

Form **990**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 **and ending** JUN 30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PERFORMING ARTS CENTER OF LOS ANGELES COUNTY Doing business as THE MUSIC CENTER ("TMC") Number and street (or P.O. box if mail is not delivered to street address) Room/suite 135 NORTH GRAND AVENUE City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90012 F Name and address of principal officer: WILLIAM TAYLOR SAME AS C ABOVE	D Employer identification number 95-2217011 E Telephone number (213) 972-7211 G Gross receipts \$ 77,400,055. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MUSICCENTER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1961 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	47
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	46
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	954
	6 Total number of volunteers (estimate if necessary)	6	42
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	153.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h) SEE SCHEDULE O	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	21,828,450.	42,247,564.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,982,384.	32,255,331.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,987,644.	1,017,076.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,422,363.	611,713.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,220,841.	76,131,684.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	764,524.	761,323.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	29,329,872.	19,667,362.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,561,323.	80,241.	57,107.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,127,373.	23,273,915.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	57,302,010.	43,759,707.
	19 Revenue less expenses. Subtract line 18 from line 12	8,918,831.	32,371,977.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		96,704,351.	146,527,407.
22 Net assets or fund balances. Subtract line 21 from line 20		41,339,332.	39,792,445.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer WILLIAM TAYLOR, SR. VP, FIN/CFO & ASSIST. TREASURER Type or print name and title	Date 05/13/2022
Paid Preparer Use Only	Print/Type preparer's name LIOR TEMKIN	Preparer's signature LIOR TEMKIN
	Firm's name ▶ SINGERLEWAK LLP Firm's address ▶ 10960 WILSHIRE BOULEVARD, 7TH FLOOR LOS ANGELES, CA 90024-3783	Date 05/13/22
		Firm's EIN ▶ 95-2302617 Phone no. (310) 477-3924

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 28,583,830. including grants of \$) (Revenue \$ 30,886,450.) THE MUSIC CENTER AND GRAND PARK OPERATIONS

AS LOS ANGELES COUNTY'S PERFORMING ARTS CENTER, THE MUSIC CENTER CONVENES ARTISTS, COMMUNITIES AND IDEAS WITH THE GOAL OF DEEPENING THE CULTURAL LIVES OF EVERY RESIDENT IN LOS ANGELES COUNTY. EACH YEAR, THE MUSIC CENTER TYPICALLY WELCOMES MORE THAN TWO MILLION PEOPLE TO ITS EXPANSIVE CAMPUS.

THE ORGANIZATION HAS THREE DIVISIONS: (1) TMC OPERATIONS, WHICH HANDLES ALL OPERATIONS FUNCTIONS; (2) TMC ARTS, WHICH OVERSEES THE ORGANIZATION'S PROGRAMMING AND ARTS LEARNING INITIATIVES; AND (3) TMC (SEE SCHEDULE O FOR CONTINUATION)

4b (Code:) (Expenses \$ 6,952,576. including grants of \$ 761,323.) (Revenue \$ 1,571,086.) ARTISTIC PROGRAMMING, EDUCATION AND OUTREACH

THE MUSIC CENTER HAS DEVELOPED A RAPIDLY GROWING ARTISTIC ROLE IN LOS ANGELES COUNTY, LED BY TMC ARTS. ALL TMC ARTS' PROGRAMS ARE DEVELOPED THROUGH THE LENS OF ENGAGEMENT AND WITH A FOCUS ON CREATING PROGRAMS THAT RESPOND TO AND ARE REFLECTIVE OF THE DIVERSE POPULATIONS THAT COMPRISE LOS ANGELES COUNTY. THIS APPROACH APPLIES TO THE RANGE OF TMC ARTS PROGRAMS, WHETHER A PROSCENIUM-BASED TICKETED PRESENTATION OF A DANCE COMPANY IN THE MUSIC CENTER'S THEATRES FOR ITS GLORYA KAUFMAN PRESENTS DANCE AT THE MUSIC CENTER SERIES, OR A FREE AND/OR LOW-COST PARTICIPATORY PROGRAM IN THE JERRY MOSS PLAZA OR IN GRAND PARK, SUCH AS (SEE SCHEDULE O FOR CONTINUATION)

