organization than the very solicitation an express statement that such contributions or grits were not tax deductible? 6c Organization fine organization encode and organization fine form 8892 as required to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Vax organization f	С		ng			
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b IX 4 At any time during the calendary 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 accounts)? 4a At any time the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization and the foreign country (such as a bank account, securities account, or other financial accounts)? 5b Was the organization for 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Use of the organization have the organization file Form 8889 as the stransaction? 5c Use of the organization have explored the organization than the was or is a party to a prohibited tax shelter transaction? 5c Use of the organization have explored that the organization than the very solicitation an express statement that such contributions or grits were not tax deductible? 6c Organization fine organization have explored the organization than the very solicitation an express statement that such contributions or grits were not tax deductible? 6c Organization fine organization encode and organization fine form 8892 as required to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Vax organization f		(gambling) winnings to prize winners?		1c	Х	
filed for the calendary year ending with or within the year covered by this return 2a	2a					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a	1370			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'has it field a Form 990°F for this year? If 'No,' to line 3b, provide an explanation in Schedule O 3b X 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()? 4b If 'Yes,' enter the name of the foreign country Securities account, or other financial account()? 5c Was the organization of the foreign country Securities account, or other financial account()? 5c Was the organization for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5c Using years Securities	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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 Toreign country (such as a bank account, corticular, and an		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
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)? 5b If "Yes," enter the name of the foreign country: ▶ Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation and express statement that such contributions oscilit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization receive deductible contributions under section 170(c). 6d If "Yes," did the organization notity the donor of the value of the goods or services provided? 7c If If yes," indicate the number of Forms 8282 filed during the year 7d If If yes," indicate the number of Forms 8282 filed during the year 8 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7e If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1990. Part VIII, intel 12 8 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizat	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b f '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). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in Yes, '' to line Sa or 5b, did the organization that t was or is a party to a prohibited tax shelter transaction? See instructions or 5b, did the organization that t was or is a party to a prohibited tax shelter transaction? See in Yes, '' to line Sa or 5b, did the organization file Form 8886-17 See instructions that were not tax deductible? See instructions that were not tax deductible? To organizations that may receive deductible contributions under section 170(c). B diff organizations that may receive deductible contributions under section 170(c). B diff organization stall may receive deductible contributions under section 170(c). B diff organization stall may receive deductible contributions under section 170(c). B diff organization seel we apyment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? To b if Yes, '' indicate the number of Forms 8282 filed during the year apy permiting of the goods or services provided? To b if Yes, '' indicate the number of Forms 8282 filed during the year To b of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To b of the organization received an contribution of cars, boats, arplanes, or other welloes, did the organization file a Form 1098-C? September 19 Section 501(c) 120 reganization make any taxable distributions un	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	Х	
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 14a X						
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 14a X						
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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year Interest received or accrued Interest Interest received or accrued during the year Interest						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b c Enter the amount of reserves on hand 13c 14a X	D					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X	12a	/		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X				124		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c						
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 c Enter the amount of reserves on hand 13c 14a X				13a		
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 c Enter the amount of reserves on hand 13c 14a X	_					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b					
c Enter the amount of reserves on hand						
14a Did the organization receive any payments for indoor tanning services during the tax year?	С					
				14a		Х
b ii ree, has telled a reinit ize to report these payments: ii rie, previde an explanation in conceder o		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

LOS ANGELES COUNTY

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. 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	42	4							
	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 in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4.1								
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	X						
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4	X						
5											
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or								
	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	stockh	olders, or								
	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 real	ached a	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of	hapter	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe								
	in Schedule O how this was done			12c	X						
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 approve										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	Х						
	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 arrange	ment v	vith 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										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n'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 ▶CA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sect	ion 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request X Other (explain	in Scl	nedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, an	d finan	cial						
	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 ar	id records:								
	LISA WHITNEY - (213) 972-7512										
	135 NORTH GRAND AVENUE LOS ANGELES CA 90012-3013										

95-2217011

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(5)	T S							(F)	(F)
(A)	(B)	Docition		(D)	(E)	(F)				
Name and Title	Average		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per			ess pe				compensation	compensation	amount of
	week	-		П			Ú	from the	from related organizations	other
	(list any hours for	direct						organization	(W-2/1099-MISC)	compensation from the
	related	e or o	stee			sate		(W-2/1099-MISC)	(** 2/ 1033 141100)	organization
	organizations	truste	al tru:		yee	mpei		(** =* ** = * * * * * * * * * * * * * *		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) ROBERT J. ABERNETHY	1.00									
OFFICER - VICE CHAIR		Х		Х				0.	0.	0.
(2) WILLIAM H. AHMANSON	1.00									
DIRECTOR		Х						0.	0.	0.
(3) WALLIS ANNENBERG	1.00									
DIRECTOR		Х						0.	0.	0.
(4) DARRELL BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) KIMAADA BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DANNIELLE CAMPOS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CRAIG A. ELLIS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LISA GILFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAVID GINDLER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KIKI GINDLER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JULIE GOLDSMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BRINDELL GOTTLIEB	1.00									
DIRECTOR		Х						0.	0.	0.
(13) GLENN KAINO	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ARTHUR D. KRAUS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CARY LEFTON	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DAVID LIPPMAN	1.00									
DIRECTOR		Х	L	L	L	L	L	0.	0.	0.
(17) NIGEL LYTHGOE	1.00									
DIRECTOR		Х						0.	0.	0.
F20007 10 16 15										Form 990 (2015)

532007 12-16-15

LOS ANGELES COUNTY

Page 8 Form 990 (2015) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) (18) BOWEN "BUZZ" MCCOY 1.00 DIRECTOR X 0 0 0. (19) MATTIE MCFADDEN-LAWSON 1.00 DIRECTOR Х 0 0 0. (20) DIANE G. MEDINA 1,00 DIRECTOR X 0 0 0. (21) ELIZABETH MICHELSON 1.00 DIRECTOR 0 0 0. (22) DARRELL MILLER 1.00 DIRECTOR 0 0. 1.00 (23) CINDY MISCIKOWSKI DIRECTOR 0 . 0 0. (24) SHELBY NOTKIN 1.00 0. OFFICER-TREASURER (THROUGH 1/2016) Х 0 . 0 (25) MICHAEL PAGANO 1.00 OFFICER - VICE CHAIR 0 . 0 0. X (26) DIANE PAUL 1.00 DIRECTOR 0 0 0. 0. 0 0. 1b Sub-total 0. 318,060.

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

> Yes No 3 Х 4 Х

5

Х

318,060.

41

0.

line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

d Total (add lines 1b and 1c).

