

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of print	LOS ANGELES COUNTY HIGH SCH	Taxpayer identification number (TIN)									
File by th	ARTS FOUNDATION		95-3938009								
due date filing you return. S	for Number, street, and room or suite no. If a P.O. box, so		ions.								
	instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90012										
Enter	he Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1					
Applic	ation	Return	Application			Return					
ls For		Code	Is For			Code					
Form 9	990 or Form 990-EZ	01	Form 1041-A			08					
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09					
Form 9	990-PF	04	Form 5227			10					
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 9	990-T (trust other than above)	06	Form 8870			12					
Form 9	090-T (corporation) JEFFREY DOLLING	07									
• If th • If th box • 1 2	I request an automatic 6-month extension of time until	Group Exe and atta MAX anization's , an heck reaso	mption Number (GEN)       .         .ch a list with the names and TINs of         X 15, 2023, to file         return for:         d ending JUN 30, 2022         on: Initial return	f this is fo all memb	r the whole group, ers the extension is npt organization re	s for.					
	If this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.					
	If this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp			3b	\$	0.					
	Balance due. Subtract line 3b from line 3a. Include your pa										
	using EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.					
	on: If you are going to make an electronic funds withdrawal										
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form <b>8868</b> (I	Rev. 1-2022)					

			** PUBLIC DISCLOSURE COP	Y **		
	0	00	Return of Organization Exempt Fi	rom Ir	ncome Tax	OMB No. 1545-0047
For	n <b>y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			<b>2021</b>
	•		Do not enter social security numbers on this form as			Open to Public
Depa Intern	rtment c	of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and t			Inspection
AF	or the	e 2021 calenda	ar year, or tax year beginning $ { m JUL} 1, 2021 $ and end	nding J	UN 30, 2022	
Bo	heck if		forganization		D Employer identific	ation number
a	pplicabl	LOS	ANGELES COUNTY HIGH SCHOOL FOR THE			
	Addre	ARTS	FOUNDATION		Lagran Harris Response Lagrander Factor - Alter	
	Name	Doing bu	usiness as ARTS HIGH FOUNDATION		95-393800	19
	Initial			loom/suite	E Telephone number	
	Final		E. 1ST STREET, 3RD FLOOR 3		213-266-5	
	termin ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,687,462.
	Amen	LOD .	ANGELES, CA 90012		H(a) Is this a group ret	and the second se
	Applic tion pendi		nd address of principal officer: JEFFREY DOLLINGER		for subordinates?	
		SAME .	AS C ABOVE		H(b) Are all subordinates inc	
		empt status:		527		ist. See instructions
			S://WWW.LACHSAFOUNDATION.ORG/	1	H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year	of formation: 1984 M	State of legal domicile: CA
Pa	rt I	Summary	DRONO			
e	1	Briefly describ	e the organization's mission or most significant activities: PROMO	TE TH	E ARTS AND T	HE TO
Governance		THE REPORT OF	MENT OF YOUNG ARTISTS BY RAISING AN	the second second	10 1 12 12 12 12 12 12 12 12 12 12 12 12 1	
ern			x  if the organization discontinued its operations or dispose			
JOV	3					<u>    18</u> 18
8			lependent voting members of the governing body (Part VI, line 1b)			2
Activities &			of individuals employed in calendar year 2021 (Part V, line 2a)			68
tivit	6		of volunteers (estimate if necessary)			0.
Act			d business revenue from Part VIII, column (C), line 12			0.
-	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			
		Cantributions	and events (Dert ) (III, line 1b)		Prior Year 1,150,524.	Current Year 1,563,590.
an	8		and grants (Part VIII, line 1h)	Contraction of the	1,150,524.	1,505,550.
Revenue	9 10		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	a new set of the local	519,370.	205,296.
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-57,145.	-128,569.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	a property and a property of the	1,612,749.	1,640,317.
-			nilar amounts paid (Part IX, column (A), lines 1-3)		897,100.	1,190,797.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
		2 Sectore Manager 1	r compensation, employee benefits (Part IX, column (A), lines 5-10)		266,778.	268,310.
ses	16-		undraising fees (Part IX, column (A), line 11e)		0.	0.
Den	h		ing expenses (Part IX, column (D), line 25) 117, 72	8.		
Expens	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		158,613.	262,426.
	333069		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,322,491.	1,721,533.
			expenses. Subtract line 18 from line 12		290,258.	-81,216.
LC Sa		1010100			ginning of Current Year	End of Year
ets	20	Total assets (F	Part X, line 16)		4,930,936.	4,192,464.
Net Assets or	21		(Part X, line 26)		927,241.	991,071.
Net	22		fund balances. Subtract line 21 from line 20		4,003,695.	3,201,393.
	art II	Signature				
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of whic			
-		P	atherine/Slight		5-15-2	.3
Sig	n	Signature	e of officer		Date	
Her		KATH	ERINE BEYDA, PRESIDENT			
_		Type or p	print name and title			
0		Contractory and the second second second			Data	DTIN

	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	JUAN P. LOPEZ, CPA	JUAN P. LOPEZ, CPA	05/15/23 self-employed P01367411								
Preparer	Firm's name 🕨 LOPEZ ACCOUNTING	GROUP	Firm's EIN > 81-2737245								
Use Only	Firm's address > 3500 WEST OLIVE	AVENUE, SUITE 680									
	BURBANK, CA 9150	5	Phone no.818-840-7075								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No										