4c (Code:) (Expenses \$ 1,662,304. including grants of \$) (Revenue \$ 400,416.) CAPITAL IMPROVEMENTS

UNDER THE TERMS OF A SUBLEASE AGREEMENT WITH THE COUNTY OF LOS ANGELES, THE MUSIC CENTER TRANSFERS TITLE OF LEASEHOLD AND OTHER CAPITAL IMPROVEMENTS UPON PURCHASE TO THE COUNTY OF LOS ANGELES. THE MUSIC CENTER EXPENSES THESE PURCHASES AS THEY ARE INCURRED. CAPITAL EXPENSES IN 2020-21 CONSISTED OF DEBT SERVICE RELATED TO THE MARK TAPER FORUM RENOVATION, AMORTIZATION OF CONTRACT ACQUISITION COSTS AND VARIOUS CAPITAL IMPROVEMENTS ACROSS THE MUSIC CENTER CAMPUS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 37,198,710.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 954		
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 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 foreign country (such as a bank account, securities account, or other financial account)?		x
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	x	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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	Did the organization receive any payments for indoor tanning services during the tax year?		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		x

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question, Yes, No. Rows include 1a (47), 1b (46), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records

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

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

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

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RACHEL S. MOORE PRESIDENT & CEO	35.00	X		X				947,794.	0.	64,119.
(2) HOWARD SHERMAN EXECUTIVE VP, COO	35.00				X			341,971.	0.	74,614.
(3) VALENTINE GELMAN SR. VP DEVELOPMENT	35.00				X			260,925.	0.	40,335.
(4) BONNIE GOODMAN SR. VP MARKETING	35.00					X		255,231.	0.	26,716.
(5) WILLIAM TAYLOR SR. VP FIN/CFO & ASSIST. TRER.	35.00			X				254,787.	0.	21,640.
(6) MARY J. RAMIREZ EXECUTIVE VP OF TMC ARTS	35.00				X			237,868.	0.	29,361.
(7) KEITH MCTAGUE DIR. BUILDING SERVICES	48.00				X			207,915.	0.	38,670.
(8) CAROLYN VAN BRUNT VP OF GUEST RELATIONS	35.00					X		168,258.	0.	65,046.
(9) JASON CLARK DIR. PRODUCTION	35.00					X		149,189.	0.	30,545.
(10) MING NG DANCE PRESENTATION	35.00					X		158,010.	0.	15,077.
(11) BEDROS OHANIAN DIR. SECURITY & LIFE SAFETY	35.00					X		156,556.	0.	8,607.
(12) CHARLES F. ADAMS DIRECTOR	1.00	X						0.	0.	0.
(13) WILLIAM H. AHMANSON DIRECTOR	1.00	X						0.	0.	0.
(14) WALLIS ANNENBERG DIRECTOR	1.00	X						0.	0.	0.
(15) JILL BALDAUF DIRECTOR	1.00	X						0.	0.	0.
(16) SUSAN BAUMGARTEN DIRECTOR	1.00	X						0.	0.	0.
(17) PHOEBE BEASLEY DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS L. BECKMEN DIRECTOR	1.00	X						0.	0.	0.
(19) KIMAADA BROWN DIRECTOR	1.00	X						0.	0.	0.
(20) DANNIELLE CAMPOS DIRECTOR	1.00	X						0.	0.	0.
(21) GREG GEYER DIRECTOR	1.00	X						0.	0.	0.
(22) LISA GILFORD DIRECTOR	1.00	X						0.	0.	0.
(23) KIKI RAMOS GINDLER DIRECTOR	1.00	X						0.	0.	0.
(24) JEFFREY HILL DIRECTOR	1.00	X						0.	0.	0.
(25) MARIA ROSARIO JACKSON DIRECTOR	1.00	X						0.	0.	0.
(26) CARL JORDAN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								3,138,504.	0.	414,730.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,138,504.	0.	414,730.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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	X	
5 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		X

