SI NGERLEWAK LLP 10960 WI LSHI RE BOULEVARD, SUI TE 700 LOS ANGELES, CALI FORNI A 90024 (310) 477-3924

JUNE 24, 2022

I DYLLWI LD ARTS FOUNDATI ON P. O. BOX 38 I DYLLWI LD, 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-E0 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-E0 TO US AS SOON AS POSSIBLE.

CALI FORNI A FORM 199 RETURN:

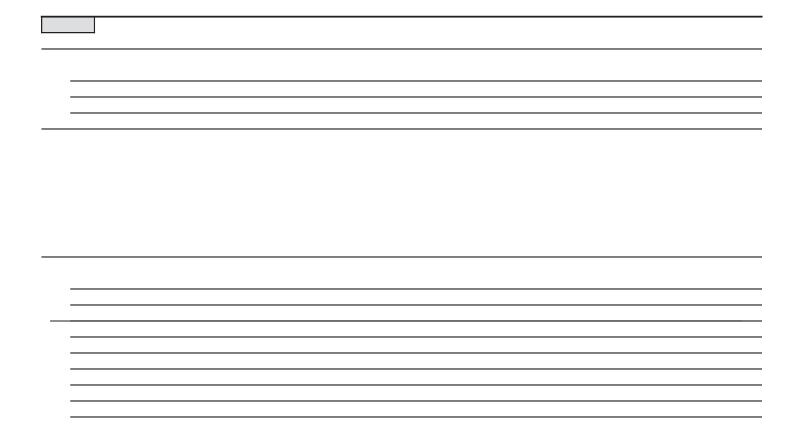
THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

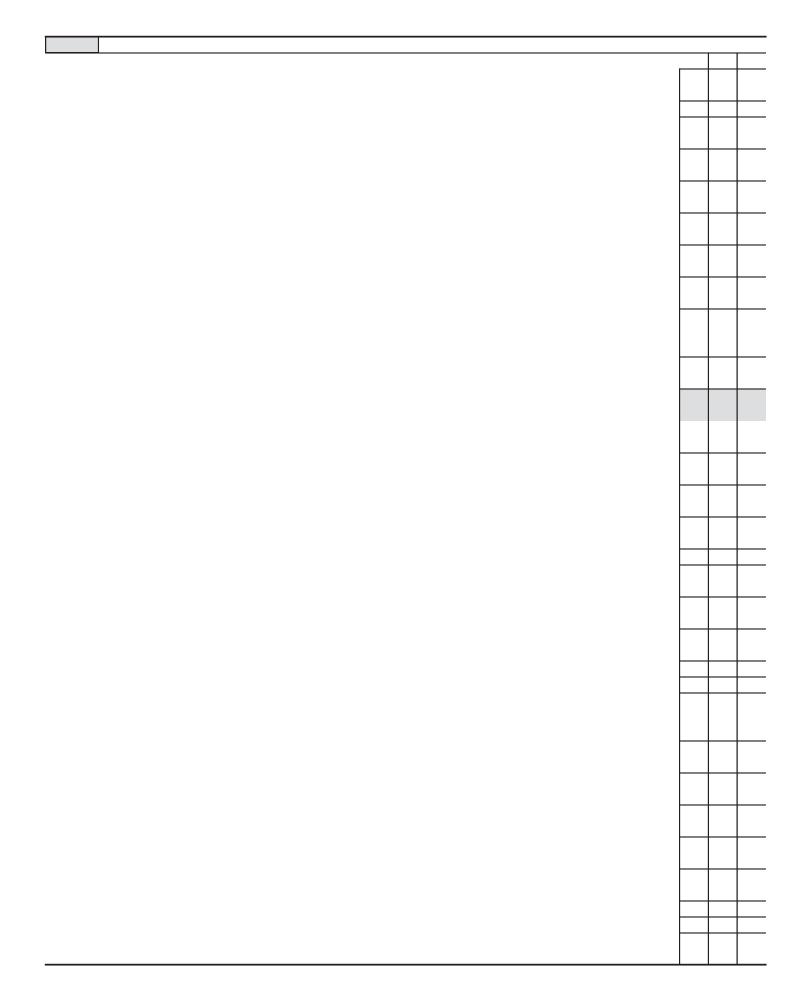
NO PAYMENT IS REQUIRED.