May the INS th	scuss this return with the preparer shown above? See instructions
132001 12-09-21	LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2021)

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	LOS ANGELES COUNTY HIGH SCHOOL FOR THE 990 (2021) ARTS FOUNDATION 95-3938009 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROMOTE THE ARTS AND THE ADVACEMENT OF YOUNG ARTISTS BY RAISING AND
	DISTRIBUTING FUNDS FOR THE OPERATION OF A PUBLIC ARTS HIGH SCHOOL IN
	LOS ANGELES COUNTY.
	Did the executation undertake any eignificant program convices during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
2	
3	
	If "Yes," describe these changes on Schedule O.
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	
48	(Code:) (Expenses \$1,488,253. including grants of \$1,190,/97.) (Revenue \$) HELP UNDERWRITE THE ARTS EDUCATION OF 600 STUDENTS IN DANCE, MUSIC,
	THEATRE, VISUAL ARTS, MUSICAL THEATRE AND FILM AT LOS ANGELES COUNTY
	HIGH SCHOOL FOR THE ARTS, A PUBLIC HIGH SCHOOL. PROGRAMS INLUDED
	FUNDING TEACHING ARTISTS, SUBSIDIZING THE COST OF PERFORMANCE AND ART
	EXHIBITIONS, TRANSPORTATION FOR FIELD TRIP TO MUSEUMS, GALLERIES, FILM
	PRODUCTION FACILITIES, FILM STUDIOS AND PERFORMED BY ARTISTS. ALSO
	PURCHASED SUPPLIES, LOANER INSTRUMENTS, MUSIC LESSONS AND AN OUTREACH
	PROGRAM.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
чы	(code:) (cxpenses \$) (nevenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	( ( · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,488,253.
	Form <b>990</b> (2021)
132002	2 12-09-21 <b>3</b>

3 2021.05080 LOS ANGELES COUNTY HIGH S 4033\_\_\_1 LOS ANGELES COUNTY HIGH SCHOOL FOR THE

ARTS FOUNDATION

Part IV Checklist of Required Schedules

Form 990 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	<u></u>	
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20а ь		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
			000	(a a a)

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LOS ANGELES COUNTY HIGH SCHOOL FOR THE

ARTS FOUNDATION Form 990 (2021) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete х Schedule I Part I 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ...... 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "Yes," complete Schedule L, Part IV ..... 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If С Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 18 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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Form 990 (2021)

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LOS	ANGELES	COUNTY	HIGH	SCHOOL	FOR	THE
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	990 (2021) ARTS FOUNDATION	95-3938	8009	P	age 🤇
ar	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)				
2-	Enter the number of employees reported on Form W/2. Transmittel of Wage and Tay Statements			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 2			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
b	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ . See instruction		20		
3a			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		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 A	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?	-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	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	_		
1	Section 501(c)(12) organizations. Enter:				
	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			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> 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	1 1			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
		income?	16		X
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.				
	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	If "Yes," complete Form 4720, Schedule O.	any	17		

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

Form 990 (2021)

95-3938009 Page 6

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.

Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	3									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18	3									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37							
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v								
а	The governing body?	<u>8a</u>	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v							
Soc	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>	9		X							
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	No							
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104									
D		10b									
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
0	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ 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)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
10	X Own website Another's website X Upon request Other (explain on Schedule O)	ب جنگ ام	-:-!								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	u tinan	Jai								
20	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 ►										
	369 E. 1ST STREET, 3RD FLOOR, 3, LOS ANGELES, CA 90012										
132006		Form	990	(2021)							
102000	7			(2021)							

2021.05080 LOS ANGELES COUNTY HIGH S 4033\_\_\_1

LOS ANGELES COUNTY HIGH SCHOOL FOR THE										
Form 990 (2021) ARTS FOUNDATION	95-3938009	Page 7								
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 o	r within the organization's	s tax year.								
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardles	s of amount of compens	ation.								

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not cl		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con /ee		1099-NEC)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEFFREY A. DOLLINGER	40.00		_	-			_			
EXECUTIVE DIRECTOR		1		х				143,061.	0.	0.
(2) KATHERINE BEYDA	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) MARK DEETJEN	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) CONNIE ST. JOHN	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JONATHAN ZAGER	5.00									
TREASURER		Х		Х				0.	0.	0.
(6) STELLA JEONG	5.00									
CHAIR, DEVELOPMENT COMMITT		Х		Х				0.	0.	0.
(7) ANGELA ALVARADO	1.00									_
DIRECTOR		Х						0.	0.	0.
(8) SHEDRACK ANDERSON III	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAVID ANGELO	1.00									-
DIRECTOR		Х						0.	0.	0.
(10) DARYL BARBIERI	1.00									-
DIRECTOR		Х						0.	0.	0.
(11) ELIZABETH DENNEHY	1.00									-
DIRECTOR		Х						0.	0.	0.
(12) MARLA GARLIN	1.00									•
DIRECTOR	1	Х						0.	0.	0.
(13) TAMARA HUNTER	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(14) MELINA KANAKAREDES	1.00								0	0
	1 00	X						0.	0.	0.
(15) JOHN LAWLER	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(16) DREW MCCLELLAN	1.00								•	<u>^</u>
DIRECTOR	1 00	Х						0.	0.	0.
(17) JOHANNA METZGER	1.00								•	<u>^</u>
DIRECTOR		Х						0.	0.	0. Form <b>990</b> (2021)