Section B. Independent Contractors

1 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) Description of services	(C) Compensation
ABM ONSITE SERVICES-WEST INC. P.O. BOX 52609, LOS ANGELES, CA 90074	HOUSEKEEPING	2,255,460.
CDK PRODUCTIONS 2653 CHARL PL., LOS ANGELES, CA 90046	PRODUCTION	731,888.
RUE 47, LLC, 6709 LA TEJERA BLVD #821, LOS ANGELES, CA 90045	DIRECTOR	681,060.
MJ HELLMUTH PLUMBING, INC., 16835 SIERRA HIGHWAY, CANYON COUNTRY, CA 91351	PLUMBING	582,857.
SPECIALIZED ELEVATOR CORPORATION, 14320 ISELI ROAD, SANTA FE SPRINGS, CA 90670	MAINTENANCE	420,585.

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 44

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GLENN KAINO DIRECTOR	1.00	X						0.	0.	0.
(28) STEFANIE KANE DIRECTOR	1.00	X						0.	0.	0.
(29) TERRI KOHL DIRECTOR	1.00	X						0.	0.	0.
(30) CARY LEFTON DIRECTOR	1.00	X						0.	0.	0.
(31) DAVID LIPPMAN DIRECTOR	1.00	X						0.	0.	0.
(32) RICHARD LYNN MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
(33) MATTIE MCFADDEN-LAWSON DIRECTOR	1.00	X						0.	0.	0.
(34) ELIZABETH MICHELSON DIRECTOR	1.00	X						0.	0.	0.
(35) DARRELL MILLER DIRECTOR	1.00	X						0.	0.	0.
(36) SHELBY NOTKIN DIRECTOR	1.00	X						0.	0.	0.
(37) MICHAEL PAGANO DIRECTOR	1.00	X						0.	0.	0.
(38) CYNTHIA PATTON DIRECTOR	1.00	X						0.	0.	0.
(39) KAREN KAY PLATT DIRECTOR	1.00	X						0.	0.	0.
(40) JOSEPH RICE DIRECTOR	1.00	X						0.	0.	0.
(41) MELISSA ROMAIN DIRECTOR	1.00	X						0.	0.	0.
(42) BEVERLY RYDER DIRECTOR	1.00	X						0.	0.	0.
(43) MARIA SALINAS DIRECTOR	1.00	X						0.	0.	0.
(44) LISA SEE DIRECTOR	1.00	X						0.	0.	0.
(45) MIMI SONG DIRECTOR	1.00	X						0.	0.	0.
(46) MATTHEW J. SPENCE DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