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

VERY TRULY YOURS,

LIOR TEMKIN, CPA





Form	990 (2020) (continued)		Р	age
	(communed)		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		res	No
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a		4a		
b				
5a		<u>5a</u>		<u> </u>
b		5b		<u> </u>
С		<u>5c</u>		
6a		<u>6a</u>		 
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b		7b		<u> </u>
С				
		<u>7c</u>		
d	7d	70		
e f		<u>7e</u> 7f		<u> </u>
g		7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds.	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		
b		9b		
10	Section 501(c)(7) organizations.			
a b	10a 10b			
11	Section 501(c)(12) organizations.			
a b	<u>11a</u>			
D	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts.	12a		
b	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		<u>13a</u>		
	Note:			
b				
~	13b 13c			
с 14а		14a		
b	If "No," provide an explanation on Schedule O	14b		
15				
		15		
16		16		

			ner		
 	_		Former		
	-	 			
	$\neg$		_		
	 	 			L

Part VIII Section A. Officer. Directors. Trustees. Kee Employees. and Highest Composate Employees. (c)         (c)	Form 990 IDYLLWILD A	ARTS FOUN	IDA		DN						5-1801279	-
Name and title       Average hours per week (list any hours for related organizations below line)       Average per week (list any hours for       Position (check all that apply)       Reportable compensation from the organizations (W-2/1099-MISC)       Estimated amount of other         (27) DAVID THOMSEN TRUSTEE       1       0       1       0       1       0       0       0.       0.         (28) DR. STEPHANIE WEBBER       1.00       1.00       1.00       1       1       1       1       0       1       0       1       0       0.       0.			oyee	es, a		-	est (	Com		(continued)	1	-
per week (list any hours for related organizations below line)       per veek (list any hours for related organizations below line)       vo inter veek veek (list any hours for related organizations below line)       vo inter veek veek veek veek veek veek veek ve		Average	(cl		Pos	itior		oly)	Reportable	Reportable	Estimated	
TRUSTEE         X         0.         0.           (28) DR. STEPHANIE WEBBER         1.00  <		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee					from the organization	from related organizations	compensation from the organization and related	
(28) DR. STEPHANIE WEBBER 1.00		1	.00							0.	0.	0
	(28) DR. STEPHANIE WEBBER		1.0	0								0
												_
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
Total to Part VII. Section A. line 1c         " " " " " " " " " " " " " " " " " " "		1						<u> </u>				-

_			

		(A)	(B)	(C)	(D)
Gr	ants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21				
	—				
	ompensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
þe	rsons described in section 4958(c)(3)(B)				
Pe	ension plan accruals and contributions (include				
а					
)					
;	—				
)					
g					
	—				
•					
	otal functional expenses. pint costs.				
J					

Г

		(A)		(B)
<u> </u>				
1			1 2	
2			3	
3 4			4	
5			4	
			5	
6				
			6	
7			7	
8 9			8	
9			9	
10a				
	10a			
b	10b		10c	
11			11	
12			12	
13			13	
14 15			14 15	
16 Total assets.			16	
10 Total assets.			17	
18			18	
19			19	
20			20	
21			21	
22				
			22	
23			23	
24			24	
25				
26 Total liabilities.			25 26	
	w FASB ASC 958, check here		20	
and complete lines 27,				
27	20, 52, and 55.		27	
28			28	
29				
30				
31				
32				

