

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

| A Fo | r the | 2008 са | lendar yea | r, or tax year beginning 0 | 8-01-2008 a | and ending 07-31-200 | 9 | | | |
|--------------------------------|-----------|-----------------------|-------------------------------|--|--------------------|-----------------------------|----------------------------|-------------------|----------------------------------|----------------------------|
| B Ch | eck ıf a | pplicable | Please | C Name of organization PASADENA SHOWCASE HOU | SE FOR THE ART | S | | l ^D | Employer ide | ntification number |
| ☐ Add | dress ch | nange | use IRS label or | Doing Business As | | | | | 23-705973 Telephone nu | |
| Na | me cha | nge | print or type. See | Doing Business As | | | | | - | |
| Init | tial retu | rn | Specific Instruc- | Number and street (or P O | box if mail is not | t delivered to street addre | ess) Room/s | suite | (626) 578-8 | 3500 s \$ 3,499,542 |
| Tei | mınatıc | n | tions. | PO BOX 80262 | | | | | aross receipt | . s \$ 3,499,342 |
| ┌ Am | ended | return | | City or town, state or count | ry, and ZIP + 4 | | l | | | |
| ┌ _{Apı} | plication | pending | | SAN MARINO, CA 91118 | | | | | | |
| | | | F Nan | ne and address of Princip | al Officer | | H(a) ⊺⊲ | s this a c | roup return | for |
| | | | Cindy S | | | | | ffiliates? | | ⊤Yes ▼No |
| | | | | X 80262 ARINO,CA 91118 | | | H/h\ A | wa all affil | iataa inaluda | ed? Fyes FNo |
| I Ta | x-exem | npt status | |) (3) ◀ (insert no) | 7(a)(1) or 5 | 527 | | | iates include attach a list | See instructions) |
| w t | eb sit | e: ► htt | p //www pas | sadenashowcase org/ | | | 7 | | emption Nu | |
| К Тур | e of org | janization | Corporat | ion trust association | other 🟲 | | L Year o | of Formati | on 1948 M | State of legal domicile CA |
| Pa | rt T | Sum | marv | | | | | | | |
| - 12 | | | | e organization's mission o | or most signifi | cant activities | | | | |
| e e | | See Pai | rt III, Lıne | 1 | - | | | | | |
| Governance | | | | | | | | | | |
| Ě | _ | | | | | | | | | |
| Ã Q | | | , | if the organization discon | | | | | | |
| | 3 | | _ | nembers of the governing | | | | | _ | 19 19 |
| Activities & | 4 5 | | | ident voting members of t nployees (Part V , line 2a) | | | D) | | 4 _ 5 | 19 |
| 풀 | 6 | | | olunteers (estimate if nece | | | | | 5 <u>-</u> | 315 |
| 돌 F | | | | ted business revenue from | | | | | 7a | 98,900 |
| | | | | ness taxable income from | | | | | 7b | 0 |
| | | | | | | , | | Prior Ye | ar | Current Year |
| | 8 | Contri | butions and | d grants (Part VIII, line 1 | h) | | | | 2,600 | 55,060 |
| JE - | 9 | Progra | ım service | revenue (Part VIII, line 2 | | 3 | 588,454 | 3,361,016 | | |