	(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	652,061.	652,061.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	108,962.	108,962.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	300.	300.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,424,647.	632,888.	1,510,210.	281,549.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,605,826.	11,181,666.	1,085,865.	1,338,295.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	962,904.	846,333.	54,140.	62,431.
9 Other employee benefits	1,522,524.	1,343,976.	70,052.	108,496.
10 Payroll taxes	1,151,461.	913,189.	125,929.	112,343.
11 Fees for services (nonemployees):				
a Management				
b Legal	362,669.	91,650.	271,019.	
c Accounting	125,888.		125,888.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	57,107.			57,107.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,193,361.	1,917,303.	185,299.	90,759.
12 Advertising and promotion	320,636.	317,737.		2,899.
13 Office expenses	717,733.	232,001.	200,447.	285,285.
14 Information technology	308,757.	185,921.	107,995.	14,841.
15 Royalties				
16 Occupancy				
17 Travel	27,333.	17,474.	8,375.	1,484.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,747.	5,418.	3,465.	1,864.
20 Interest	593,995.	593,847.	148.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	477,680.	415,587.	55,915.	6,178.
23 Insurance	1,122,094.	989,244.	132,850.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE	11,737,373.	11,717,052.	20,183.	138.
b CAPITAL EQU. PURCHASE	2,018,591.	2,018,591.		
c PRODUCTION RELATED EXP.	1,399,068.	1,398,068.		1,000.
d PRODUCTION - ARTIST FEE	1,074,516.	1,065,126.	1,025.	8,365.
e All other expenses	783,474.	554,316.	40,869.	188,289.
25 Total functional expenses. Add lines 1 through 24e	43,759,707.	37,198,710.	3,999,674.	2,561,323.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	45,648.	1	52,889.
	2 Savings and temporary cash investments	9,653,708.	2	23,432,758.
	3 Pledges and grants receivable, net	23,467,784.	3	38,213,919.
	4 Accounts receivable, net	1,291,930.	4	2,355,293.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	18,257.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	912,227.	9	548,946.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,554,923.		
	b Less: accumulated depreciation	10b 1,838,755.	575,178.	10c 716,168.
	11 Investments - publicly traded securities	1,609,584.	11	
	12 Investments - other securities. See Part IV, line 11	27,628,803.	12	42,075,060.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	31,501,232.	15	39,132,374.
16 Total assets. Add lines 1 through 15 (must equal line 33)	96,704,351.	16	146,527,407.	
Liabilities	17 Accounts payable and accrued expenses	5,165,974.	17	9,702,468.
	18 Grants payable		18	
	19 Deferred revenue	3,314,836.	19	2,975,339.
	20 Tax-exempt bond liabilities	20,897,757.	20	18,486,390.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,960,765.	25	8,628,248.
	26 Total liabilities. Add lines 17 through 25	41,339,332.	26	39,792,445.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-5,768,382.	27	8,939,487.
	28 Net assets with donor restrictions	61,133,401.	28	97,795,475.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	55,365,019.	32	106,734,962.	
33 Total liabilities and net assets/fund balances	96,704,351.	33	146,527,407.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,131,684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,759,707.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,371,977.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55,365,019.
5	Net unrealized gains (losses) on investments	5	9,311,879.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	9,686,089.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	106,734,964.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
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? _____		x
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,826,262.	19,375,804.	34,564,484.	21,828,450.	42,247,564.	133,842,564.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	5,081,736.	5,128,218.	5,240,080.	4,915,362.	4,610,739.	24,976,135.
4 Total. Add lines 1 through 3	20,907,998.	24,504,022.	39,804,564.	26,743,812.	46,858,303.	158,818,699.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						29,819,736.
6 Public support. Subtract line 5 from line 4.						128,998,963.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	20,907,998.	24,504,022.	39,804,564.	26,743,812.	46,858,303.	158,818,699.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,904,700.	2,309,092.	2,975,217.	2,663,734.	1,453,483.	11,306,226.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	15,000.					15,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,121,604.	1,988,737.	2,129,056.	1,755,957.	180,506.	8,175,860.
11 Total support. Add lines 7 through 10						178,315,785.
12 Gross receipts from related activities, etc. (see instructions)					12	201,561,059.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	72.34 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	81.86 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2016 AMOUNT: \$ 30,137.

2017 AMOUNT: \$ 17,583.

2018 AMOUNT: \$ 22,002.

2019 AMOUNT: \$ 11,414.

2020 AMOUNT: \$ 8,073.

RESTAURANT & CATERING

2016 AMOUNT: \$ 1,962,976.

2017 AMOUNT: \$ 1,800,248.

2018 AMOUNT: \$ 1,949,404.

2019 AMOUNT: \$ 1,598,203.

2020 AMOUNT: \$ 102,134.

CONCESSIONS

2016 AMOUNT: \$ 128,491.

2017 AMOUNT: \$ 170,906.

2018 AMOUNT: \$ 157,650.

2019 AMOUNT: \$ 146,340.

2020 AMOUNT: \$ 70,299.

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.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **PERFORMING ARTS CENTER OF
LOS ANGELES COUNTY**

Employer identification number
95-2217011

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a [X] Public exhibition
b [] Scholarly research
c [] Preservation for future generations
d [] Loan or exchange program
e [] Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [] Yes [X] No

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 on Form 990, Part X? [] Yes [] No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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 []

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 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.