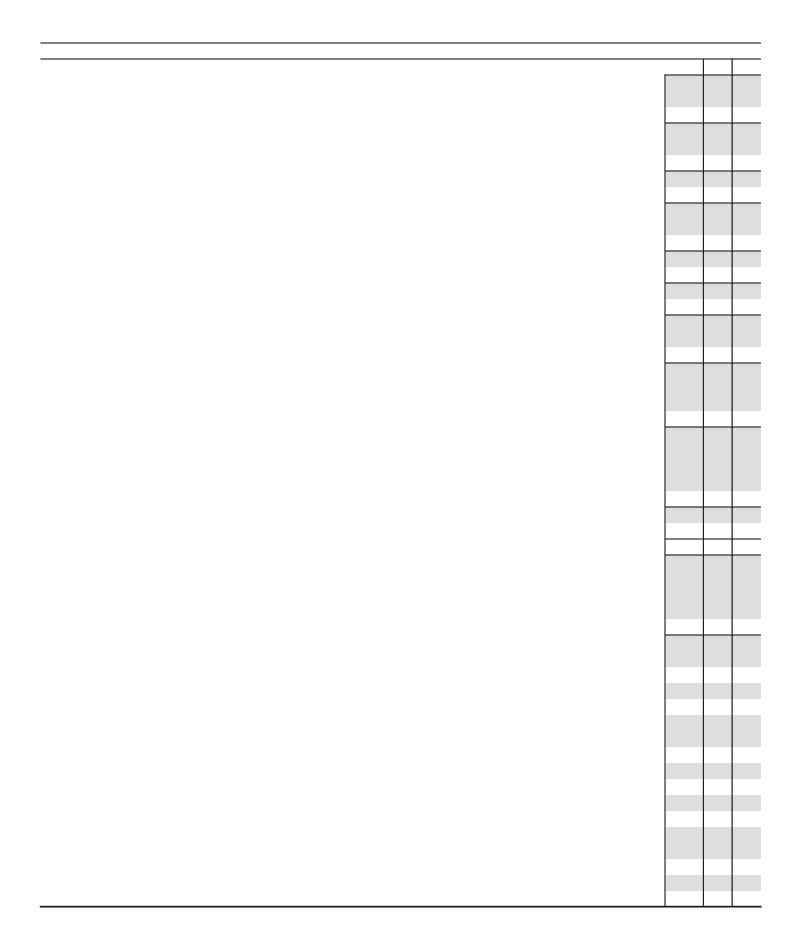
_	 			

Calendar year (or fiscal year beginning ih)	<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	(d)	(e)	<u>(f)</u>
1						
2						
3						
4 Total.						
5						
6 Public support. Subtract line 5 from line 4.						
Calendar year (or fiscal year beginning in)	<u>(a)</u>	<u>(b)</u>	(c)	(d)	<u>(e)</u>	<u>(f)</u>
7 8						
9						
10						
11 Total support. Add lines 7 through 10						
12 13 First 5 years.					12	
	here					
14 15					14	
16a 33 1/3% support test - 2020.						
stop here.						
b 33 1/3% support test - 2019.						
stop here. 17a 10% -facts-and-circumstances test - 2	2020					
יזימ יטיט יומכוס-מווע-טווטעוווסנמווטפס נפטן - ג	-020.		stop her	е.		
			·			
b 10% -facts-and-circumstances test - 2	2019.		- 4	on hara		
			St	op here.		

18 Private foundation.

Schedule A (Form 990 or 990-EZ) 2020





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

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Y Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

instructions)