| Revenue | 10 | Invest | ment incor | me (Part VIII, column (A) |), lines 3, 4, a | nd 7d) | | | 183,847 | 76,713 |
| <u>—</u> | 11 | Other | revenue (P | art VIII, column (A), lıne | s 5,6d,8c,9 | c, 10c, and 11e) | | | 4,181 | 6,753 |
| | 12 | Totalı 12) | revenue—a | dd lines 8 through 11 (mu | ıst equal Part | VIII, column (A), lin | e | 3 | 779,082 | 3,499,542 |
| | 13 | | and simila | ar amounts paid (Part IX, | column (A), lı | nes 1–3) | | · | 420,590 | 675,220 |
| | 14 | Benefi | ts paid to o | r for members (Part IX, c | olumn (A), lın | e 4) | | | | 0 |
| 76 | 15 | Saları | es, other co | ompensation, employee be | enefits (Part I | X, column (A), lines | 5 – | | | |
| Expenses | | 10) | | 6 (5) - 1 - 1 | (4.) | | | | | 0 |
| <u>₹</u> | 16a | | | raising fees (Part IX, colu | | 11e) | | | | 0 |
| 五 | b | , | | penses, Part IX, column (D), lin | |) | | | 705 276 | 2.060.272 |
| | 17 18 | | | (Part IX, column (A), lines add lines 13–17 (must e | • | • | | | .125,866 | 2,868,373 |
| | 19 | | | penses Subtract line 18 f | | illie 23, coluilli (A)) | | | 653,216 | -44,051 |
| <u>የ</u> | | | 1000 evh | Sabilact fille 10 I | | | Rec | ginning o | | End of Year |
| 9 GG | 20 | Total | assets (Par | t X, line 16) | | | | | 534,564 | 3,105,663 |
| Ass Ba | 21 | | | Part X, line 26) | | | | | 21,321 | 25,192 |
| Net Assets or Fund Balances | 22 | | • | d balances Subtract line | 21 from line | 20 | | 2 | 513,243 | 3,080,471 |
| | 22 130 | | ature Blo | | nom mie z | | | ٥ | 010,270 | 3,000,471 |
| | | | | rjury, I declare that I have exa | amined this return | n, including accompanying | schedules a | and statem | nents, and to t | he best of my knowledge |
| | | | | correct, and complete Declarat | | | | | | |
| Plea Sigr | | **** | *** ature of office | or . | | | | 2010-04-1 Date | 5 | |
| Her | | [] | | | | | ' | Date | | |
| | | | y Steffen 3rd or print nam | Vice President of Finance e and title | | | | | | |
| | | | <u> </u> | | Da | ıte T | Check If | Dr | eparer's PTIN / | See Gen Inst) |
| Paid | | Preparer signature | | arrison | I | 10-04-15 | self- empolyed • | | _pa.o. 3 1 1114 (| |
| | arer's | Firm's p | ame (or yours | s 👠 STANISLAWSKI & HARRISO | ON CPAS | | сттротуеа 🖡 | ı | | |
| Use (| | ıf self-er | nployed), |) | | | | EI | N F | |
| | • | auuress, | and ZIP + 4 | 301 N LAKE AVE SUITE 90 | IU | | | Ph | one no 🕨 (6 | 26) 793-3600 |
| M = v : | the IP | S discus | se this ratio | PASADENA, CA 91101 rn with the preparer show | n ahove? /Soc | nstructions) | | | | ✓ Yes No |
| ı-ı a y | riie TK | J uistus | oo iiiio letu | iii witii tiie piepalei SilOW | 11 anove, (266 | : monucliums) | | | | i. ies i inn |