2 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 %
c Term 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 by:

Table with 3 columns: Description, Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? []

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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 THE MUSIC CENTER FOUNDATION	42,075,060.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	42,075,060.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	39,132,374.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	39,132,374.

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	579,404.
(3) DEPOSITS	73,697.
(4) CAPITAL LEASE OBLIGATIONS	219,751.
(5) LIABILITY FOR PENSION BENEFITS	3,555,396.
(6) LOANS PAYABLE	4,200,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,628,248.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	97,684,865.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,311,879.	
b	Donated services and use of facilities	2b	4,610,739.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	7,630,716.	
e	Add lines 2a through 2d		2e	21,553,334.
3	Subtract line 2e from line 1		3	76,131,531.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	153.	
c	Add lines 4a and 4b		4c	153.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	76,131,684.

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.

1	Total expenses and losses per audited financial statements		1	48,370,446.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	4,610,739.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	4,610,739.
3	Subtract line 2e from line 1		3	43,759,707.
4	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.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	43,759,707.

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 TMC ARE NOT INCLUDED IN THE

STATEMENTS OF FINANCIAL POSITION. TMC'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. ITEMS IN THE COLLECTION

INCLUDE: PAINTINGS, PRINTS, SCULPTURES, FURNITURE, MUSICAL ITEMS AND

TEXTILES.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

TMC IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION AND IS GENERALLY
EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE
501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701(D). ACCORDINGLY,
NO PROVISION FOR INCOME TAXES IS INCLUDED IN ITS FINANCIAL STATEMENTS.

TMC RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT
IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON
EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE
POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM
SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A
GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.
THE AMOUNT OF UNRECOGNIZED TAX BENEFITS IS ADJUSTED, AS APPROPRIATE, FOR
CHANGES IN FACTS AND CIRCUMSTANCES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTERESTS 7,630,716.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM PARTNERSHIP 153.

Part II 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

Part III 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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b 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 ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the 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 ▶ _____

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
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THEATER DIRECT INC.

(I) ADDRESS OF FUNDRAISER: 4213 WEST BURBANK BLVD, BURBANK, CA 91505

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **PERFORMING ARTS CENTER OF LOS ANGELES COUNTY** Employer identification number **95-2217011**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) 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. LOS ANGELES, CA 90012	95-2315682	501(C) 3	82,623.	0.	CASH GRANTS	N/A	GENERAL OPERATING ASSISTANCE AND GRANT
LOS ANGELES OPERA COMPANY 135 NORTH GRAND AVE. LOS ANGELES, CA 90012	95-2096402	501(C) 3	165,594.	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	165,594.	0.	CASH GRANTS	N/A	GENERAL OPERATING ASSISTANCE
CENTER THEATRE GROUP 135 NORTH GRAND AVE. LOS ANGELES, CA 90012	95-2466183	501(C) 3	238,250.	0.	CASH GRANTS	N/A	GENERAL OPERATING ASSISTANCE AND GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2020**

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **PERFORMING ARTS CENTER OF
LOS ANGELES COUNTY**

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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as 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	1b X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2 X	
3 Indicate which, if any, of the following the 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 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:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	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.		
5 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?	5a	X
b Any related organization?	5b	X
If "Yes" on 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?	6a	X
b Any related organization?	6b	X
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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J PART II:

THE NONTAXABLE BENEFITS FOR SOME OF THE INDIVIDUALS COVERED BY

COLLECTIVE BARGAINING AGREEMENTS INCLUDE UNION HEALTH AND WELFARE,

RETIREMENT, AND PENSION CONTRIBUTIONS.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

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

2020
Open to Public Inspection

Name of the organization: **PERFORMING ARTS CENTER OF LOS ANGELES COUNTY**

Employer identification number: **95-2217011**

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated (h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No
CA INFRASTRUCTURE & ECONOMIC DEVELOPMENT BANK	63-0304653	13034AK66	09/03/20	19,901,658.	TO CURRENT REFUND 2007 BONDS AND PAY COSTS OF IS		X		X
B									
C									
D									