8

132007 12-09-21

Form 990 (2021)

### 07250515 150364 4033

2021.05080 LOS ANGELES COUNTY HIGH S 4033\_\_\_1

		ITY	H	IIG	H	SC	HC	OOL FOR THE	05 202		0	D 9
Form 990 (2021) ARTS FOUN					J LI:	~h ~ ~		emperated Fuerlay	95-393	5800	9	Page <b>8</b>
(A)	ees, Key Emp (B)		ees,		<u>а ні</u> С)	gnes	st C	(D)	s (continued) (E)		/	=)
Name and title	Average hours per week	box	not c , unle:	Pos heck ss per	itior more rson i	) than o s both pr/trus	n an	Reportable compensation from	Reportable compensation from related		Estin amou	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)		ompe from organi and re	nsation the ization elated zations
(18) SAM NEWMAN	5.00											•
DIRECTOR (19) VIVIAN RESCALVO	5.00	Х						0.	(	).		0.
DIRECTOR	5.00	x						0.	(	).		0.
								142.061		-		
1b Subtotal								143,061.		).		0.
c Total from continuation sheets to Part VII <u>d</u> Total (add lines 1b and 1c)								0. 143,061.		).		0.
2 Total number of individuals (including but no							o re					0.
compensation from the organization						,		, , , , , , , , , , , , , , , , , , ,				1
											Ye	es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	•		-	•					loyee on	. 3		X
4 For any individual listed on line 1a, is the su			-						-			v
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>										4		<u> </u>
rendered to the organization? If "Yes," com										5		x
Section B. Independent Contractors					0010	011						•
1 Complete this table for your five highest cor the organization. Report compensation for t										nsation	from	
(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	Com	(C) pensa	ation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 0

Form 990 (2021)

132008 12-09-21

Form	1 99	0 (2	ARTS FOUNDATIO	ON			95-3938	009 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response of	or note to any lin		(B)	(C)	
					<b>(A)</b> Total revenue	(D) Related or exempt		(D) Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a					
			Membership dues 1b	C10 115				
			Fundraising events <u>1c</u>	612,115.				
			Related organizations 1d	010 007				
			Government grants (contributions) 1e	218,307.				
		f	All other contributions, gifts, grants, and	533 160				
			similar amounts not included above 1f	733,168.				
onti od C		-	Noncash contributions included in lines 1a-1f	39,210.	1 562 500			
<u>o</u> e		h	Total. Add lines 1a-1f		1,563,590.			
0.0	_			Business Code				
ice	2	а						
er v		b						
n S /en		с						
graı Be∖		d						
Program Service Revenue		e						
ш.			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere-		79,947.			79,947.
			other similar amounts) Income from investment of tax-exempt bond p		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			15,5±1.
	4							
	5		Royalties	(ii) Personal				
	6	_						
	0		Gross rents 6a Less: rental expenses 6b					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)	<b>&gt;</b>				
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory <b>7a</b> 1,002,597.					
		h	Less: cost or other basis					
Ð		b	and sales expenses					
evenue		c	Gain or (loss)         7c         125,349.					
Sev			Net gain or (loss)		125,349.			125,349.
er R	8		Gross income from fundraising events (not		,			,
Other	Ŭ	-	including \$ of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18	41,328.				
		b	Less: direct expenses 8b	169,897.				
			Net income or (loss) from fundraising events	, 	-128,569.			-128,569.
	9		Gross income from gaming activities. See	F	,			
	•	-	Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns	·····				
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		_	,,	Business Code				
snc	11	а						
Due		b						
ella 3Vel		č						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,640,317.	0.	0.	76,727.
13200	9 12-	-09-						Form <b>990</b> (2021)

10

<sup>132009 12-09-21</sup> 

Do no	Check if Schedule O contains a respons				
Do no					
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,175,797.	1,175,797.		
	Grants and other assistance to domestic ndividuals. See Part IV, line 22	15,000.	15,000.		
C	Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
4 1	Benefits paid to or for members				
5 (	Compensation of current officers, directors,				
t	rustees, and key employees	153,244.	122,596.	7,662.	22,986
ţ	Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	00.54	=4 654		4.0.40
	Other salaries and wages	89,564.	71,651.	4,478.	13,435
9	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits	7,557.	6,284.	393.	880
	Payroll taxes	17,945.	14,356.	897.	2,692
	Fees for services (nonemployees): Management				
	_egal	45 555		45 555	
c /	Accounting	45,577.		45,577.	
dl	_obbying				
еŀ	Professional fundraising services. See Part IV, line 17				
	nvestment management fees	35,681.		35,681.	
- (	Dther. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	78,105.	7,343.	14,688.	56,074
	Advertising and promotion	F1 880	20.004	4 154	1
	Office expenses	51,772.	32,024.	4,154.	15,594
	nformation technology				
5	Royalties	1 - 2 - 2 - 2	12 044		
-	Decupancy	17,305.	13,844.	865.	2,596
	Fravel	31.	25.	2.	4
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	1 000	0.00		1.0
	Conferences, conventions, and meetings	1,086.	869.	54.	163
-	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization			400	1 401
4 ( 2	nsurance Dther expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A),	9,954.	7,963.	498.	1,493
	amount, list line 24e expenses on Schedule 0.)	12 066	0 650	602	1 011
	MISCELLANEOUS PARENT ASSOCIATION	12,066. 10,849.	9,652. 10,849.	603.	1,811
с_					
d					
	All other expenses	4 804 500	1 100 0-0		440
	Total functional expenses. Add lines 1 through 24e	1,721,533.	1,488,253.	115,552.	117,728
r	<b>Joint costs</b> . Complete this line only if the organization eported in column (B) joint costs from a combined				
6	educational campaign and fundraising solicitation.				