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

(A) Name and business address	(B)	(C)
ivaine and business address	Description of services	Compensation
SODEXO, INC. & AFFILIATES		
P.O. BOX 43283, LOS ANGELES, CA 90088	HOUSEKEEPING	2,126,168.
THE PATINA GROUP, 1150 SOUTH OLIVE STREET,		
SUITE TG25, LOS ANGELES, CA 90015	CATERING	1,651,311.
MARIINSKY THEATRE OF ST. PETERSBURG		
130 W. 56TH STREET, NEW YORK, NY 10019	DANCE COMPANY	562,000.
ALVIN AILEY AMERICAN DANCE		
405 W. 55TH STREET, NEW YORK, NY 10019	DANCE COMPANY	481,787.
FREDERICK FISHER AND PARTNERS ARCHITECTS,		
12248 SANTA MONICA BLVD, LOS ANGELES, CA	ARCHITECTS	430,824.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	55	
	·	200

SEE PART VII, SECTION A CONTINUATION SHEETS

c Total from continuation sheets to Part VII, Section A

Form **990** (2015)

1,987,066.

1,987,066.

Form 990 LOS ANGELES COUNTY 95-2217011

Form 990 LOS ANGELES C	COUNTY								95-2217011			
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)			
(A) (B) (C) (D) (E) (F)												
Name and title	Average	ge Position				Reportable	Reportable	Estimated				
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of		
	per week (list any hours for related	tee or director	ıstee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related		
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compe	Former			organizations		
(27) KAREN KAY PLATT	1.00	1										
OFFICER - SECRETARY		Х		Х				0.	0.	0		
(28) MAX RAMBERG	1.00											
DIRECTOR		Х						0.	0.	0		
(29) JOSEPH RICE	1.00											
DIRECTOR		Х						0.	0.	0		
(30) RICHARD K. ROEDER	1.00											
DIRECTOR		х						0.	0.	0		
(31) JONI J. SMITH	1.00			Г								
DIRECTOR		х						0.	0.	0		
(32) CATHARINE SOROS	1.00											
DIRECTOR		х						0.	0.	0		
(33) LISA SPECHT	1.00											
OFFICER - CHAIR		Х		x				0.	0.	0		
(34) MARC I. STERN	1.00				\vdash	\vdash						
DIRECTOR		x						0.	0.	0		
(35) DR. CYNTHIA A. TELLES	1.00		\vdash	\vdash	\vdash	\vdash	\vdash		• •			
DIRECTOR	1.00	x						0.	0.	0		
(36) CARY H. THOMPSON	1.00		\vdash	\vdash	\vdash	\vdash	\vdash		• •			
DIRECTOR	1.00	x						0.	0.	0		
(37) WALTER F. ULLOA	1.00		\vdash	\vdash	\vdash	\vdash	\vdash		• •			
DIRECTOR	1.00	x						0.	0.	0		
(38) CATALINA JOOS VERGARA	1.00		\vdash	\vdash	\vdash	\vdash	\vdash		• •			
DIRECTOR	1.00	x						0.	0.	0		
(39) TIMOTHY WAHL	1.00			\vdash			\vdash		0.			
DIRECTOR	1.00	Х						0.	0.	0		
(40) SUSAN WEGLEITNER	1.00	^		\vdash	\vdash	\vdash	\vdash	0.	0.			
OFFICER-TREASURER (EFFECTIVE 1/2016)	1.00	Х		x				0.	0.	,		
(41) ALYCE WILLIAMSON	1.00	^	\vdash	Δ	\vdash	┝	\vdash	0.	0.	0		
	1.00							0.	0.	_		
DIRECTOR	35.00	Х	\vdash	\vdash	\vdash	\vdash	\vdash	0.	υ,	0		
(42) RACHEL MOORE	35.00	.,		.,				170 100	0	6 740		
PRESIDENT (EFFECTIVE 9/2015)	25.00	Х		Х	_		_	172,108.	0.	6,740		
(43) STEPHEN D. ROUNTREE	35.00	١						0.50 100	0	45.006		
PRESIDENT (THROUGH 1/2015)	25.00	Х		Х	_		_	262,199.	0.	47,886		
(44) HOWARD SHERMAN	35.00	1						440.005		.		
INTERIM PRESIDENT & EXEC. VP, COO	2	_	<u> </u>	Х	_	\vdash	<u> </u>	440,896.	0.	54,403		
(45) LISA WHITNEY	35.00	-										
SR. VP FINANCE, CFO		\vdash		Х			<u> </u>	251,891.	0.	33,911		
(46) JAMES DRAPER	45.00											
HEAD OF PROPERTY	I	I	1	1	I	Х	ı	169,798.	0.	44,407		

LOS ANGELES COUNTY Form 990

95-2217011 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) (E) Name and title Position Reportable Reportable Estimated Average (check all that apply) compensation compensation amount of hours per from from related other week the organizations compensation Highest compensated employee Individual trustee or director (W-2/1099-MISC) (list any organization from the hours for (W-2/1099-MISC) organization Institutional trustee related and related organizations Key employee organizations below Officer line) (47) GARY EARL 47.00 HEAD OF ELECTRIC Х 177,394. 0 46,089. (48) LARRY GOEBEL 40.00 DIRECTOR OF SECURITY 0 Х 166,073. 7,159. (49) EMMET KAISER 46.00 HEAD OF CARPENTRY Х 0 169,010 42,253. (50) KEITH MCTAGUE 40.00 DIRECTOR, BUILDING SERVICE 0 Х 177,697. 35,212. 1,987,066 318,060. Total to Part VII, Section A, line 1c

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Form 990 (2015) LOS ANGELES
Part VIII Statement of Revenue

