

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

JUNE 24, 2022

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

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

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

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

CALIFORNIA FORM 199 RETURN:

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

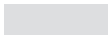
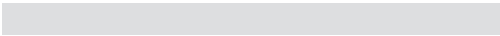
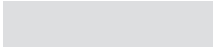
NO PAYMENT IS REQUIRED.

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

VERY TRULY YOURS,

LIOR TEMKIN, CPA

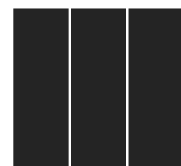






(continued)

		Yes	No
2a	2a		
b		2b	
Note:	<i>e-file</i>		
3a		3a	
b	<i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	
4a		4a	
b			
5a		5a	
b		5b	
c		5c	
6a		6a	
b		6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b		7b	
c		7c	
d	7d		
e		7e	
f		7f	
g		7g	
h		7h	
8	Sponsoring organizations maintaining donor advised funds.	8	
9	Sponsoring organizations maintaining donor advised funds.		
a		9a	
b		9b	
10	Section 501(c)(7) organizations.		
a	10a		
b	10b		
11	Section 501(c)(12) organizations.		
a	11a		
b	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts.	12a	
b	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a		13a	
Note:			
b	13b		
c	13c		
14a		14a	
b	<i>If "No," provide an explanation on Schedule O</i>	14b	
15		15	
16		16	



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

	(A)	(B)	(C)	(D)
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2				
3				
4				
5				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7				
8 Pension plan accruals and contributions (include				
9				
10				
11				
a				
b				
c				
d				
e				
f				
g				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
a _____				
b _____				
c _____				
d _____				
e _____				
25 Total functional expenses.				
26 Joint costs.				

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

		(A)		(B)
Assets	1		1	
	2		2	
	3		3	
	4		4	
	5			
			5	
	6			
			6	
	7		7	
	8		8	
	9		9	
	10a			
		10a		
	b	10b		10c
	11		11	
	12		12	
13		13		
14		14		
15		15		
16	Total assets.		16	
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22			
			22	
	23		23	
	24		24	
	25			
		25		
26	Total liabilities.		26	
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
27		27		
28		28		
29				
30				
31				
32				
33				







Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4 Total.						
5						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						
11 Total support. Add lines 7 through 10						
12					12	
13 First 5 years.						

stop here

14	14	
15	15	

16a 33 1/3% support test - 2020.
stop here.

b 33 1/3% support test - 2019.
stop here.

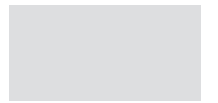
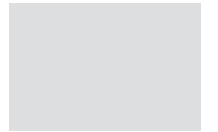
17a 10% -facts-and-circumstances test - 2020.
stop here.

b 10% -facts-and-circumstances test - 2019.
stop here.

18 Private foundation.

[REDACTED]

[REDACTED]



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

1 Y

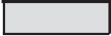
explain in Part VI See instructions.

Section A - Adjusted Net Income			
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8 Adjusted Net Income	8		
Section B - Minimum Asset Amount			
1			
a	1a		
b	1b		
c	1c		
d Total	1d		
e Discount <i>explain in detail in Part VI</i>			
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8 Minimum Asset Amount	8		
Section C - Distributable Amount			
1	1		
2	2		
3	3		
4	4		
5	5		
6 Distributable Amount.	6		
7 Y			

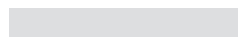
Schedule A (Form 990 or 990-EZ) 2020

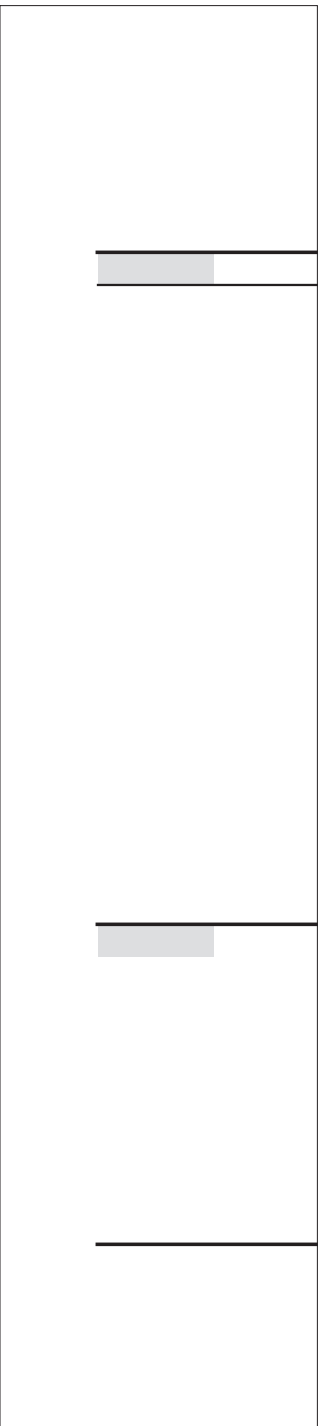
Section D - Distributions		Current Year
1		1
2		2
3		3
4		4
5	<i>provide details in Part VI</i>	5
6	<i>describe in Part VI</i>	6
7	Total annual distributions.	7
8	<i>provide details in Part VI</i>	8
9		9
10		10