Part III Statement of Program Service Accomplishments (See the instructions.)

| 1 | Briefly describe the organization's mission | | | | |
|-------|--|---|---|---|--|
| See A | Additional Data Table | | | | |
| 2 | Did the organization undertake any sig the prior Form 990 or 990-EZ? | | ervices during the year | r which were not listed on | |
| | If "Yes," describe these new services | | | | |
| 3 | Did the organization cease conducting services? | or make significan | t changes in how it coi | nducts any program | ┌ Yes ┌ No |
| | If "Yes," describe these changes on S | chedule O | | | |
| 4 | Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and revenue | ns and 4947(a)(1) t | trusts are required to i | report the amount of grants | |
| 4a | (Code) (Expenses \$ SUPPORT OF LOS ANGELES PHILHARMONIC A INTEREST AND APPRECIATION OF SYMPHONY | | | | • |
| | | | | | |
| 4b | (Code) (Expenses \$ | 136,361 | ıncludıng grants of \$ |) (Revenue \$ |) |
| 4c | ORCHESTRA FOR ELEMENTARY SCHOOL CHIL | 2,598,667 | ıncludıng grants of \$ |) (Revenue \$ | 3,361,016) |
| 4c | PSHA'S REVENUES ARE GENERATED PRIMARI PASADENA AREA FOR A PERIOD OF SIX MONT SHOWCASE HOUSE IS OPEN FOR PUBLIC TOLTRANSPORTATION, SECURITY, TICKET SERVI | LY THROUGH THE ANNU THS DESIGNERS ARE CH JRS EXPENSES RELATED | IAL PASADENA SHOWCASE I HOSEN TO COMPLETELY RE D TO THE OPERATION OF TI | HOUSE OF DESIGN EACH YEAR F -DECORATE AND FURNISH THE N HE SHOWCASE HOUSE EVENT INC | PSHA LEASES A MANSION IN THE MANSION, AFTER WHICH THE |
| | | | | | |
| 4d | Other program services (Describe in | Schedule O) | | | |
| | (Expenses \$ | including grants of | f\$ |) (Revenue \$ |) |
| 4e | Total program service expenses \$ | 3.410.24 | 8 Must equal Part IX | . Line 25. column (B). | |

Form **990** (2008)

| art IV | Chec | klist of | Required | Schedules |
|--------|------|----------|------------|-----------|
| | | KIISL OI | NC quii cu | Schodules |

| | | | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🤨 | 2 | Yes | |
| 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 | | Νο |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| 8 | the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 7 | | N o |
| | complete Schedule D, Part III 📆 | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | Νο |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬 | 10 | | No |
| | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | Yes | |
| | | 11 | 165 | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | 12 | Yes | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III | 16 | | Νο |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | Νο |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Νο |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νο |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | Νο |
| 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 questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| 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) and 501(c)(4) 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 | | N o |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part IV Checklist of Required Schedules (Continued)

| | | | Yes | No |
|----|---|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | | | |
| | | 28a | | Νo |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νο |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II | 32 | | Νo |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Νo |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Νο |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Νo |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Νo |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |

| Pa | art V Statements Regarding Other IRS Filings and T | ax Complianc | e | | | | |
|--------|---|---------------------|----------|---------------------------|-----|-----|----------|
| | | | | | | Yes | No |
| 1a | , , , | and Transmittal | | | | | |
| | of U.S. Information Returns . Enter -0- if not applicable | | | | | | |
| | | | 1a | 0 | | | |
| b | b Enter the number of Forms W-2G included in line 1a <i>Enter -0-</i> if no | t applicable | 1b | o | | | |
| _ | Did the organization comply with backup withholding rules for repo | rtahle navments t | | dors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | | | · · · · · · · | 1c | | |
| 2a | , , , , , , | _ | | | | | |
| | Statements filed for the calendar year ending with or within the year return | r covered by this | 2a | 0 | | | |
| ь | b If at least one is reported in 2a, did the organization file all require | d federal employn | | ax returns? | | | |
| _ | Note:If the sum of lines 1a and 2a is greater than 250, you may be re | | | | 2b | | |
| 3a | , , , , , , , , , , , , , , , , , , , | 000 or more durin | g the | year covered by this | 2- | V | |
| L | return? | | | | 3a | Yes | |
| | b If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No," provide an</i> At any time during the calendar year, did the organization have an | | | | 3b | Yes | |
| 4a | over, a financial account in a foreign country (such as a bank accoaccount)? | unt, securities ac | | | 4a | | Νο |
| ь | | | | | | | |
| | See the instructions for exceptions and filing requirements for Fori Financial Accounts. | m TD F 90-22.1, Re | port o | f Foreign Bank and | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction | n at any time durii | ng the | tax year? | 5a | | Νο |
| b | b Did any taxable party notify the organization that it was or is a par | ty to a prohibited | tax sh | nelter transaction? | 5b | | Νο |
| с | c If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s | sure by Tax-Exemp | t Entit | y Regarding Prohibited | | | |
| | Tax Shelter Transaction? | | | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax dec | luctible? | | | 6a | | Νο |
| b | b If "Yes," did the organization include with every solicitation an exp were not tax deductible? | ress statement th | nat su | ch contributions or gifts | 6b | | |
| 7 | Organizations that may receive deductible contributions under section | 170(c). | | | | | |
| а | a Did the organization provide goods or services in exchange for any more? | quid pro quo con | trıbutı | on of \$75 or | 7a | Yes | |
| | b If "Yes," did the organization notify the donor of the value of the go | • | | | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangib file Form 8282? | | | | 7c | | No |
| d | d If "Yes," indicate the number of Forms 8282 filed during the year | | 7d | | ,, | | |
| _ | | | | | | | |
| е | e Did the organization, during the year, receive any funds, directly or | | | | | | |
| | benefit contract? | | | | 7e | | No No |
| f | , | | | | 7f | | No |
| g b | g For all contributions of qualified intellectual property, did the orgar h For contributions of cars, boats, airplanes, and other vehicles, did | | | | 7g | | |
| •• | required? | | | | 7h | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining don | | | | | | |
| | supporting organizations. Did the supporting organization, or a fund excess business holdings at any time during the | maintained by a s | pons | oring organization, have | | | |
| | year? | | | | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining don | or advised funds. | | | | | |
| а | a Did the organization make any taxable distributions under section | 4966? | | | 9a | | |
| b | b Did the organization make a distribution to a donor, donor advisor, | or related person | ?. | | 9b | | |
| 10 | Section $501(c)(7)$ organizations. Enter | | | | | | |
| | a Initiation fees and capital contributions included on Part VIII, line | | 10a | | | | |
| b | b Gross receipts, included on Form 990, Part VIII, line 12, for publi facilities | c use of club | 10b | | | | |
| 11 | Section 501(c)(12) organizations Enter | | | | | | |
| | a Gross income from members or shareholders | | 11a | | | | |
| b | b Gross income from other sources (Do not net amounts due or paid | to other sources | | | | | |
| | against amounts due or received from them) | | 11b | | | | |
| 12a | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization | filing Form 990 ir | ı lıeu d | of Form 1041? | 12a | | |
| | b If "Yes," enter the amount of tax-exempt interest received or accri | _ | | [| | | |
| | year | J | 12b | | | | |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Section | Δ | Governing | Rody | and | Management |
|--------------------|----|-----------|------|-----|------------|
| 3 e ction / | ٦. | Governing | Duuy | anu | manayement |

| 1a 1b a business rela | the circumstances, 19 19 tionship with any | • | | | | | | |
|---|---|----------------------------|----------------------------|----------------------------|--|--|--|--|
| 1b business rela | 19 tionship with any | 2 | | | | | | |
| a business rela | tionship with any | 2 | | | | | | |
| | | - | | | | | | |
| ormed by or und | | 2 | | Νο | | | | |
| Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | | | | | | | | |
| Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | | | | | | | |
| Did the organization become aware during the year of a material diversion of the organization's assets? | | | | | | | | |
| | | 6 | | Νo | | | | |
| Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | | | | | | | |
| Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | | | | | | | |
| actions undert | aken during the | | | | | | | |
| | | 8a | Yes | | | | | |
| | | 8b | Yes | | | | | |
| | | 9a | | Νo | | | | |
| | | 9b | | | | | | |
| | • | 10 | | No | | | | |
| ion A , who cani n Schedule O | not be reached at | 11 | | No | | | | |
| . H | t company or onts since the property or control of the property of the property of the actions underty of the organization of the form 990 ion A, who can | t company or other person? | t company or other person? | t company or other person? | | | | |