		Check if Schedule O conta	aine a reenonee	or note to any lin	e in this Part VIII			
		Officer if Schedule O conta	allis a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0, (0)						revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Gr.		Membership dues						
ts,		Fundraising events		852,244.				
ia i	d	Related organizations	1d					
JS,	е	Government grants (contributi	ons) 1e	145,810.				
tio	f	All other contributions, gifts, grant	s, and					
를 다		similar amounts not included abov	/e 1f	8,768,263.				
do	g	Noncash contributions included in lines	1a-1f: \$	329,457.				
a C	h	Total. Add lines 1a-1f			9,766,317.			
\neg				Business Code				
ø	2 a	REIMB. BY LA COUNTY		900099	22,894,116.	22,894,116.		
ا کے	b	REIMB. BY SUBLICENSEES		900099	4,723,563.	4,723,563.		
Se	С	EDUCATION, PROGRAMMING	900099	3,975,714.	3,975,714.			
am	d			900099	3,157,959.	3,157,959.		
Program Service Revenue	е.	THEATER RENTS		900099	2,626,536.	2,626,536.		
Pro	f	All other program service reve	nue	900099	44,920.	14,920.	30,000.	
		Total. Add lines 2a-2f			37,422,808.			
\neg	3	Investment income (including			,,			
	3	other similar amounts)			3,657,772.			3,657,772.
	4	Income from investment of tax			1,408.			1,408.
	4				90.			90.
	5	Royalties			90.			30.
	•		(i) Real	(ii) Personal				
		Gross rents	640,662.					
		Less: rental expenses	0.	0.				
		Rental income or (loss)	640,662.	19,565.				
	d	Net rental income or (loss)			660,227.	660,227.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	323,156.	70,241.				
	b	Less: cost or other basis						
		and sales expenses	329,457.	0.				
	С	Gain or (loss)	-6,301.	70,241.				
	d	Net gain or (loss)		<u></u>	63,940.			63,940.
<u>o</u>	8 a	Gross income from fundraising	g events (not					
		including \$852	,244. of					
eve		contributions reported on line	1c). See					
<u>بر</u> ا		Part IV, line 18	а	23,000.				
Other Reven	b	Less: direct expenses		194,296.				
0		Net income or (loss) from fund			-171,296.			-171,296.
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
ŀ	C	Miscellaneous Revenue		Business Code				
ł	11 -	RESTAURANT & CATERING	5	900099	1 898 547	1 898 547		
				900099	1,898,547.	1,898,547.		
	b			900099	111,542.	111,542.	0.0	
	C	LOSS ON PARTNERSHIP			-98 .	01 100	-98.	070
		All other revenue		900099	21,401.	21,123.		278.
	е	Total. Add lines 11a-11d			2,031,392.	40.004.04=	00.005	2 552 423
	12	Total revenue See instructions			53 432 658.	40 084 247.	29 902.	3 552 192.

532009 12-16-15

Page **10**

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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			, , ,	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	797,625.	797,625.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	123,257.	123,257.		
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,	4 005 404	470.660	24.2 524	
_	trustees, and key employees	1,285,181.	472,660.	812,521.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	10 425 040	15 000 011	1 101 240	1 264 907
7	Other salaries and wages	18,435,048.	15,988,811.	1,181,340.	1,264,897.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,184,710.	1 066 204	ξ2 330	55 070
9	` ` ` ` ` ` · · · · · · · · · · · · · ·	2,217,044.	1,066,294.	63,338.	55,078. 116,935.
	Other employee benefits	1,616,503.	1,400,978.	118,641.	96,884.
10 11	Payroll taxes Fees for services (non-employees):	1,010,505.	1,400,570.	110,041.	50,004.
a b	Management	309,963.	32,879.	277,084.	
C	Legal Accounting	95,942.	02,075	95,942.	
d		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e	Professional fundraising services. See Part IV, line 17	67,308.			67,308.
f	Investment management fees	7			
g					
3	column (A) amount, list line 11g expenses on Sch O.)	1,984,357.	1,594,818.	148,943.	240,596.
12	Advertising and promotion	759,464.	742,456.	9,277.	7,731.
13	Office expenses	1,327,127.	739,810.	259,805.	327,512.
14	Information technology	114,863.	95,352.	12,768.	6,743.
15	Royalties				
16	Occupancy	6,909.	6,909.		
17	Travel	433,491.	394,556.	25,689.	13,246.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	75,072.	35,564.	29,161.	10,347.
20	Interest	1,195,765.	1,194,556.	533.	676.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,485,651.	1,413,707.	56,720.	15,224.
23	Insurance	1,120,033.	1,044,450.	75,583.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MAINTENANCE	8,869,074.	8,810,289.	55,087.	3,698.
b	PRODUCTION - ARTIST FEE	2,244,155.	2,239,955.		4,200.
С	CAPITAL EQUIPMENT PURCH	1,495,897.	1,464,082.	31,815.	
d	PRODUCTION RELATED EXPE	1,226,072.	1,225,648.		424.
е	All other expenses	2,525,961.	2,081,467.	211,444.	233,050.
25	Total functional expenses. Add lines 1 through 24e	50,996,472.	44,903,808.	3,628,115.	2,464,549.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

95-2217011

Form 990 (2015)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			18,234.	1	17,718.
	2	Savings and temporary cash investments			8,118,880.	2	8,822,942.
	3	Pledges and grants receivable, net			16,673,081.	3	16,347,506.
	4	Accounts receivable, net		2,062,510.	4	1,322,303.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net			21,550.	7	17,343.
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			578,041.	9	876,369.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,728,990.			
	b	Less: accumulated depreciation	10b	2,212,548.	645,268.	10c	516,442.
	11	Investments - publicly traded securities	4,989,578.	11	4,238,130.		
	12	Investments - other securities. See Part IV, line	21,938,238.	12	23,718,126.		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	36,453,703.	15	31,717,672.		
	16	Total assets. Add lines 1 through 15 (must equ	91,499,083.	16	87,594,551.		
	17	Accounts payable and accrued expenses			9,158,279.	17	11,291,204.
	18	Grants payable		18			
	19	Deferred revenue			6,340,492.	19	6,582,983.
	20	Tax-exempt bond liabilities			25,299,340.	20	24,851,430.
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee					
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24). Complete Part X of			
		Schedule D			1,427,704.	25	1,367,800.
	26	Total liabilities. Add lines 17 through 25			42,225,815.	26	44,093,417.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 ar					
anc	27	Unrestricted net assets			-4,660,575.	27	-6,172,842.
Bal	28	Temporarily restricted net assets	16,198,784.	28	15,438,885.		
pu	29	Permanently restricted net assets	37,735,059.	29	34,235,091.		
Ŀ		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ ☐ ☐			
ō		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds		30			
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
~	33	Total net assets or fund balances		<u> </u>	49,273,268.	33	43,501,134.
	34	Total liabilities and net assets/fund balances			91,499,083.	34	87,594,551.