11

Check here 132010 12-09-21

Form 990 (2021)

Form 990 (2021)

### 07250515 150364 4033

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

orm	990	(2021)	

- orm	990 (2			<u>95-</u>	3938009 Page 11
Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,428.	1	1,501.
	2	Savings and temporary cash investments	469,373.	2	473,631.
	3	Pledges and grants receivable, net	96,900.	3	141,400.
	4	Accounts receivable, net		4	
	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	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	4,345.	9	5,900.
	10a				
		basis. Complete Part VI of Schedule D 10a 3,395.			
	b	Less: accumulated depreciation 10b 3,395.	0.	10c	0.
	11	Investments - publicly traded securities	4,358,890.	11	3,570,032.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,930,936.	16	4,192,464.
	17	Accounts payable and accrued expenses	41,978.	17	20,068.
	18	Grants payable	836,956.	18	971,003.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န	22	Loans and other payables to any current or former officer, director,			
Ĩ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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	48,307.	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	0.07 0.41	25	0.01 0.71
	26	Total liabilities. Add lines 17 through 25	927,241.	26	991,071.
s		Organizations that follow FASB ASC 958, check here ► X			
e		and complete lines 27, 28, 32, and 33.			210 050
alar	27	Net assets without donor restrictions	<u>284,354.</u> 3,719,341.	27	-312,059. 3,513,452.
9 B	28	Net assets with donor restrictions	5,719,541.	28	5,515,452.
<u>n</u>		Organizations that do not follow FASB ASC 958, check here			
<u>ה</u>	~~	and complete lines 29 through 33.			
ŝ	29	Capital stock or trust principal, or current funds		29	
SSE	30 21	Paid-in or capital surplus, or land, building, or equipment fund		30 21	
Net Assets or Fund Balances	31 22	Retained earnings, endowment, accumulated income, or other funds	4,003,695.	31	3,201,393.
ž	32 22	Total net assets or fund balances	4,930,936.	32 33	4,192,464.
	33	Total liabilities and net assets/fund balances	Ŧ, JJU, JJU.	აა	Form <b>990</b> (2021

Form **990** (2021)

132011 12-09-21

LOS	ANGELES	COUNTY	HIGH	SCHOOL	FOR	THE	
ARTS FOUNDATION							

	1990 (2021) ARTS FOUNDATION	95-39	38009	Pag	<sub>je</sub> 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,640			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,721	<u> </u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-81			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,003			
5	Net unrealized gains (losses) on investments	5	-721	,08	36.	
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,201	, 39	<del>)</del> 3.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0	-	Yes	No	
2a	<ul><li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li></ul>					
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		2a		X	
	separate basis, consolidated basis, or both:					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2021)

132012 12-09-21

	<b>ZUZT</b> Open to Public Inspection
	tification number
	938009
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.	
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hos	ospital's name,
city, and state:	
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in	
section 170(b)(1)(A)(iv). (Complete Part II.)	
<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>X An organization that normally receives a substantial part of its support from a governmental unit or from the general public d</li> </ul>	described in
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public d section 170(b)(1)(A)(vi). (Complete Part II.)	described in
<ul> <li>8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>	
<ul> <li>9 A community trust described in Section 170(b)(1)(A)(v); (complete Fait ii.)</li> <li>9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college</li> </ul>	1e
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or	,0
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross	s receipts from
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gro	ross investment
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Jur	une 30, 1975.
See section 509(a)(2). (Complete Part III.)	
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose	
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the	the box on
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.	
<b>a Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving	
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supportin organization. You must complete Part IV, Sections A and B.	ung
<b>b Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having	
control or management of the supporting organization vested in the same persons that control or manage the supported	ł
organization(s). You must complete Part IV, Sections A and C.	
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,	٦,
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)	(s)
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness	S
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III	
functionally integrated, or Type III non-functionally integrated supporting organization.	
f Enter the number of supported organizations	
g         Provide the following information about the supported organization(s).           (i) Name of supported         (ii) EIN         (iii) Type of organization         (iv) Is the organization listed         (v) Amount of monetary         (vi) A	) Amount of other
(departitioned on lines 1.10 Lin your governing occument?)	ort (see instructions)
Total	

## LOS ANGELES COUNTY HIGH SCHOOL FOR THE Schedule A (Form 990) 2021 ARTS FOUNDATION 95-3938009 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)	
(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 organizat	ion
fails to qualify under the tests listed below, please complete Part III.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1375583.	1149384.	1128600.	1150524.	1563590.	6367681.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1375583.	1149384.	1128600.	1150524.	1563590.	6367681.
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)						653,290.
6	Public support. Subtract line 5 from line 4.						5714391.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1375583.	1149384.	1128600.	1150524.	1563590.	6367681.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	100,551.	86,791.	86,733.	71,029.	79,947.	425,051.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						6792732.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	84.13 %
	Public support percentage from 2020					15	83.05 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this boy	and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
						Schedule A	(Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021