Section B. Policies

| | | | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 $$. | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | Νo |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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 | | Νo |
| b | Other officers or key employees of the organization? | 15b | | Νo |
| | Describe the process in Schedule O | | | |
| 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 | | Νo |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Cındy Steffen po box 80262 SAN MARINO,CA 91118 (626) 578-8500

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

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

| | (B) Average hours per week | Posit | (C lon (d hat a | chec | | I | | | (E) | (F) |
|-----------------------|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| (A) Name and Title | | Individual Trustee or Chrector | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VII Continued

| | (B) Average hours per week | | tion that a | | y) | | | | (E) | (F) |
|--|--|-----------------------------------|-----------------------|-----------------|--------------|------------------------------|-----------------|---|---|--|
| (A) Name and Title | | Individual Trustee or Director | Institutional Trustee | | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | $\vdash \vdash$ | | | $\vdash \vdash$ | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | Ļ | | | |
| 1b Total | | | • | | • | | | (| 0 | 0 |
| 2 Total number of individuals (including | those in 1 | a) who r | ecei | ved | moi | re thar | 1 \$ 1 | 00,000 ın reportabl | е | |

compensation from the organization ▶0

| | | | 110 |
|---|---|---|---------|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i> | 3 | Νο |
| 4 | For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Νο |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | No |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---|---------------------|
| TRANSIT SYSTEMS UNLIMITED INC 8976 LAUREL CANYON BLVD SUN VALLEY, CA 91352 | TRANSPORTATION | 184,340 |
| | | |
| | | |
| 2 Total number of independent contractors (including those in 1) who rec | eived more than \$100 000 in compensation | |

Part State
VIII

Program Service Revenue

| Statement | of Revenue |
|-----------|------------|
| | |

| | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|--------|---|-----------------------------|----------------------|---|--|--|
| | 1a | Federated campaigns 1 | a | | | | , , |
| m ts | ь | Membership dues | | | | | |
| Contributions, gifts, grants and other similar amounts | С | fundraising events 1 | _ | | | | |
| ≢ੁ≅ | d | Related organizations 10 | | | | | |
| # Ejğ | e | Government grants (contributions) 10 | 2 | | | | |
| oution her s | f | All other contributions, gifts, grants, and similar amounts not included above | 55,060 | | | | |
| | g | 1 Noncash contributions included i | | | | | |
| <u>5</u> E | | lines 1a-1f \$ | | | | | |
| | h | Total (Add lines 1a-1f) | | 55,060 | | | |
| വ | | | Business Code | | | | |
| Ĕ | 2a | SHOWCASE HOUSE | 900,099 | 3,208,333 | 3,208,333 | | |
| £8. | ь | ADVERTISING INCOME | 541,800 | 98,900 | | 98,900 | |
| 93 | С | MEMBERSHIP DUES | 900,099 | 53,783 | 53,783 | | |
| ja Ja | d | | | | | | |
| رن ت | e | | | | | | |
| Program Serwce Revenue | f | All other program service revenu | e | | | | |
| <u>~</u> | g | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including div | · | 76,713 | | | 76,713 |
| | | other similar amounts) | ▶ | 70,713 | | | 70,713 |
| | 4 | Income from investment of tax-exempt | bond proceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | | | | | |
| | ь | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of (1) Securities | (II) O ther | | | | |
| | | assets other than inventory | | | | | |
| | ь | Less cost or other basis and | | | | | |
| | _ | sales expenses Gain or (loss) | | | | | |
| | c d | Net gain or (loss) | <u> </u> | | | | |
| | 8a | Gross income from fundraising events (not including | <u> </u> | | | | |
| une | | \$of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| eve | | Attach Schedule G ıf total exceeds | | | | | |
| Ϋ́ | ١. | \$15,000 | | | | | |
| Other Revenue | b c | Less direct expenses l Net income or (loss) from fundrais | | | | | |
| J | 9a | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total | | | | | |
| | | exceeds \$15,000 | | | | | |
| | ь | Less direct expenses! | | | | | |
| | с | Net income or (loss) from gaming | activities • | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | | | | | |
| | ь | Less cost of goods sold ! | | | | | |
| | С | Net income or (loss) from sales o | f inventory • Business Code | | | | |
| | 11a | MISCELLANEOUS | 900,099 | 6,753 | | | 6,753 |
| | b | MISCELLANEOUS | - | | | | |
| | C | | - | | | | |
| | | | - | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | \$6,753 | | | | |
| | 12 | Total Revenue. Add lines 1h, 2g, 8c, | 3, 4, 5, 6d, 7d, | 3,499,542 | 3,262,116 | 98,900 | 83,466 |
| | | 9c, 10c, and 11e | ▶ | | | | |