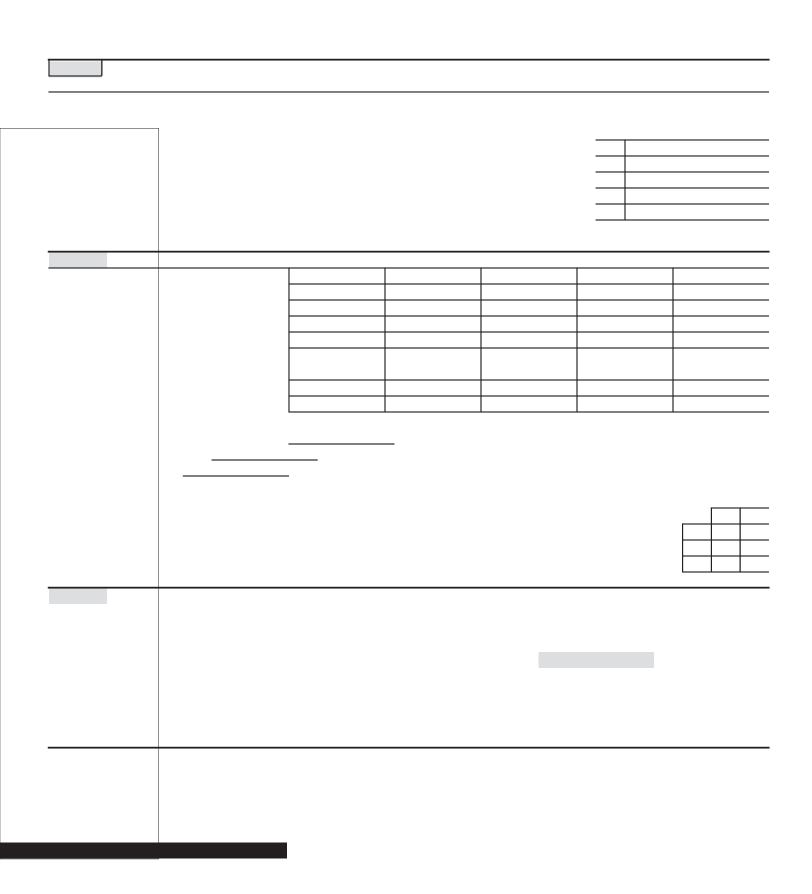
Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020			Page 7
Section D. Distributions			Current Voor
Section D - Distributions           1         Amounts paid to supported organizations to accomplish exe	mat auracee	1	Current Year
2			
2		2	
3		3	
4		4	
_5pr	ovide details in Part VI	5	
6 describe in Part VI		6	
7 Total annual distributions.		7	
8			
provide details in Part VI		8	
9		9	
_10		10	(11)
Section E - Distribution Allocations	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1			
2 explain in Part VI			
3			
a			
b			
C			
d			
e			
f Total			
<u>g</u>			
h			
<u>i</u>			
4			
a			
b			
C			
5			
explain in Part VI.			
6			
explain in Part VI			
7 Excess distributions carryover to 2021.			
8			
a			
b			
C			
d			
е			

Schedule A (Form 990 or 990-EZ) 2020

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,



		(1)		
(a)	(including name of security)	(b)	(c)	
(1)				
(2) (3)				
(3)				
<b>-</b>				
Total.				
(a)		(b)	(C)	
(1)		, ,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> Total.				
	(a)			(b)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
Total.				
				· · · · ·
1.	(a)			(b)
Total.				
2.				I

Part XIII Supplemental Information (continued)

PART X, LINE 2:

IN JULY 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED

FINANCIAL ACCOUNTING STANDARDS INTERPRETATION NO. 48 ("FIN 48"),

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, NOW REFERRED TO AS ACCOUNTING

STANDARDS CODIFICATION TOPIC NO. 740 ("ASC 740"), WHICH CLARIFIES THE

ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE

TAKEN IN TAX RETURNS THAT AFFECT AMOUNTS REPORTED IN AN ORGANIZATION'S

FINANCIAL STATEMENTS IN ACCORDANCE WITH THE ACCOUNTING FOR INCOME TAXES

TOPIC OF ASC 740 (FORMERLY SFAS 109, ACCOUNTING FOR INCOME TAXES). ASC 740

REQUIRES THAT AN ORGANIZATION RECOGNIZE IN THE FINANCIAL STATEMENTS THE

IMPACT OF THE TAX POSITION IF THAT POSITION WILL MORE LIKELY THAN NOT BE

SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. ASC 740

ALSO PROVIDES GUIDANCE RELATED TO DE-RECOGNITION, CLASSIFICATION, INTEREST

AND PENALTIES, ACCOUNTING IN INTERIM PERIODS AND DISCLOSURE. DURING THE

YEAR ENDED JUNE 30, 2021, THE SCHOOL PERFORMED AN EVALUATION OF UNCERTAIN

TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION

IN THE STATEMENT OF ACTIVITIES OR WHICH MAY HAVE AN EFFECT ON ITS

TAX-EXEMPT STATUS.