LOS ANGELES COUNTY

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53	,432	,658.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	50	,996	,472.	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,436	,186.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49	,273	,268.	
5	Net unrealized gains (losses) on investments	5		-770	,939.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7	,437	,381.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	43	,501	,134.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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 selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		. 3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h	i		

SCHEDULE A

(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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PERFORMING ARTS CENTER OF

Employer identification number

			GELES COUNTY					5-2217011
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.	
The	organi	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						•
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		,		, 5		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
	Х	An organization that norma	•				• •	nublic described in
•		section 170(b)(1)(A)(vi). (Co		artial part of its support	rom a gov	ommonta	ant of nom the general	public described in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \			
9	H	•			•	oontributi.	ana mambarahin fasa s	and areas resaints from
9		An organization that norma	• • • • • • • • • • • • • • • • • • • •	•	•		• •	
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) ir	om busine	sses acqu	ired by the organization	aπer June 30, 1975.
40		See section 509(a)(2). (Cor		to a border de la de de la compania	· f - t O		00(-)(4)	
10	H	An organization organized	•	*	•			
11		An organization organized a		•	•		•	
		more publicly supported or						check the box in
		lines 11a through 11d that				•	, ,	
а		☐ Type I. A supporting orga	•	•	•			
		the supported organization	., .		a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	•					
b			anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving
		control or management o			ame perso	ons that co	entrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g	Prov	ride the following information	about the supporte					
	(i	i) Name of supported	(ii) EIN		(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	governing (document?	support (see instructions)	other support (see
				,	Yes	No	instructions)	instructions)
Tot:	ıl							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 LOS ANGELES COUNTY

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	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,052,864.	10,122,703.	11,014,689.	13,287,599.	9,766,317.	53,244,172.
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	5,145,023.	5,448,343.	5,599,677.	5,467,245.	4,915,661.	26,575,949.
4	Total. Add lines 1 through 3	14,197,887.	15,571,046.	16,614,366.	18,754,844.	14,681,978.	79,820,121.
	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)						1,098,024.
6	Public support. Subtract line 5 from line 4.						78,722,097.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	14,197,887.	15,571,046.	16,614,366.	18,754,844.	14,681,978.	79,820,121.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,851,022.	1,752,539.	2,057,740.	1,987,596.	4,319,497.	11,968,394.
9	Net income from unrelated business		, ,	, ,	. ,	. ,	· · · · · · · · · · · · · · · · · · ·
	activities, whether or not the						
	business is regularly carried on	102,770.	30,000.	30,000.	30,000.	30,000.	222,770.
10	Other income. Do not include gain	,	·	,	,	,	· · · · · ·
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,716,801.	1,783,496.	1,777,980.	2,033,571.	2,031,392.	9,343,240.
11	Total support. Add lines 7 through 10	, ,	, ,	, ,	, ,	, ,	101,354,525.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	184,288,206.
	First five years. If the Form 990 is for	•					
	organization, check this box and stop	•			•	. , . ,	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				Í
	Public support percentage for 2015 (I			olumn (f))		14	77.67 %
	Public support percentage from 2014					15	79.39 %
	33 1/3% support test - 2015. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		▶ □
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		·				
18	Private foundation. If the organizatio						
_			,,	, ,,		dula A (Form 000	

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	71	piete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(-,	(-,	(-, 20.0	(=, ==::	(-,	(1)
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
11	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 five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
_	check this box and stop here						>
	tion C. Computation of Publi					1 1	
	Public support percentage for 2015 (li					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 17 is not
19a	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2014. If the	•			•		
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						······· [

532023 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 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.)

_		Yes	No
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	3b		
-	3с		
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	4b		
f	40		
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90	10b 00 or 99	0-F7	2015

PERFORMING ARTS CENTER OF

Pa	rt IV Supporting Organizations (continued)			
	(oonsingod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion 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		
Sec	tion 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 (2), 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		
Sec	tion 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):			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally	y-integr	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2015

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provid	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
	_	D	Excess Distributions	Underdistributions	Distributable
secti	on E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From 2	2013			
е	From 2	2014			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Remai	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2015 distributable amount			
С	Remai	inder. Subtract lines 4a and 4b from 4.			
5	Remai	ining underdistributions for years prior to 2015, if			
	any. S	subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6	Remai	ining underdistributions for 2015. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exces	ss distributions carryover to 2016. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
d	Exces	s from 2014			
е	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2011 AMOUNT: \$ 30,545. 2012 AMOUNT: \$ 31,558. 2013 AMOUNT: \$ 27,742. 2014 AMOUNT: \$ 16,381. 2015 AMOUNT: \$ 21,303. RESTAURANT & CATERING 2011 AMOUNT: \$ 1,633,144. 2012 AMOUNT: \$ 1,704,793. 2013 AMOUNT: \$ 1,706,994. 2014 AMOUNT: \$ 1,916,944. 2015 AMOUNT: \$ 1,898,547. CONCESSIONS 2011 AMOUNT: \$ 53,112. 2012 AMOUNT: \$ 47,145. 2013 AMOUNT: \$ 43,244. 2014 AMOUNT: \$ 100,246. 2015 AMOUNT: \$ 111,542.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PERFORMING ARTS CENTER OF

LOS ANGELES COUNTY

Employer identification number 95-2217011

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year	and the format of the	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		
6	Starr and volunteer riours devoted to monitoring, inspecting,	mandling of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing consonya	ition assements during the year
'	\$	diling of violations, and emoreting conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		g
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			·
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		·

PERFORMING ARTS CENTER OF LOS ANGELES COUNTY Schedule D (Form 990) 2015 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included No on Form 990, Part X? Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year e Distributions during the year 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year **1a** Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No bv: (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,549,266.	2,071,832.	477,434.
e Other		179,724.	140,716.	39,008.
Total Add lines 1a through 1e (Column (d) must equa	al Form 990 Part X colur	nn (B) line 10c)	•	516 442.

PERFORMING ARTS CENTER OF

(F) (G) (H)

Schedule D (Form 990) 2015 LOS ANGELES COUNT	ľY	95-2217011 Pag	e 3
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) UNITIZED FUND OF INVESTMENTS OPERATED			
(B) BY MUSIC CENTER FOUNDATION	23,718,126.	END-OF-YEAR MARKET VALUE	
(C)			
(D)			

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 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.)	>	

23,718,126.

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) BENEFICIAL INTEREST IN TRUST	26,880,880.
(2) CONTRACT ACQUISITION COSTS	4,836,792.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	31,717,672.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO RESIDENT COMPANIES	726,430.
(3)	DEPOSITS	297,190.
(4)	CAPITAL LEASE OBLIGATIONS	243,023.
(5)	BOND INTEREST PAYABLE	101,157.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,367,800.

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

PERFORMING ARTS CENTER OF LOS ANGELES COUNTY Schedule D (Form 990) 2015 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 53,462,677. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments -770.9392a 4,915,661 **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) -4,114,801 e Add lines 2a through 2d 29,921. 2e 53,432,756. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) -98. c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 53 432 658. 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 55,912,133. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 4.915.661 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) 4,915,661. 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 50,996,472. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 0. 4c 50,996,472. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 1A: IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY CULTURAL INSTITUTIONS. ART OBJECTS PURCHASED BY OR DONATED TO PACLAC ARE NOT INCLUDED IN THE STATEMENTS OF FINANCIAL POSITION. PACLAC'S COLLECTION CONSISTS OF ART OBJECTS THAT ARE ON EXHIBITION. EACH OF THE ITEMS IS CATALOGUED. PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED REGULARLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR IN TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS

USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS: CONTRIBUTED

COLLECTION ITEMS ARE EXCLUDED FROM THE FINANCIAL STATEMENTS.