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	690,000.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	19,901,658.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows	398,033.			
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	19,503,625.			
12 Other unspent proceeds				
13 Year of substantial completion				

	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X				
16 Has the final allocation of proceeds been made?		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X					

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

Schedule K (Form 990) 2020

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d 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 entities other than a section 501(c)(3) organization or a state or local government		.00				%		%
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		.00				%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of						%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		x						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		x						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		x						
7 Has the organization established written procedures to monitor the requirements of section 148?	x							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 isn't available under applicable regulations?	x							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:
 (A) ISSUER NAME: CA INFRASTRUCTURE & ECONOMIC DEVELOPMENT BANK
 (F) DESCRIPTION OF PURPOSE:
 TO CURRENT REFUND 2007 BONDS AND PAY COSTS OF ISSUANCE

 SCHEDULE K, PART I, BOND ISSUES:
 IN MAY 2007, THE CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK ISSUED THE CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK REVENUE BONDS (PERFORMING ARTS CENTER OF LOS ANGELES COUNTY SERIES 2007) (THE "2007 BONDS") WITH A TOTAL BORROWING OF \$27,530,000 ON BEHALF OF TMC. THE PURPOSE OF ISSUING THE BONDS WAS TO FINANCE THE MARK TAPER FORUM CAPITAL IMPROVEMENT PROJECT.

 ON SEPTEMBER 1, 2020, PURSUANT TO AN INDENTURE BY THE CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVELOPMENT BANK, THE 2007 BONDS WERE REFINANCED BY \$16,545,000 OF TAX-EXEMPT BONDS (THE "2020 BONDS"). THE 2020 BONDS WERE ISSUED WITH FIXED INTEREST RATES RANGING FROM 4.00% TO 5.00%. A PREMIUM TOTALING \$3,356,658 WAS RECEIVED, AND DEBT ISSUANCE COSTS OF \$538,352 WERE INCURRED UPON THE SALE OF THE BONDS.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. (continued)

PART IV, LINE 2B:

THE BONDS HAVE MET THE 6-MONTH EXCEPTION TO THE REBATE REQUIREMENT.

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 STATED IN PART III, LINE 6. TMC 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **PERFORMING ARTS CENTER OF
LOS ANGELES COUNTY**

Employer identification number
95-2217011

Part I		Types of Property		
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art			
2	Art - Historical treasures			
3	Art - Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities - Publicly traded	X	15	1,268,371. AVG. ON DATE DONATED
10	Securities - Closely held stock			
11	Securities - Partnership, LLC, or trust interests			
12	Securities - Miscellaneous			
13	Qualified conservation contribution - Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ()			
26	Other ()			
27	Other ()			
28	Other ()			

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

- 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 isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2020

Part II

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

SCHEDULE M, LINE 32B:

TMC USES A THIRD PARTY BROKER TO SELL STOCK CONTRIBUTIONS UPON RECEIPT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	PERFORMING ARTS CENTER OF LOS ANGELES COUNTY	Employer identification number	95-2217011
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION VISION:

TMC STRIVES TO DEEPEN THE CULTURAL LIVES OF EVERY RESIDENT OF LOS ANGELES COUNTY AND CONTINUE CREATING AN INCREASINGLY RELEVANT, MULTIDISCIPLINARY PERFORMING ARTS CENTER.

FORM 990, PART I, LINE 8, CONTRIBUTIONS AND GRANTS:

THE INCREASE IN CONTRIBUTIONS AND GRANTS WAS DUE PRIMARILY TO A \$25 MILLION CONTRIBUTION FOR THE NAMING RIGHTS ON TMC'S RECENTLY RENOVATED OUTDOOR PLAZA.