### 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizat	ion,
	check this box and stop here						
See	ction C. Computation of Publi	ic Support Per	rcentage			, , , , , , , , , , , , , , , , , , , ,	
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2020					16	%
See	ction D. Computation of Inves	stment Income	e Percentage			, , , , , , , , , , , , , , , , , , , ,	
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line $^{-1}$	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	
1320	23 01-04-22					Schedule	A (Form 990) 2021
			16				

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Schedule A (Form 990) 2021

### Part IV Supporting Organizations

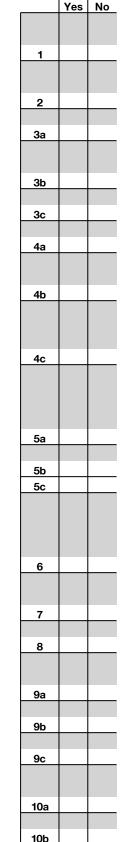
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

### Section A. All Supporting Organizations

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

17

132024 01-04-21



Schedule A (Form 990) 2021

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95-3938009 Page 4

### LOS ANGELES COUNTY HIGH SCHOOL FOR THE

ARTS FOUNDATION Schedule A (Form 990) 2021 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 on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b

### c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

### Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> 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,

### upervised, 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			
		4		

#### 10n(s) organ Section D. All Type III Supporting Organizations

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

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

nstructions	S).
15	truction

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с [		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 on 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2b

3a

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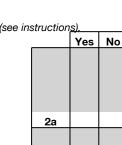
18

11c

1

2

Yes No



	LOS ANGELES COUNTY HIGH	SCHO	OL FOR THE	05 000000
	dule A (Form 990) 2021 ARTS FOUNDATION	<b>A</b>		95-3938009 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complete I	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting o	organization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Sche	dule A (Form 990) 2021 ARTS FOUNDATI			9	5-3938009 Pag	je <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)	1	
Secti	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
	From 2017					
с	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
-	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2021, if					
-	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
U	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2020					

Schedule A (Form 990) 2021

132027 01-04-22

<u></u>	(5 000) 0001		ANGELES FOUNDA		HIGH	SCHOOL	FOR	THE	05 2029000 5 6
Schedule A Part VI	line 1; Part IV, Section Section D, lines 5, 6, a	ormation s 1, 2, 3b, 3d D, lines 2 ar	Provide the e c, 4b, 4c, 5a, 6, d 3; Part IV, Se	xplanations re 9a, 9b, 9c, 1 <sup>-</sup> ection E, lines	1a, 11b, ar 1c, 2a, 2b	nd 11c; Part IV , 3a, and 3b; P	, Section Part V, lin	B, lines e 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)								
132028 01-04-2	22			2	1				Schedule A (Form 990) 202

edule B	

(Form 990)

Sch

Department of the Treasury

### Internal Revenue Service Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*

## **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

95-3938009

ARTS	FOUNDATION

Organization	type	(check d	one):
organization	.ypc		<i>i</i> 10 <i>j</i> .

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

LOS ANGELES COUNTY HIGH SCHOOL FOR THE

Check if your organization is covered by the General Rule or a Special Rule.

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

### **General Rule**

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

### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2021)

### Schedule B (Form 990) (2021)

Name of organization LOS ANGELES COUNTY HIGH SCHOOL FOR THE ARTS FOUNDATION Employer identification number

95-3938009

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$46,866.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$170,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$48,307.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

23 2021.05080 LOS ANGELES COUNTY HIGH S 4033\_\_\_1

123452 11-11-21

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Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

24

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2021.05080 LOS ANGELES COUNTY HIGH S 4033\_\_\_1

Schedule B (Form 990) (2021)

Name of organization 

Employer identification number

Schedule E	3 (Form 990) (2021)		Page <b>4</b>						
Name of or	rganization		Employer identification number						
LOS AN	NGELES COUNTY HIGH SCHO	OL FOR THE							
ARTS H	FOUNDATION		95-3938009						
Part III		ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,000 or I</b>	Iess for the year. (Enter this info. once.)						
	Use duplicate copies of Part III if additional	space is needed.							
(a) No. from	(b) Durnage of gift	(a) Lies of sift	(d) Description of how rift is hold						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift	1						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from		1							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
<u>- 1 di C 1</u>									
Γ		(e) Transfer of gift	t						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
		<u> </u>							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
			<u> </u>						
		(e) Transfer of gift	 t						
		(0)							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
ŀ			l						
		(e) Transfer of gift	1						
	Transferee's name, address, a	nd <b>7I</b> P + 4	Relationship of transferor to transferee						
ŀ	i ansieree 5 name, audress, a								
123454 11-11-	-21		Schedule B (Form 990) (2021)						
		<u> </u>							