Page **9**

Part IX Statement of Functional Expenses

| | Section 501(c)(3) and 501(c)(4) orga All other organizations must complete column (A) but are not re | | | |). |
|----|---|-----------------------|------------------------------|---|---|
| Do | not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 675,220 | 675,220 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| LO | Payroll taxes | | | | |
| L1 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 5,422 | | 5,422 | |
| c | Accounting | 23,880 | | 23,880 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 2,606 | | 2,606 | |
| .2 | Advertising and promotion | | | | |
| .3 | Office expenses | 9,873 | | 9,873 | |
| 4 | Information technology | 3,167 | | 3,167 | |
| .5 | Royalties | | | | |
| .6 | Occupancy | | | | |
| .7 | Travel | | | | |
| 8. | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| .9 | Conferences, conventions and meetings | | | | |
| 20 | Interest | | | | |
| 1 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 15,323 | | 15,323 | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | Showcase Expenses | 2,565,962 | 2,565,962 | | |
| Ŀ | Other Programs | 136,361 | 136,361 | | |
| c | Season Tickets | 32,705 | 32,705 | | |
| c | Hospitality | 18,841 | | 18,841 | |
| e | General & Administrativ | 17,106 | | 17,106 | |
| f | All other expenses | 37,127 | | 37,127 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 3,543,593 | 3,410,248 | 133,345 | |
| 26 | Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| | Part X | Balance | Sheet |
|--|--------|---------|-------|
|--|--------|---------|-------|

| | | | | | (A) Beginning of year | | | 3) fyear |
|---------------|----------------|--|---------|--------|--------------------------|-----|--------|--------------------|
| ı | 1 | Cash—non-interest-bearing | | | 64.243 | 1 | Liid O | 108,011 |
| | 2 | Savings and temporary cash investments | • | | 999,143 | 2 | | 670,953 |
| | 3 | Pledges and grants receivable, net | | | 000,110 | 3 | | |
| | 4 | Accounts receivable, net | 4,488 | 4 | | | | |
| | 5 | • | | | 4,400 | 4 | | |
| | _ | Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i> | | | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So | | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | | 7 | | |
| | 8 | Inventories for sale or use | | | | 8 | | |
| 2 | 9 | Prepaid expenses and deferred charges | | | 6,442 | 9 | | 5,966 |
| Assets | 10a | Land, buildings, and equipment cost basis | 10a | 41,624 | | | | |
| | ь | Less accumulated depreciation Complete Part VI of | | | | | | _ |
| | | Schedule D | 10b | 41,624 | | 10c | | 0 |
| | 11 | Investments—publicly traded securities | | | 2,460,248 | 11 | | 2,320,733 |
| | 12 | Investments—other securities See Part IV, line 11 <i>Complete Par Schedule D</i> | t VII o | f | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 $\it Complete Part Of Schedule D$. | t VIII | | | 13 | | |
| | 14 | Intangible assets | | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 3,534,564 | 16 | | 3,105,663 |
| | 17 | Accounts payable and accrued expenses . | | | 21,321 | 17 | | 25,192 |
| | 18 | Grants payable | | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | | |
| ଥା | 21 | Escrow account liability Complete Part IV of Schedule D | | | 21 | | | |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | | |
| 폏 | | persons Complete Part II of Schedule L | _ | _ | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | • | | 23 | | |
| | 24 | Unsecured notes and loans payable | | | | 24 | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 21,321 | 26 | | 25,192 |
| $\overline{}$ | | Organizations that follow SFAS 117, check here ► ✓ and comple | te line | as 27 | 21,021 | | | |
| <u>\$</u> | | through 29, and lines 33 and 34. | | | | | | |
| au | 27 | Unrestricted net assets | | | 3,513,243 | 27 | | 3,080,471 |
| Balance | 28 | Temporarily restricted net assets | | | | 28 | | |
| 핕 | 29 | Permanently restricted net assets | | | | 29 | | |
| Fund | | Organizations that do not follow SFAS 117, check here | compl | ete | | | | |
| 2 | | lines 30 through 34. | - | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other fun | ds | | | 32 | | |
| ĕ | 33 | Total net assets or fund balances | | | 3,513,243 | 33 | | 3,080,471 |
| | 34 | Total liabilities and net assets/fund balances | | | 3,534,564 | 34 | | 3,105,663 |
| Da | rt XI | Financial Statements and Reporting | | | | | | |
| -1-6 | - | i mandar statements and keporting | | | | | Yes | No |