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

TMC CHAMPIONS THE ARTS IN LOS ANGELES FOR ALL PEOPLE. TMC CONNECTS THE PEOPLE OF LOS ANGELES WITH ONE ANOTHER AND WITH ART THAT CAN ENRICH THEIR LIVES. TMC EMBRACES PATRONS, VISITORS AND COMMUNITY MEMBERS FROM ALL BACKGROUNDS. TMC PROVIDES EXCEPTIONAL SERVICE TO ITS RESIDENT COMPANIES AND TO ALL WHO PRESENT OR EXPERIENCE THE ARTS AT THE MUSIC CENTER. TMC FAITHFULLY STEWARDS THE CAMPUS ENTRUSTED TO IT BY THE COUNTY OF LOS ANGELES.

DURING THE FISCAL YEAR, TMC'S FACILITIES WERE TEMPORARILY CLOSED DUE TO THE COVID-19 PANDEMIC. PUBLIC PROGRAMMING RESUMED ON TMC'S OUTDOOR PLAZA IN MAY 2021.

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

BUSINESS RESOURCES, WHICH INCLUDES THE MUSIC CENTER'S ADVANCEMENT, FINANCE AND MARKETING AND COMMUNICATIONS TEAMS.

TMC OPERATIONS MANAGES TMC'S FOUR THEATRES: WALT DISNEY CONCERT HALL;

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization PERFORMING ARTS CENTER OF
LOS ANGELES COUNTY

Employer identification number
95-2217011

DOROTHY CHANDLER PAVILION; AHMANSON THEATRE; AND THE MARK TAPER
FORUM-AND ITS OUTDOOR SPACES, INCLUDING THE JERRY MOSS PLAZA AND THE
12-ACRE GRAND PARK, FOR AND ON BEHALF OF THE COUNTY OF LOS ANGELES,
WHICH OWNS THE FACILITIES. THE MUSIC CENTER IS ALSO HOME TO FOUR
RENOWNED RESIDENT COMPANIES: (1) CENTER THEATRE GROUP; (2) LOS ANGELES
MASTER CHORALE; (3) LOS ANGELES OPERA; AND (4) LOS ANGELES
PHILHARMONIC. TMC OPERATIONS SERVES AS THE LANDLORD FOR THE RESIDENT
COMPANIES, PROVIDING A NUMBER OF SUPPORT SERVICES, INCLUDING FACILITY,
STAGE AND THEATRE OPERATIONS. IT IS ALSO RESPONSIBLE FOR IMPROVEMENTS
TO AND MAINTENANCE OF THE FACILITIES, ALONG WITH SECURITY, GUEST
SERVICES, PRODUCTION, AND SCHEDULING AND EVENTS' MANAGEMENT. THE MUSIC
CENTER ALSO MANAGES GRAND PARK, WHICH EXTENDS FROM THE MUSIC CENTER
CAMPUS TO LOS ANGELES CITY HALL. THE PARK FEATURES MULTI-USE LAWNS,
STAGES AND OPEN SPACES AVAILABLE FOR BOTH LEISURE AND CIVIC GATHERINGS.
EACH YEAR, MORE THAN ONE MILLION PEOPLE VISIT THE PARK TO ENJOY ITS
MANY AMENITIES. THE PARK HAS BECOME THE "GO-TO" CENTRAL GATHERING PLACE
IN LOS ANGELES FOR MAJOR HOLIDAY CELEBRATIONS INCLUDING JULY 4TH AND
NEW YEAR'S EVE.

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

THE MUSIC CENTER'S DANCE DTLA. MANY OF THE EVENTS PRODUCED BY THE MUSIC
CENTER IN GRAND PARK ARE CURATED IN CONJUNCTION WITH THE PARK'S
NUMEROUS COMMUNITY PARTNERS. IN RESPONSE TO COVID-19 AND THE CLOSURE OF
ITS THEATRES, TMC SHIFTED FROM INDOOR PROGRAMS TO OFFER VIRTUAL
PROGRAMS THROUGH A NEW DIGITAL PLATFORM CALLED THE MUSIC CENTER
OFFSTAGE. TMC CURATED A PORTFOLIO OF FREE PROGRAMS INCLUDING
PERFORMANCES, EXCLUSIVE INTERVIEWS, ARTS ACTIVITIES AND SPECIAL EVENTS
FOR ALL AGES.