Section E - Distribution Allocations	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1			
2			
	<i>explain in Part VI</i>		
3			
a			
b			
c			
d			
e			
f	Total		
g			
h			
i			
j			
4			
a			
b			
c			
5			
	<i>explain in Part VI.</i>		
6	<i>explain in Part VI</i>		
7	Excess distributions carryover to 2021.		
8			
a			
b			
c			
d			
e			



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Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 77,997.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID 7,213,238.

INVESTMENT ENDOWMENT FEES 30,215.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 7,243,453.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

IDYLLWILD ARTS FOUNDATION

Employer identification number
95-1801279

Part I

1

2

3

LEGENDS IN PROMOTIONAL AND ADMISSIONS MATERIALS

4

a

b

c

d

5

a

b

c

d

e

f

g

h

6a

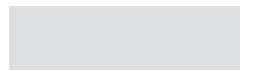
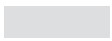
b

7

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a		X
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) 2020



11 Yes No Y

12 Yes No Y

13

13a	
13b	

14

15a Yes No Y

b _____

c _____

16

Y Y Y

17

a Yes No Y

b

Part IV Supplemental Information.

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

(I) NAME OF FUNDRAISER: ANTONIA GLENN

(I) ADDRESS OF FUNDRAISER: 12 SKYLARK DR, APT #31, LARKSPUR, CA 94939

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number
95-1801279

Part I IDYLLWILD ARTS FOUNDATION

Part I General Information on Grants and Assistance

1

Yes No

2

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 (a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

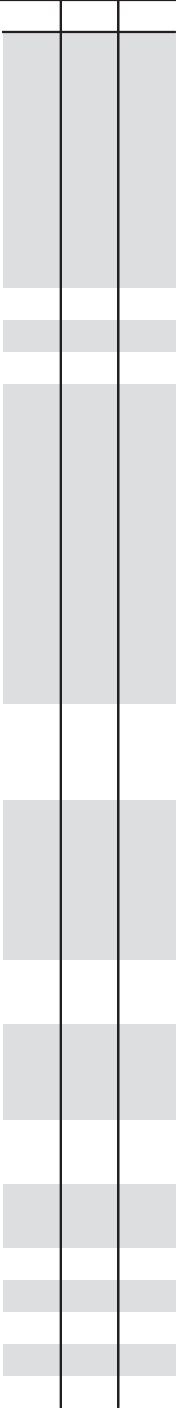
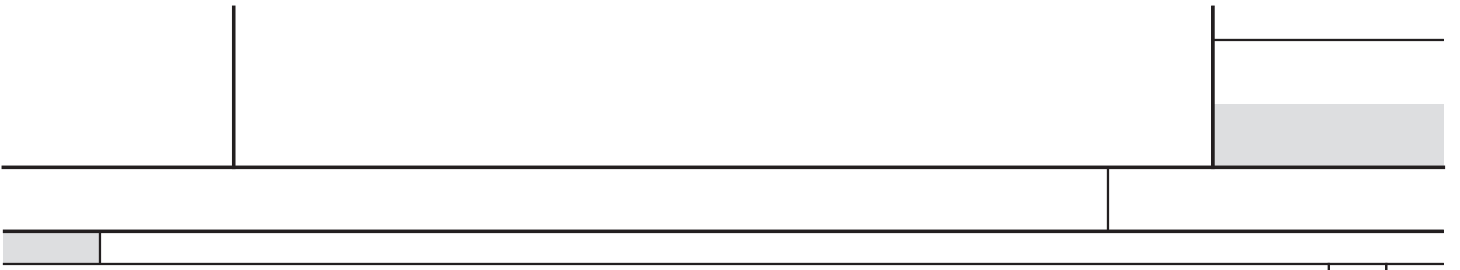
2

.....

3

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

Schedule I (Form 990) 2020



Part II Supplemental Information.

SCHEDULE M, LINE 32B:

AN EMPLOYEE, WHO WAS ALSO A REALTOR, HANDLED THE SALE OF THE REAL PROPERTY. SALES OF STOCK ARE HANDLED THROUGH AN INVESTMENT ACCOUNT HELD AT CHARLES SCHWAB.