JURISDICTION: FEDERAL OPEN TAX YEARS: 2017-2020

JURISDICTION: CALIFORNIA OPEN TAX YEARS: 2016-2020

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

	RTS FOUNDATION	95-1801279 <sub>age 5</sub>
Part XIII Supplemental Information (continue	ed)	
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		
	7,240,400.	
032055 12-01-20		Schedule D (Form 990) 2020
	35	

09470624 701224 3263

SCHEDULE E (Form 990 or 990-EZ)

## 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

# Name of the organization IDYLLWILD ARTS FOUNDATION

Employer identification number 95-1801279

Ра	rt I		1	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
1	by by submitted by	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	3	X	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4a	X	<u> </u>
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ~	4b	Х	<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	XX	├
d	Copies of all material used by the organization or on its behalf to solicit contributions?	_4d		
b c		5a 5b 5c 5d		X X X X X
		5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>5g</u>		X
h	Other extracurricular activities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	<u>6a</u>		X X
b	Has the organization's right to such aid ever been revoked or suspended?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_6b		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50. 1975-2 C.B. 587. covering racial nondiscrimination? If "No." explain on Part II" " " " " " " " " " " " " "	7	Х	

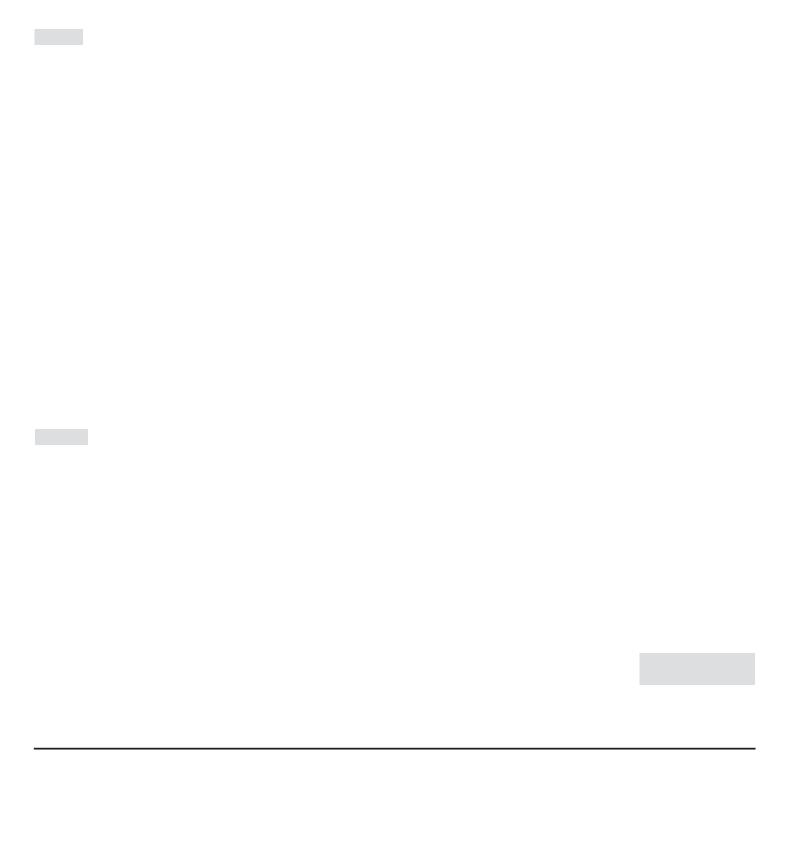
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2020

Part II	Form 990 or 990-FZ) 2020 IDYLLWILD ARTS FOUNDATION Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as	95-1801279
	applicable. Also provide any other additional information.	
32062 11-10-2		orm 990 or 990-EZ) 2
	37	

			OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the	9	
Department of the Treasury Internal Revenue Service	Go to		

	fundr have c or con contribu	Did aiser ustody trol of utions?		