LOS ANGELES COUNTY 95-2217011 Schedule D (Form 990) 2015 Page 5 Part XIII | Supplemental Information (continued) ITEMS IN COLLECTION INCLUDE: PAINTINGS, PRINTS, SCULPTURES, FURNITURE, MUSICAL ITEMS AND TEXTILES. PART X, LINE 2: THE PERFORMING ARTS CENTER IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION AND IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE REVENUE AND TAXATION CODE OF CALIFORNIA. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. PACLAC HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, "INCOME TAXES" ("ASC 740"), FORMERLY FASB INTERPRETATION NO. 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, " AN INTERPRETATION OF FASB STATEMENT NO. 109. ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ASC 740 REQUIRES THAT AN ORGANIZATION RECOGNIZE IN THE FINANCIAL STATEMENTS THE IMPACT OF THE TAX POSITION IF THAT POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED ON AUDIT. BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF AND FOR THE YEAR ENDED JUNE 30, 2016 AND 2015, PACLAC HAD NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST. THE FEDERAL INCOME TAX RETURNS OF PACLAC STILL OPEN AND SUBJECT TO IRS EXAMINATION ARE FOR THE 2013 THROUGH 2016 TAX YEARS. THE STATE OF CALIFORNIA INCOME TAX RETURNS STILL OPEN AND SUBJECT TO EXAMINATION ARE ALSO FOR THE 2012 THROUGH 2016 TAX YEARS.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PERFORMING ARTS CENTER OF

LOS ANGELES COUNTY

Employer identification number

95-2217011

Part I Fundraising Activities required to complete this part	- Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not				
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e X Solicitate f X Solicitate g X Special or oral agreement with any individual cart VII) or entity in connection with publicity in	tion of tion of fundra (includ	non-g gover ising o ding o	overnment grants nment grants events fficers, directors, true undraising services?	stees or X Yes					
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization										
THEATER DIRECT INC 4213 WEST BURBANK BLVD., BURBANK,	TELEMARKETING	Yes	No X	179,298.	67,308.	111,990.				
Гotal			•	179,298.	67,308.	111,990.				
List all states in which the organization or licensing. CA	on is registered or licensed to solicit	contrib	utions		d it is exempt from re					

SEE PART IV FOR CONTINUATIONS

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

Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

PERFORMING ARTS CENTER OF Schedule G (Form 990 or 990-EZ) 2015 LOS ANGELES COUNTY 95-2217011 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through SUMMER SOIREE SPOTLIGHT GALA col. (c)) (event type) (event type) (total number) Revenue 638,548 236,696 875,244. 1 Gross receipts 2 Less: Contributions 638,548 213,696 852,244. Gross income (line 1 minus line 2) 23,000 23,000. 4 Cash prizes 5 Noncash prizes Direct Expenses 3,760 2,037. 5,797. 6 Rent/facility costs 61,781. 21,031 40,750 **7** Food and beverages 6,564 11,801 18,365. 8 Entertainment Other direct expenses 82,053. 26,300. 108,353. 194,296. **10** Direct expense summary. Add lines 4 through 9 in column (d) -171,296. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d)

9	Enter the state(s) in which the organization conducts gaming activities:		
а	Is the organization licensed to conduct gaming activities in each of these states?	Yes	☐ No
	If "No," explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes	No No
b	If "Yes," explain:		

Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

PERFORMING ARTS CENTER OF

Sch	edule G (Form 990 or 990-EZ) 2015 LOS ANGELES COUNTY 95-	2217011	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
12		103	110
	Indicate the percentage of gaming activity conducted in:	ا ءود ا	0/
	The organization's facility		<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e	
	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 Part	II. lines 9, 9b, 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	,,, .	,,
	100, 10, and 110, as applicable. Also provide any additional information (500 instructions).		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
/	NAME OF BUNDDATGED, MURAMED DIDECT INC		
(1)	NAME OF FUNDRAISER: THEATER DIRECT INC.		
(I)	ADDRESS OF FUNDRAISER: 4213 WEST BURBANK BLVD., BURBANK, CA 91505		
SCH	EDULE G, PART II:		
	·		-
THE	SUMMER SOIREE FUNDRAISING EVENT WAS HELD ON JULY 7, 2016, AFTER THE		
רז ר	SE OF THE FISCAL VEAR ENDING JUNE 30 2016		
<u>спс</u>	SE OF THE FISCAL YEAR ENDING JUNE 30, 2016.		

PERFORMING ARTS CENTER OF

Schedule G (Form 990 or 990-EZ) LOS ANGELES COUNTY	95-2217011	Page 4
Schedule G (Form 990 or 990-EZ) LOS ANGELES COUNTY Part IV Supplemental Information (continued)		
	Schedule G (Form 990	or 990-F7

532084 04-01-15

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LOS ANGELES CO	OUNTY						95-2217011
Part I General Information on Grants a	ınd Assistance						
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES MASTER CHORALE 135 NORTH GRAND AVE.							GENERAL OPERATING
LOS ANGELES, CA 90012	95-2315682	501(C) 3	104,606.	0.	CASH GRANTS	N/A	ASSISTANCE AND GRANT
LOS ANGELES OPERA COMPANY 135 NORTH GRAND AVE. LOS ANGELES, CA 90012	95-2096402	501(C) 3	207,275.	0.	CASH GRANTS	N/A	GENERAL OPERATING ASSISTANCE
LOS ANGELES PHILHARMONIC ASSOCIATION - 151 SOUTH GRAND AVE LOS ANGELES, CA 90012	95-1696734	501(C) 3	207,274.	0.	CASH GRANTS	N/A	GENERAL OPERATING ASSISTANCE
CENTER THEATRE GROUP 135 NORTH GRAND AVE. LOS ANGELES CA 90012	95-2466183	501(C) 3	278.470.	0.	CASH GRANTS	N/A	GENERAL OPERATING ASSISTANCE AND GRANT
,			,				
2 Enter total number of coation 504/5//0\	and government -	rappiantions listed in the	ho line 1 toble				4.
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization							0,

PERFORMING ARTS CENTER OF

Schedule I (Form 990) (2015)

LOS ANGELES COUNTY

95-2217011

F	Pac	ne.