| Dart YT | Financial | Statements | and Reporting |
|---------|-----------|------------|---------------|

| | _ | | | |
|----|---|----|-----|-----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νο |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| С | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | N o |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | | |

Employer identification number

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

| PASADE | NA SH | IOWCASE HOUS | SE FOR THE ARTS | | | | | 22 | 705072 | 0 | |
|---|----------|--|---|--|---------------|--------------------|------------------|-----------------------|-------------------|---------------------|-------------------------|
| Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions) | | | | | | | | | | | |
| | | | | ation because it is (Please | • | - | | | i i i sti det | .10113) | |
| 1 | Ĭ | | | iurches, or association of ch | | | | | (A)(i). | | |
| 2 | _ | A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | | | |
| 3 | _ | A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) | | | | | | | | | |
| 4 | _ | A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the | | | | | | | | | |
| | | hospital's name, city, and state | | | | | | | | | |
| 5 | \Box | - | | or the benefit of a college or | r universit | y owned o | r operated | by a gov | ernmental | unit desc | rıbed ın |
| | | | | (Complete Part II) | | | | | | | |
| 6 | \sqcap | A federal, s | tate, or local g | overnment or governmental | unıt desci | rıbed ın Se | ction 170 | (b)(1)(A) | (v). | | |
| 7 | 굣 | An organiza | ation that norma | ally receives a substantial p | art of its s | support fro | m a gove | rnmental u | unit or fron | n the gen | eral public |
| | | | | o)(1)(A)(vi) (Complete Par | | | | | | | |
| 8 | \sqcap | A commun | ty trust describ | ed in Section 170(b)(1)(A) | (vi) (Com | nplete Par | tII) | | | | |
| 9 | \Box | An organiza | ation that norma | ally receives (1) more than | 3 3 1/3% c | fits supp | ort from c | ontribution | ns, membe | ership fees | s, and gross |
| | | receipts fro | m activities rel | ated to its exempt functions | s—subject | to certair | exceptio | ns, and (2 |) no more | than 331 | /3% of |
| | | ıts support | from gross inve | estment income and unrelate | ed busines | s taxable | ıncome (| less sectio | on 511 ta: | x) from bu | isinesses |
| | | acquired by | the organization | on after June 30, 1975 See | Section 5 | 09(a)(2). | (Complet | e Part III |) | | |
| 10 | \sqcap | An organiza | atıon organızed | and operated exclusively to | test for p | ublic safe | ty See Se | ection 509 | (a)(4). (S | ee ınstruc | tions) |
| 11 | \sqcap | | • | and operated exclusively fo | | , , | | | , | • | |
| | | | | orted organizations describe | | | | | | Section 5 | 509(a)(3). Check |
| | | _ | t describes the ype I b | type of supporting organiza | Type III | • | | _ | .n d | □ Tvne | e III - Other |
| e | Г | | • • | rtify that the organization is | | | | _ | | | |
| - | | • | | agers and other than one or | | | • | | | • | • |
| _ | | section 50 | | | | | | | | | |
| f | | If the organ | | d a written determination fro | om the IRS | that it is | a Type I, | Type II o | r Type III | supporti | ng organization, |
| g | | | | as the organization accepte | d anv dift | or contrib | ution from | anv of the | 3 | | ı |
| _ | | following pe | | | , 3 | | | • | | | |
| | | (i) a perso | n who directly o | r indirectly controls, either a | alone or to | gether wi | th persons | s describe | d ın (ıı) | | Yes No |
| | | and (III) be | ow, the governi | ng body of the the supported | d organıza | tion? | | | | 11g | (i) |
| | | (ii) a family | a family member of a person described in (i) above? | | | | | | | | |
| | | (iii) a 35% | controlled enti | ty of a person described in (| (ı) or (ıı) a | bove? | | | | 11g(| (iii) |
| h | | Provide the | following inform | nation about the organizatio | ns the org | ganızatıon | supports | | | | |
| | | _ | | | | | I | | | | T |
| | | ame of orted | (ii) EIN | (iii) Type of organization (described on lines 1-9 | 1 | s the ation in | | ou notify nization | 1 | (s the ration in | (vii) A mount of |
| | | iization | | above or IRC section | - | listed in | | i) of your | | organized | support? |
| | , | | | (See Instructions)) | yourgo | verning | l . | port? | | ŰS? | |
| | | | | | docui | ment? | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | 1 | | 1 | | | |