Schedule G (Form 990 or 990-EZ) 2020 IDYLLWILD ARTS FOUNDATION	<u>95-</u>	<u>180127</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?		YeÄs	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		YèKs	No
3 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	<u>13a</u>		%
b An outside facility ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~ ~ ~ ~	~	YeÄS	No
b If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount			
of gaming revenue retained by the third party   \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
6 Gaming manager information:			
Name			
Gaming manager compensation   \$			
Description of services provided			
Director/officer Ÿ Employee Independent conträctor			Ÿ
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	~	Yeks	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year   \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F		·	h 40h
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	'art III, I	ines 9, 9	D, 10D,
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			

032083 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

40 2020. 05095 I DYLLWI LD ARTS FOUNDATION 3263\_\_\_1

032084 04-01-20		Schedule G (Form 990 or 990-EZ)
	11	

SCHEDULE I (Form 990)		U S U U	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	Pr Assistance	e to Organize	ttions, I States		OMB No. 1545-0047
		Complex	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22	answered "Yes" on t	Form 990, Part IV,	line 21 or 22.		2020
Department of the Treasury Internal Revenue Service			Go to www irs of	Attach to Form 990. I Go to www irs dov/Eorm900 for the latest information	990. Matest information			Open to Public Inspection
Name of the organization	IDYLLWILD ARTS FOUNDATION	S FOUNDAT						Employer identification number 95-1801279
Part I General Inform	General Information on Grants and Assistance	ssistance						
1 Does the organizatio	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	s grantees' eligibility	y for the grants or ass	istance, and the selecti	
criteria used to awar 2 Describe in Part IV th	criteria used to award the grants or assistance? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Ince? $\sim \sim \sim \sim \sim \sim$ .	$\sim \sim \sim$ oring the use of grant	<pre>~ ~ ~ ~ ~ ~ ~ ~ ~ funds in the United</pre>	2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	222222222222222222222222222222222222222	ı
art	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	estic Organizatic	ons and Domestic Gov	'ernments. C	complete if the orge	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	V, line 21, for any
recipient that	recipient that received more than \$5.000. Part II can be duplicated if additional space is needed	000. Part II can	be duplicated if additi	jonal space is need	ded.			
1 (a) Name and address of organization or government	ess of organization nment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number c 3 Enter total number c	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table """"""""""""""""""""""""""""""""""""	government orç sted in the line 1	ganizations listed in the	le line 1 table ~ ~ -		<pre></pre>	<pre> 2 = = = = = = = = = = = = = = = = = = =</pre>	\ _ } =
⊿	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructions f	<sup>i</sup> or Form 990.					Schedule I (Form 990) 2020

032101 11-02-20

e	/ILD	IDYLLWILD ARTS FOUNDATION	TION		95-	95-1801279	6			Page 2	
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	loyee be rep orm 9	is, and Highest Com borted on Schedule , 190, Part VII.	oensated Employee: J, report compensat	s. Use duplication from the organiz	Use duplicate copies if additional space is needed the organization on row (i) and from related organ	<u>l space is</u> rom relat	ed organizatio	ns, described	in the ins	tructions, on row (ii).	
Note: The sum of columns (B)(i)(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	bd ind	lividual must equal tl	he total amount of F	orm 990, Part VII, S	ection A, line 1a, app	licable co	olumn (D) and	(E) amounts fo	or that ind	ividual.	
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and		(D) Nontaxable	(E) Total of columns	columns	(F)Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		benefits	(n)-(i)(a)		in column (B) reported as deferred on prior Form 990	
(1) PAMELA JORDAN	÷	246,063	63.	.0	0. 8,0	8,077.	20,172	72.	274,312		o.
PRESIDENT, HEAD OF SCHOOL	28		0.	.0	0.	o.		0.		0.	O
(2) PALENCIA TURNER	:	190,963	Ι.	0.	0. 5,(	5,057.	15,363.	63.	211,383		о.
VICE PRESIDENT, ADVANCEMEN			0.	0.	0.	O		ō		0.	O
(3) TARA SECHREST	Ξ	129,422	22.	0	0. 5,	5,482.	17,781	81.	152,685.		0.
VICE PRESIDENT, ENROLLMENT	(ii)		0.	0.	0.	0		0.		0.	Ö
	. (i)										
	(ii)										
	(i)										
	Ξ										
	(ii)										
	Ξ										
	(ii)										
	Ξ										
	(ii)										
	Ξ										
	(ii)										
	Ξ										
	(ii)										
	Ξ										
	(ii)										
	Ξ										
	(ii)										
	Ξ										
	(ii)										
	(i)										
	(ii)										
	Ξ										
	(ii)										
	Ξ										
	(ii										
020110 10-00-00				45					Schedul	Schedule J (Form 990) 2020	