(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 non-cash assistance
SPOTLIGHT AWARDS - AWARDS AND SCHOLARSHIPS FOR					
HIGH SCHOOL PERFORMING AND VISUAL ARTISTS.	139	123,257.	. 0.	CASH AWARDS	
			-		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
11111 1, 11111 2.					
WE REGULARLY REVIEW THE FINANCIAL STATEMENTS OF O	UR RESIDENT CO	MPANIES.			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

PERFORMING ARTS CENTER OF LOS ANGELES COUNTY

Inspection **Employer identification number**

95-2217011

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

13440404 701224 5712 2015.05060 PERFORMING ARTS CENTER OF L 5712___1

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficits	(15)(1)-(15)	reported as deferred on prior Form 990
(1) RACHEL MOORE	(i)	167,010.	0.	5,098.	4,442.	2,298.	178,848.	0.
PRESIDENT (EFFECTIVE 9/2015)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHEN D. ROUNTREE	(i)	261,317.	0.	882.	47,683.	203.	310,085.	173,613.
PRESIDENT (THROUGH 1/2015)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HOWARD SHERMAN	(i)	316,753.	100,000.	24,143.	46,268.	8,135.	495,299.	0.
INTERIM PRESIDENT & EXEC. VP, COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA WHITNEY	(i)	227,487.	0.	24,404.	23,226.	10,685.	285,802.	0.
SR. VP FINANCE, CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES DRAPER	(i)	169,798.	0.	0.	0.	44,407.	214,205.	0.
HEAD OF PROPERTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GARY EARL	(i)	158,203.	0.	19,191.	0.	46,089.	223,483.	0.
HEAD OF ELECTRIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LARRY GOEBEL	(i)	141,297.	0.	24,776.	6,452.	707.	173,232.	0.
DIRECTOR OF SECURITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EMMET KAISER	(i)	169,010.	0.	0.	0.	42,253.	211,263.	0.
HEAD OF CARPENTRY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KEITH MCTAGUE	(i)	177,697.	0.	0.	0.	35,212.	212,909.	0.
DIRECTOR, BUILDING SERVICE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

► Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

PERFORMING ARTS CENTER OF LOS ANGELES COUNTY

Employer identification number 95-2217011

Part I Bond Issues	(h) loguer FIN	(a) CHEID #	(d) Data is successive	10) 100	io prios	(f) December	ion of purpose	(m) Do	ofoocod	(h) (h	hohalf	/:\ D-	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	de price (1) Description of		ion of purpose	(g) D6	efeased (h) On behalf of issuer		financing		
								Yes	No	Yes	No	Yes	N
CA INFRASTRUCTURE & ECONOMIC					R	RENOVATION C	F MARK TAPER						
A DEVELOPMENT BANK	63-0304653	13033WA37	05/23/07	28,4	173,809.F	FORUM			Х		Х		Х
В									<u> </u>				┡
С													
													Г
D													
Part II Proceeds													
				Α		В	С		_	D			_
1 Amount of bonds retired				2,770,000.					+				
2 Amount of bonds legally defeased				0 465 254					+				
3 Total proceeds of issue				9,465,374.					+				
4 Gross proceeds in reserve funds				1,712,077.					+				_
5 Capitalized interest from proceeds				1,938,956.					+				_
6 Proceeds in refunding escrows7 Issuance costs from proceeds				554,390.					+				_
7 Issuance costs from proceeds 8 Credit enhancement from proceeds				334,370.			1		+				_
Working capital expenditures from proce									+				
10 Capital expenditures from proceeds				5,215,282.					+				_
11 Other spent proceeds				85,621.					+				_
12 Other unspent proceeds				, -									_
13 Year of substantial completion				2008					\top				_
,			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a curre	ent refunding issue?			Х									
15 Were the bonds issued as part of an adv	ance refunding issue? .			Х									
16 Has the final allocation of proceeds been	made?		Х										
17 Does the organization maintain adequate books and re	cords to support the final allocat	ion of proceeds?	Х										
Part III Private Business Use													
				4		В	Ç		\perp		D		
1 Was the organization a partner in a partn	• •		Yes	No	Yes	No	Yes	No	\perp	Yes	\perp	No	
which owned property financed by tax-ex	<u> </u>			X					+		\perp		
2 Are there any lease arrangements that m													
bond-financed property?			Х										

95-2217011

LOS ANGELES COUNTY

Par	t III Private Business Use (Continued)									
			A		E	3	(0)
3a	Are there any management or service contracts that may result in private	Yes	No		Yes	No	Yes	No	Yes	No
	business use of bond-financed property?	Х								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?	X								
	Are there any research agreements that may result in private business use of bond-financed property?		Х							
	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by							'		ı
_	entities other than a section 501(c)(3) organization or a state or local government		.30	%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of					, -		, -		,-
	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government		.00	%		%		%		%
6	Total of lines 4 and 5		.30	%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х			70		73		, , , , , , , , , , , , , , , , , , ,
_	Has there been a sale or disposition of any of the bond-financed property to a non-		1							
ou	governmental person other than a 501(c)(3) organization since the bonds were issued?		x							
h	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed			\dashv				1		<u> </u>
	of			%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections			70		70		70		70
·	1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all nonqualified			\dashv						
9	bonds of the issue are remediated in accordance with the requirements under									
	Regulations sections 1.141-12 and 1.145-2?	Х								
Dar	t IV Arbitrage									
rai	TIV Albitage		Α		E	2		2	D	
4	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate?	163	X		163	NO	163	140	163	140
	If "No" to line 1, did the following apply?									<u> </u>
			l x							1
	Rebate not due yet?	X	1	\dashv						
	Exception to rebate?	X		\dashv						
	No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was		l							
	performed		Х	1				1		
3	Is the bond issue a variable rate issue?		_ A							
48	Has the organization or the governmental issuer entered into a qualified		x							
	hedge with respect to the bond issue?		^	\dashv						
	Name of provider			\dashv						
	Term of hedge		1							
	Was the hedge superintegrated?									
<u>e</u>	Was the hedge terminated?									