Name of the organization PERFORMING ARTS CENTER OF
LOS ANGELES COUNTY

Employer identification number
95-2217011

ADDITIONALLY, TMC ARTS MANAGES THE MUSIC CENTER'S NATIONALLY RECOGNIZED
ARTS LEARNING PROGRAMS, WHICH THE ORGANIZATION HAS PIONEERED SINCE ITS
EARLIEST DAYS. TYPICALLY, THE MUSIC CENTER'S ARTS LEARNING INITIATIVE
REACHES 150,000 STUDENTS AND EDUCATORS ANNUALLY AND IS THE LARGEST ARTS
EDUCATION PROGRAM IN LOS ANGELES.

PUBLIC PROGRAMMING RESUMED ON TMC'S OUTDOOR PLAZA IN MAY 2021.

FORM 990, PART VI, SECTION A, LINE 2:

THOMAS BECKMEN, WHO IS A DIRECTOR, IS MARRIED TO JUDITH BECKMEN, WHO IS
EMERITA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD HAS DELEGATED 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 FOR A COMMENT PERIOD PRIOR TO THE FORM BEING ELECTRONICALLY
FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL DISCLOSURES ARE REQUIRED FOR OFFICERS, DIRECTORS, AND KEY EMPLOYEES.
DISCLOSURES FOR DIRECTORS ARE SUMMARIZED AND REVIEWED BY THE CHAIRMAN OF
THE BOARD. DISCLOSURES FOR OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE
CHIEF FINANCIAL OFFICER. IF A CONFLICT EXISTS AT THE DIRECTOR LEVEL, THE
DIRECTOR IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND
DECISIONS IN THE TRANSACTION. IF POTENTIAL CONFLICTS ARISE AT THE OFFICER
OR KEY EMPLOYEE LEVEL, THE TRANSACTION WOULD BE REVIEWED BY LEGAL COUNSEL
AND THE RELEVANT BOARD COMMITTEE TO DETERMINE RESTRICTIONS.

Name of the organization PERFORMING ARTS CENTER OF
LOS ANGELES COUNTY

Employer identification number
95-2217011

FORM 990, PART VI, SECTION B, LINE 15:

PURSUANT TO THE BYLAWS, THE COMPENSATION COMMITTEE IS AUTHORIZED TO
DETERMINE THE COMPENSATION OF THE PRESIDENT AND CEO, CFO, AND SUCH OTHER
OFFICERS OF THE CORPORATION AS THE COMPENSATION COMMITTEE DETERMINES
APPROPRIATE OR AS DIRECTED BY THE BOARD, ANNUALLY AND WHENEVER A
MODIFICATION IN COMPENSATION IS PROPOSED. AFTER A THOROUGH REVIEW OF
HIS/HER PERFORMANCE, COMPENSATION OF EXECUTIVES AT OTHER ARTS
ORGANIZATIONS, AND OTHER FACTORS, THE COMMITTEE APPROVES THE PRESIDENT AND
CEO, CFO, AND SUCH OTHER OFFICERS' COMPENSATION.

THE CEO REVIEWS AND APPROVES THE COMPENSATION OF ANY OTHER OFFICERS AND KEY
EMPLOYEES NOT REVIEWED BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, INFORMATIONAL RETURNS
AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTERESTS	7,630,716.
SFAS 158 COMPREHENSIVE INCOME RELATED TO PENSION OBLIGATION	2,933,851.
LOSS ON UNCOLLECTIBLE PROMISES TO GIVE	-578,325.
LOSS ON EVENT CANCELLATION/UNCOLLECTABLE DEPOSITS	-300,000.
INCOME/LOSS FROM PARTNERSHIP	-153.
TOTAL TO FORM 990, PART XI, LINE 9	9,686,089.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

Name of the organization PERFORMING ARTS CENTER OF
LOS ANGELES COUNTY

Employer identification number
95-2217011

THE OVERSIGHT OF THE AUDIT.

Lined area for additional text or details.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