25 2021.05080 LOS ANGELES COUNTY HIGH S 4033\_\_\_1

	HEDULE D n 990)	Complete if the org	al Financial Statements anization answered "Yes" on Form 990,	ОМВ №. 1545-0047 <b>2П21</b>
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest informati	
Nam	e of the organizati		HIGH SCHOOL FOR THE	Employer identification number
Par	t I Organiza	ARTS FOUNDATION	d Funds or Other Similar Funds or	95-3938009
Fai		n answered "Yes" on Form 990, Part IV, lin		Accounts. Complete if the
	organizatio		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at er	nd of year		(1)
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5			writing that the assets held in donor advised	funds
	are the organization	on's property, subject to the organization's	exclusive legal control?	Yes No
6	•	<b>c</b>	dvisors in writing that grant funds can be us	
			r donor advisor, or for any other purpose cor	°
Par	impermissible priv			
			ganization answered "Yes" on Form 990, Par	rt IV, line 7.
1		servation easements held by the organization of land for public use (for example, recrea		historiaally important land area
		f natural habitat	, <u> </u>	historically important land area certified historic structure
		of open space		
2		• •	ied 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
а	Total number of co	onservation easements		2a
b	Total acreage rest	ricted by conservation easements		2b
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	<u>2</u> c
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the Nation	nal Register		2d
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax
	year►			
4		where property subject to conservation eas		
5	•	tion have a written policy regarding the per orcement of the conservation easements it		Yes No
6	,		handling of violations, and enforcing conserv	
•	•	······································	······································	· · · · · · · · · · · · · · · · · · ·
7	-	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	n easements during the year
	►\$			
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	4)(B)(i)
9	,	<b>v</b>	on easements in its revenue and expense sta	
			ote to the organization's financial statement	s that describes the
Da		ounting for conservation easements.	Art, Historical Treasures, or Othe	ar Similar Assats
I ai	_	the organization answered "Yes" on Form		Similar Assets.
10			8, not to report in its revenue statement and	halance sheet works
Id	•		blic exhibition, education, or research in furth	
			ncial statements that describes these items.	
b	· •		8, to report in its revenue statement and bala	ance sheet works of
	-		exhibition, education, or research in further	
		ng amounts relating to these items:		
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		• •
				<b>N N</b>
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financial ga	ain, provide
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:	
		eduction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 2021
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<u>.</u>		ELES COUNTY	HIGH SCH	OOL FOR TH		95-39	20000	_	0
	dule D (Form 990) 2021 ARTS FO	UNDATION	Historical Tra	asures or Oth					age Z
							• (continu	Jed)	
3	Using the organization's acquisition, accessio	on, and other records	s, check any of the f	ollowing that make	e significant	use of its			
	collection items (check all that apply):		<u> </u>						
a	Public exhibition	d		hange program					
b	Scholarly research	e	U Other						
с	Preservation for future generations								
4	Provide a description of the organization's co					se in Part	XIII.		
5	During the year, did the organization solicit of		•		ilar assets		-	_	-
D	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes"	on Form 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		•			_	_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X					
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, Iir	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years	back
1a	Beginning of year balance	3,409,331.	2,943,697.	2,995,192	2. 2,9	941,831.	2,	910,	110.
	Contributions	3,550.	6,890.	39,918	3.				
	Net investment earnings, gains, and losses	-490,683.	614,865.	32,158	3. 2	233,988.	304,254.		
	Grants or scholarships	,	,						
	Other expenditures for facilities								
C		99,301.	156,121.	123,571		180,627.		272	533.
4			100,101.	110,071					
	Administrative expenses	2,822,897.	3,409,331.	2,943,697	7 20	95,192.	2	9/1	831.
-	End of year balance	, ,	, ,		·	,1,2.	<i>2</i> ,	, <u></u>	051.
2	Provide the estimated percentage of the curr	ent year end balance		)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment  100	%							
С		%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for	r the organiz	ation	-		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c	) Accumulat	ed	(d) Book	valu	е
	·	basis (investr	nent) basis	(other)	depreciation				
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			3,395.	3,3	95.			0.
	Other				.,.				
	Add lines 1a through 1e. (Column (d) must e		X column (R) line 1						0.
1010		quai runn 990, ráil /	<u>, column (d), ime m</u>	<u></u>		Schedule	D (Form	990)	

# LOS ANGELES COUNTY HIGH SCHOOL FOR THE

Schedule D (Form 990) 2021 ARTS FOUNDA	TION	95	-3938009 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🔀

Schedule D (Form 990) 2021

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OUTIE	edule D (Form 990) 2021 ARIS FOUNDATION				SECOUS Page	
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.		
	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	883,550	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-721,086.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-721,086	
3	Subtract line 2e from line 1			3	1,604,636	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	35,681.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c	35,681	
					1 (10 )17	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,640,317	•
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Witl	h Expenses per F		<u>1,640,31</u> / 1.	•
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Witl	n Expenses per F		1.	
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Witl	n Expenses per F		1,640,317 n. 1,685,852	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Witl	n Expenses per F	Returi	1.	
<b>Pa</b>	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ents Witl	n Expenses per F	Returi	1.	
Pa 1 2	rt XII         Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Witl	n Expenses per F	Returi	1.	
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	n Expenses per F	Returi	1.	
<b>Pa</b> 1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	n Expenses per F	Returi	1.	
<b>Pa</b> 1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	h Expenses per F	Returi	n. <u>1,685,852</u> 0	•
Pa 1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F	1	n. 1,685,852	•
Pa 1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per F	1 2e	n. <u>1,685,852</u> 0	•
Pa 1 2 a b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	h Expenses per F	1 2e	n. <u>1,685,852</u> 0	•
Pa 1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	h Expenses per F	1 2e	n. <u>1,685,852</u> <u>0</u> 1,685,852	•
Pa 1 2 3 4 4	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	h Expenses per F	1 2e	n. <u>1,685,852</u> 0 <u>1,685,852</u> 35,681	• •
Pa 1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per F	1 2e 3	n. <u>1,685,852</u> <u>0</u> 1,685,852	• •