Part IV Arbitrage (Continued)								
	Α			3			[D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b Name of provider	SEE PART V	7I						
c Term of GIC								,
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х							
6 Were any gross proceeds invested beyond an available temporary period?	Х							
7 Has the organization established written procedures to monitor the requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action			<u> </u>		l		1	
Tart V Troccuires to Office take Corrective Action	1	Α	T .	 3		`	-	
	Yes	No	Yes	No	Yes	No	Yes	No
Lies the expeniantian established written precedures to ensure that violations of	162	NO	res	INO	1 65	NO	162	INO
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable	x							
regulations?	1	. 1/ / ! !						
Part VI Supplemental Information. Provide additional information for responses to question PART I & PART II:	s on Schedul	e K (see instr	uctions).					
DIFFERENCE BETWEEN AMOUNT REPORTED ON PART I COLUMN (E) AND PART II								
LINE 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS.								
PART III, LINE 7:								
AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE								
AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT								
TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED								
TRADE OR BUSINESS USE. ACCORDINGLY THE AMOUNT OF PRIVATE PAYMENTS FOR								
THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATES IN PART III,								
LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE								
SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE								
BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III,								
LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE								
CODE.								
PART IV, LINE 2C:								
THE FIFTH YEAR REBATE COMPUTATION WAS PERFORMED AS OF MAY 23, 2012.								
PART IV LINE 5B:								
TRINITY FDG CO & DEPFA BANK								
PART IV, LINE 5C:								
1.10 AND 1.30 YEAR								

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

PERFORMING ARTS CENTER OF LOS ANGELES COUNTY Employer identification number 95-2217011

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1a Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 329,457.AVG. ON DATE DONATED Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) (2015)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Employer identification number

95-2217011

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PERFORMING ARTS CENTER OF LOS ANGELES COUNTY

TO CREATE, ADVANCE, SUPPORT, PRESERVE AND PRESENT THE HIGHEST QUALITY

ARTISTIC AND COMMUNITY ENGAGEMENTS THROUGH PERFORMANCES. FESTIVALS

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

LIFELONG LEARNING, EXHIBITIONS, CONVENINGS, EVENTS, AS WELL AS WORK

THAT DEVELOPS PLACES INTO DESTINATIONS. THE MUSIC CENTER SEEKS TO

TRANSFORM LIVES THROUGH THE ARTS AND SERVE IN A LEADERSHIP ROLE AS IT

REDEFINES THE PERFORMING ARTS IN THE 21ST CENTURY AND BEYOND AND HONORS

AND RESPONDS TO THE UNIQUE AND DIVERSE VOICES AND INTERESTS OF THE

PEOPLE/COMMUNITIES OF LOS ANGELES AND SOUTHERN CALIFORNIA

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

TO CREATE, ADVANCE, SUPPORT, PRESERVE AND PRESENT THE HIGHEST QUALITY

ARTISTIC AND COMMUNITY ENGAGEMENTS THROUGH PERFORMANCES. FESTIVALS

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AND RESPONDS TO THE UNIQUE AND DIVERSE VOICES AND INTERESTS OF THE

PEOPLE/COMMUNITIES OF LOS ANGELES AND SOUTHERN CALIFORNIA

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

SECURITY, GUEST SERVICES, PRODUCTION AND SCHEDULING AND EVENTS

MANAGEMENT. THE MUSIC CENTER ALSO MANAGES GRAND PARK (PARK) ON BEHALF

OF THE COUNTY OF LOS ANGELES. WHICH OWNS THE PARK. THE PARK IS A

12-ACRE AREA EXTENDING FROM THE MUSIC CENTER CAMPUS TO LOS ANGELES CITY

HALL: IT INCLUDES MULTI-USE LAWNS STAGES AND OPEN SPACES AVAILABLE FOR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization PERFORMING ARTS CENTER OF LOS ANGELES COUNTY	Employer identification number 95-2217011
BOTH LEISURE AND CIVIC GATHERINGS. EACH YEAR, MORE THAN THREE MILLION	
PEOPLE PASS THROUGH THE PARK TO ENJOY ITS MANY AMENITIES. IN 2015-2016,	
WHICH IS THE PARK'S FOURTH YEAR OF OPERATION, THE MUSIC CENTER	
PRESENTED 190 FREE PROGRAMMING EVENTS IN THE PARK, WHICH ATTRACTED MORE	
THAN 160,000 PARTICIPANTS. THE PARK HAS BECOME THE GO-TO CENTRAL	
GATHERING PLACE FOR MAJOR HOLIDAY CELEBRATIONS INCLUDING JULY 4TH AND	
NEW YEAR'S EVE. MANY OF THE EVENTS PRODUCED BY THE MUSIC CENTER AT THE	
PARK WERE HELD IN CONJUNCTION WITH THE PARK'S NUMEROUS COMMUNITY	
PARTNERS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
STUDENTS HAVE PARTICIPATED IN MUSIC CENTER ARTS EDUCATION PROGRAMS	
SINCE 1979. IN 2015-2016, MUSIC CENTER EDUCATION PROGRAMS SERVED MORE	
THAN 200 SCHOOLS AND MORE THAN 120,000 STUDENTS.	
THE MUSIC CENTER ALSO CURATES A WIDE RANGE OF FREE AND LOW-COST ARTS	
PROGRAMMING AND HAS BEEN A DRIVING FORCE BEHIND COMMUNITY AND PUBLIC	
ENGAGEMENT AT ARTS INSTITUTIONS FOR MORE THAN 10 YEARS. AS ONE OF THE	
FIRST ORGANIZATIONS IN THE COUNTRY TO PROVIDE INNOVATIVE AND DEMOCRATIC	
OPPORTUNITIES FOR THE PUBLIC TO ACTIVELY EXPERIENCE THE ARTS	
FIRST-HAND, THE MUSIC CENTER HAS MADE AN INTENTIONAL AND STRATEGIC	
COMMITMENT TO INVEST IN ARTS ENGAGEMENT EFFORTS.	
FORM 990, PART VI, SECTION A, LINE 2:	
BOARD MEMBERS DAVID AND KIKI GINDLER ARE HUSBAND AND WIFE.	
FORM 990, PART VI, SECTION A, LINE 4:	
DURING THE FISCAL YEAR ENDING JUNE 30, 2016 THE ORGANIZATION AMENDED THEIR	