45

# 032112 12-07-20

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

												01	MB No.	1545-0	)47
(Form 990 or 990-EZ)	Complete if the	e orga	anization answer 28b, or 28c, or						5a, 25b, 26, 27, 2 b.	8a,					
Department of the Treasury Internal Revenue Service	Go	to wv	Attach   ww.irs.gov/Forms				orm 990-EZ. and the latest	t info	rmation.				pen To specti		lic
Name of the organizatio										Emp	oloyer		ficatior		ber
			(section 50	01(c)(3	), sect	ion 50	1(c)(4), and se	ectio	n 501(c)(29) orga	l nizati	ons o	nly).			
	if the organizatior						line 25a or 25	<u>b, or</u>	Form 990-EZ, Pa	art V.	line 40	Ob.		Corr	ected?
1 (a) Name of disqua	lified person	(D) F	Relationship betw person and or	ganiza	ation	ineu	(	c) De	escription of trans	sactio	n			es	No
													-		
2 Enter the amount of	of tax incurred by	the o	organization man	agers	or disc	qualifie	ed persons du	iring	the year under						
section 4958 ~~	~~~~~~	~ ~ ~	~~~~~~	~ ~ ~	~ ~ ~	~ ~ ~	~ ~ ~ ~ ~ ~ ~	~ ~	~ ~ ~ ~ ~ ~ ~ ~ ~						
3 Enter the amount o	of tax, if any, on ii	ne z,	above, reimburs	ed by	the or	ganiza	ation ~~~~	~ ~	~~~~~~	~					
Complete i	if the organizatior	n ansv	wered "Yes" on I	Form 9	990-EZ	, Part	V, line 38a or	Forn	n 990, Part IV, line	e 26;	or if th	ne orga	anizati	on	
(a) (b) Relati with orga				(d) Loan to or from the organization?		(6	e)	(f	)	(g)	(g) (				/ritten ement?
										Yes	No	Yes	1	Yes	No
													<u> </u>		
													<u> </u>		<u> </u>
Total															
(a)			(b)			(	c)		(d)			(e	;)		
		+													
		1													
	duction Act Natio		o the Instruction	for E	orm 00	0 0 0	00 EZ		Sabadula I	(Farr	~ ^ ^ ^	or 000		0000	

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

Schedule L (Form 990 or 990-EZ) 2020

Complete if the organization answe				(a) Charin
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharin organizati revenue
	person and the organization	transaction	transaction	
				Yes 1
V				
Provide additional information for r	esponses to questions on Schedule L (see i	nstructions).		

Department of the Treasury Internal Revenue Service				OMB No. 1545-0047 Open to Public
Internal Revenue Service				
	 1	I		
		L		

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

### SCHEDULE M, LINE 32B:

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

### PROPERTY. SALES OF STOCK ARE HANDLED THROUGH AN INVESTMENT ACCOUNT

### HELD AT CHARLES SCHWAB.

Schedule M (Form 990) 2020

032142 11-23-20