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

PART V, LINE 4:

ONE ENDOWMENT IS EXPENDED AT THE DISCRETION OF THE BOARD. THE REMAINING

ENDOWMENT CONSIST OF VARIOUS DONOR RESTRICTED FUNDS WHICH ARE USED TO

SUPPORT THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE

CALIFORNIA REVENUE AND TAXATION CODE. THE FOUNDATION IS CLASSIFIED BY THE

29

INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE

FOUNDATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX FOR INCOME FROM

OPERATING ACTIVITIES NOT RELATED TO THEIR EXEMPT PURPOSE. UNRELATED

132054 10-28-21

Schedule D (Form 990) 2021

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2021.05080 LOS ANGELES COUNTY HIGH S 4033\_\_\_1

LOS ANGELES COUNTY HIGH SCHOOL FOR THE Schedule D (Form 990) 2021 ARTS FOUNDATION Part XIII Supplemental Information (continued)	95-3938009 Page 5
BUSINESS INCOME IS TAXED BASED ON THE APPLICABLE STATUTORY	הבטבטענ אאט
STATE INCOME TAX RATES FOR FOR-PROFIT ORGANIZATIONS.	
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities									
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021	
Department of the Treasury		Attach to Form 990			-			Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instru				on.		Inspection	
Name of the organization	ARTS FO	ELES COUNTY HIGH SO UNDATION					95-3938		
	sing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-E2	Z filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions l email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:		
(i) Name and addres or entity (fund		<b>(ii)</b> Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No	-				
		I		L					
		n is registered or licensed to solicit c	contrib	utions	or has been notified	it is (	exempt from re	gistration	
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021	

132081 10-21-21

Sch	edul		ELES COUNTY UNDATION	HIGH SCHOOL F		3938009 Page 2
	rt I			I "Yes" on Form 990, Par		
		of fundraising event contributions and gro				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
			GALA	PERFORMANCES		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts	480,165.	173,278.		653,443.
۳			400.007	450.050		<u> </u>
	2	Less: Contributions	438,837.	173,278.		612,115.
	3	Gross income (line 1 minus line 2)	41,328.			41,328.
	4	Cash prizes				
	5	Noncash prizes				
ses						
Sen	6	Rent/facility costs				
Direct Expenses			40.075			40.075
rec	7	Food and beverages	48,275.			48,275.
ā	•	Entertainment	40,043.			40,043.
		Entertainment Other direct expenses				81,579.
		Direct expense summary. Add lines 4 through			►	169,897.
		Net income summary. Subtract line 10 from li			•	-128,569.
Pa	rt I	<b>II Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		reported more than	
anc			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Ť	1	Gross revenue				
	_					
es	2	Cash prizes				
xpenses	2	Noncesh prizes				
ЩЩ	3	Noncash prizes				
Direct E)	4	Rent/facility costs				
ā						
_	5	Other direct expenses				
			Yes%	<b>Yes</b> %	Yes%	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
a	11 1	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	erminated during the tax v	/ear?	Yes No
		Yes," explain:				
13209	10	-21-21			Sche	dule G (Form 990) 2021

Sab	adula C. (Earm 000) 2021		ANGEI 5 FOUI			YTY							95_3	393800	9 Page 3
-	edule G (Form 990) 2021 Does the organization conduct ga					~?									
	Is the organization a grantor, bene														
	to administer charitable gaming?													Yes	No
13	Indicate the percentage of gaming														
а	The organization's facility													13a	%
	An outside facility													13b	%
14	Enter the name and address of the	e person	who prep	oares th	he orgar	nization	ı's gam	ing/spe	ecial ev	ents bo	oks an	d record	ds:		
	Name 🕨														
	Address 🕨														
<b>1</b> 5a	Does the organization have a cont	tract with	n a third pa	arty fro	om whor	m the o	organiza	ation re	ceives	gaming	revenu			🗌 Yes	🗌 No
b	If "Yes," enter the amount of gami of gaming revenue retained by the	-		-	-		n 🕨 🕯	\$			_ and	the amo	ount		
0	If "Yes," enter name and address		• •												
			na party.												
	Name 🕨														
	Address 🕨														
16	Gaming manager information:														
	Name 🕨														
	Gaming manager compensation	▶ \$			_										
	Description of services provided														
	Director/officer	Em Em	nployee			Indep	penden	it contra	actor						
17	Mandatory distributions:														
	Is the organization required under	state law	v to make	e charita	able dis	tributio	ons fron	n the ga	aming p	proceed	ls to				
	retain the state gaming license?													Yes	No No
b	Enter the amount of distributions r	required	under sta	te law	to be di	stribute	ed to of	ther exe	empt or	rganiza	tions or	r spent i	n the		
Do	organization's own exempt activiti										(				
Fa	rt IV Supplemental Inform 15b, 15c, 16, and 17b, as											and (v)	and Pa	rt III, lines 9	, 9b, 10b,
13208	33 10-21-21					33	3						Sched	ule G (Forn	n 990) 2021