Name of the organization	PERFORMING ARTS CENTER OF LOS ANGELES COUNTY	Employer identification number 95-2217011
BYLAWS TO INCLUDE TH	E FOLLOWING CHANGES:	
- THE BOARD COMMITTED	E STRUCTURE, PROCEDURES, DUTIES, AND TERMS WERE	
CLARIFIED		
- THE REQUIREMENTS OF	F BOARD MEMBERS IN ORDER TO EFFECTIVELY CARRY OUT THE	
DUTIES OF THE BOARD V	WERE MADE EXPLICIT	
- PROCEDURES RELATING	G TO THE REMOVAL OF DIRECTORS WERE SPECIFIED	
- SECTIONS PERTAINING	G TO SELF-DEALING TRANSACTIONS AND MUTUAL DIRECTORS	
WERE ADDED		
- THE DUTIES OF VARIO	DUS OFFICERS WERE AMENDED	
- A SECTION WAS ADDED	O TO CLARIFY THE POLICY RELATING TO COMPENSATION OF THE	
PRESIDENT AND OFFICE	RS OF THE CORPORATION	
- THE REQUIREMENT TO	ISSUE AN ANNUAL REPORT TO ALL DIRECTORS WAS ADDED	
- THE REQUIREMENT TO	DISCLOSE CERTAIN TRANSACTIONS AND INDEMNIFICATIONS TO	
EACH DIRECTOR ON AN A	ANNUAL BASIS WAS ADDED	
FORM 990, PART VI, SI	ECTION B, LINE 11:	
THE BOARD HAS DELEGA!	TED THE AUTHORITY TO THE AUDIT COMMITTEE TO REVIEW AND	
APPROVE THE FORM 990	. ONCE APPROVED IT IS MADE AVAILABLE TO THE REMAINDER	
OF THE BOARD PRIOR TO	O THE FORM BEING ELECTRONICALLY FILED.	
FORM 990, PART VI, SI	ECTION B, LINE 12C:	
ANNUAL DISCLOSURES AN	RE REQUIRED FOR OFFICERS, DIRECTORS, AND KEY EMPLOYEES.	
DISCLOSURES FOR DIREC	CTORS ARE SUMMARIZED AND REVIEWED BY THE CHAIRMAN OF	
THE BOARD. DISCLOSU	RES FOR OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE	
CHIEF FINANCIAL OFFIC	CER. IF A CONFLICT EXISTS AT THE DIRECTOR LEVEL, THE	
DIRECTOR IS PROHIBITE	ED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND	
DECISIONS IN THE TRAI	NSACTION. IF POTENTIAL CONFLICTS ARISE AT THE OFFICER	

Name of the organization PERFORMING ARTS CENTER OF LOS ANGELES COUNTY		Employer identification number 95-2217011
OR KEY EMPLOYEE LEVEL, THE TRANSACTION WOULD BE REVIEWED BY LE	GAL COUNSEL	
AND THE RELEVANT BOARD COMMITTEE TO DETERMINE RESTRICTIONS.		
FORM 990, PART VI, SECTION B, LINE 15A:		
PURSUANT TO THE BYLAWS, THE EXECUTIVE COMMITTEE IS AUTHORIZED	TO DETERMINE	
THE COMPENSATION OF THE PRESIDENT. AFTER A THOROUGH REVIEW OF	HIS/HER	
PERFORMANCE, COMPENSATION OF EXECUTIVES AT OTHER ARTS ORGANIZA	TIONS, AND	
OTHER FACTORS, THE COMMITTEE APPROVES THE CEO'S COMPENSATION.		
THE CEO REVIEWS AND APPROVES THE COMPENSATION OF OFFICERS AND	KEY	
EMPLOYEES.		
FORM 990, PART VI, SECTION C, LINE 19:		
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, INFORMAT	IONAL RETURNS	
AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	EST.	
FORM 990, PART VII, SECTION A:		
DURING THE FISCAL YEAR HOWARD SHERMAN WAS ON THE BOARD AS INTE	RIM	
PRESIDENT UNTIL SEPTEMBER 2015. AFTERWARDS, HE CONTINUED AS EX	ECUTIVE	
VP AND COO FOR THE ORGANIZATION FOR THE REST OF THE YEAR.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN VALUE OF BENEFICIAL INTERESTS	-4,114,801.	
SFAS 158 COMPREHENSIVE INCOME RELATED TO PENSION OBLIGATION	-3,322,678.	
INCOME/LOSS FROM PARTNERSHIP	98.	
TOTAL TO FORM 990, PART XI, LINE 9	-7,437,381.	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization PERFORMING ARTS CENTER OF	Employer identification number
LOS ANGELES COUNTY	95-2217011
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR	
THE CHIPCOCK OF THE LUTTE	
THE OVERSIGHT OF THE AUDIT.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Employer identification number

	LOS ANGELES COUNTY						95-2217011		
Part I	Identification of Disregarded Entities Complete	e if the organization answered "Yes	" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year		Direct c	(f) controlling	9
		-							
		-							
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization	answered "Yes" on Form 990,	, Part IV, line 34 b	ecause it had one	or more	related tax-exer	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity	cont	g) 512(b)(13) rolled :ity?
	·		ioroigh ocanny,		501(c)(3))		•	Yes	No
		_							
		I	i	I	1	1		1	1

PERFORMING ARTS CENTER OF

	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related
	organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managir partner	(k) or Percentage ownership

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l cont ent	(i) ction (b)(13) trolled tity?
		country)		or tracty		400010		Yes	No
THE MUSIC CENTER OF LOS ANGELES COUNTY, INC.]								
- 95-4859278, 135 NORTH GRAND AVENUE, LOS									
ANGELES, CA 90012	INACTIVE	CA	N/A	C CORP			100.00%	j .	Х
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		,	Yes	No			
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations	s listed in Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1	la		Х			
	b Gift, grant, or capital contribution to related organization(s)		lb		Х			
	c Gift, grant, or capital contribution from related organization(s)		lc		Х			
	d Loans or loan guarantees to or for related organization(s)							
	e Loans or loan guarantees by related organization(s)		le		Х			
f	f Dividends from related organization(s)	1	1f		Х			
g Sale of assets to related organization(s)								
h	h Purchase of assets from related organization(s)	1	lh		Х			
i	i Exchange of assets with related organization(s)		1i		Х			
j	j Lease of facilities, equipment, or other assets to related organization(s)	1	1j		Х			
k	k Lease of facilities, equipment, or other assets from related organization(s)	1	ık		Х			
I Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)		m		Х			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		n		Х			
	Sharing of paid employees with related organization(s)		ю		Х			
р	p Reimbursement paid to related organization(s) for expenses	1	р		Х			
	q Reimbursement paid by related organization(s) for expenses		ia l		Х			
r	r Other transfer of cash or property to related organization(s)	1	lr		Х			
	s Other transfer of cash or property from related organization(s)		ls	\neg	X			
	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including co		- 1					
	(a) (b) (c) Name of related organization Transaction type (a-s)	(d)	ed					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)	5.4		Sohodula D /Faves 000) 2015

95-2217011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	Are a partners 501 (c) orgs)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a	all s sec	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	(related, unrelated,	501(c))(3)	total	end-of-year	tio	nate	amount in box 20	manag	ownership
,		country)				income	assets	alluca	No	01 Schedule K-1 (Form 1065)	partite	
		,,	300010113 0 12 0 14)	Yes	No			Yes	No	(1011111000)	Yes I	10
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