Schedule G (Form 990) Part IV Supplemental Inform	LOS ANGELES COUNTY ARTS FOUNDATION mation (continued)	HIGH	SCHOOL	FOR THE	95-3938009	Page <b>4</b>
	(continued)					
					Schedule G (F	orm 990)

132084 11-18-21

SCHEDULE I (Form 990) Department of the Treasu	rm 990) artment of the Treasury 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.							OMB No. 1545-0047 2021 Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection
Name of the organ	ization LOS ANGEL ARTS FOUN		HIGH SCHOO	L FOR THE				Employer identification number 95-3938009
Part I Gener	al Information on Grants a							•
criteria used 2 Describe in F Part II Grants	anization maintain records t to award the grants or assis Part IV the organization's pro and Other Assistance to	stance? ocedures for monit Domestic Organiz	oring the use of grant cations and Domestic	funds in the United C Governments.	d States. Complete if the org			X Yes No
1 (a) Name and	nt that received more than S d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	eo. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total nu	umber of section 501(c)(3) a umber of other organizations	s listed in the line 1	l table					

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### LOS ANGELES COUNTY HIGH SCHOOL FOR THE

Schedule I (Form 990) 2021

ARTS FOUNDATION

95-3938009

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
0	0.	0.		
	recipients	recipients cash grant	recipients cash grant cash assistance	recipients cash grant cash assistance (book, FMV, appraisal, other)

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS ARE AWARDED ON THE NEEDS OF THE SCHOOL. SCHOLARSHIPS ARE AWARDED ON

THE RECOMMENDATIONS OF THE LOS ANGELES COUNTY HIGH SCHOOL FOR THE ARTS

FACULTY BASED ON MERIT AND FINANCIAL NEED.

(Fo	rm 990)	Complete if the ord	uanizations a	answered "Yes" o	n Form 990, Part IV, lines 29	) or 30.	20	21	
	ment of the Treasury I Revenue Service	Attach to Form 990	).		the latest information.		Open to Inspe		ic
Nam	e of the organization	LOS ANGELES	COUNTY	HIGH SCHO	OOL FOR THE	Employer	identificatio	on nun	nber
		ARTS FOUNDAT				9	5-3938	009	
Pa	rt I   Types of	Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	<b>(d)</b> of determin ntribution ar	•	s
1	Art - Works of art								
2	Art - Historical trea	sures							
3		erests							
4		tions							
5		ehold goods							
6		nicles							
7									
8		у							
9	Securities - Publicly	y traded	X	2	33,828.				
10	Securities - Closely	/ held stock							
11	Securities - Partner	rship, LLC, or							
12	Securities - Miscell	aneous							
13	Qualified conserva	tion contribution -							
	Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid								
16		nercial							
17									
18									
19									
20		supplies							
21									
22									
23		ns							
24		acts	L		C 010				
25	·	NSTRUMENTS )	X	1	6,012.				
26	Other ► (	)							
27	Other  (	)							
28	Other 🕨 (	)							
29		3283 received by the organi							
	for which the organ	nization completed Form 82	283, Part V, L	onee Acknowledg	ement 29				
~~						00 H I I		Yes	No
30a					orted in Part I, lines 1 through				
			_		which isn't required to be us		00-		v
		or the entire holding period	<i>د</i>				<u>30a</u>		X
		he arrangement in Part II.	naliov that	quiros the review	of any nonstandard contributi	0002	0.4		x
31	-	•			of any nonstandard contributi	0151	31		
32a	-			-	cit, process, or sell noncash			x	ł
	contributions?	- David II					<u>32a</u>	Λ	
	If "Yes," describe in		alumar (-) f-		(for which columns (s) is the	lead			
33		uiun t report an amount in c	C) foi	r a type of property	r for which column (a) is chec	ĸea,			
	describe in Part II.								

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132141 11-17-21

## **Noncash Contributions**

OMB No. 1545-0047

SCHE	DULE	Μ
(Form	990)	

95-3938009 Page 2

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 30B:

Schedule M (Form 990) 2021

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

### SCHEDULE M, LINE 32B:

THE ORGANIZATION USED A BROKERAGE FIRM TO SELL SECURITIES THAT WERE

DONATED.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

ZUZ1 Open to Public Inspection Employer identification number

95-3938009

OMB No. 1545-0047

LOS ANGELES COUNTY HIGH SCHOOL FOR THE ARTS FOUNDATION

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

THE OPERATION OF A PUBLIC ARTS HIGH SCHOOL IN LOS ANGELES COUNTY.

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

FORM 990 IS REVIEWED AND APPROVED BY THE BOARD PRIOR TO FILING.

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

BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST

STATEMENT. BOARD MEMBERS ARE EXPECTED TO ABSTAIN FROM DISCUSSION AND VOTING

ON ANY MATTER THAT MAY BE A CONFLICT.

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

COMPENSATION IS APPROVED IN CLOSED SESSION BY THE BOARD AND IS BASED ON

PERFORMANCE, THE FINANCIAL STATUS OF THE ORGANIZATION, AND COMPARABLE

SALARIES.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON WRITTEN REQUEST.

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Schedule O (Form 990) 2021