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

| | (Complete only if you check | ked the box of | n line 5, 7, or | 8 of Part I.) | | | | |
|---------|--|--|--------------------------------------|--------------------------------------|---------------------------------------|-------------------|--------------------------|-----------------|
| | ublic Support | | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,500 | 2,950 | 51,200 | 2,600 | | 55,060 | 113,310 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the | | | | | | | |
| | organization without charge Total. Add line 1-3 | 1,500 | 2,950 | 51,200 | 2,600 | | 55,060 | 113,310 |
| 4 5 | The portion of total contribution by each | 1,300 | 2,550 | 31,200 | 2,000 | | 33,000 | 113,310 |
| 5 | person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) | | | | | | | 87,228 |
| 6 | Public Support subtract line 5 from line | | | | | | | |
| Ü | 4 | | | | | | | 26,082 |
| T | otal Support | | | | | | <u> </u> | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 7 | A mounts from line 4 | 1,500 | 66,000 | 51,200 | 2,600 | \ _ / | 55,060 | 113,310 |
| 8 | Gross income from interest, dividends, | | | | | | | |
| | payments received on securities loans, rents, royalties and income from similar sources | 50,879 | 66,000 | 123,438 | 183,847 | 74,206 | | 498,370 |
| 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 IV) | 5,340 | 7,740 | 2,921 | 4,181 | | 6,753 | 26,935 |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | 638,615 |
| 12 | Gross receipts from related activities, etc | (See instruction | s) | • | • | 12 | | 18,701,352 |
| 13 C | First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perce | | st, second, third | d, fourth, or fifth | tax year as a 5 | 01(c)(| 3) | ▶ ┌ |
| 14 | Public Support Percentage for 2008 (line 6 | | ed by line 11 co | lumn (f)) | | 14 | | 4.080 % |
| 15 | Public Support Percentage for 2007 Schedi | | • | .,, | | 15 | | 42.310 % |
| | 33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did | a publicly supp | orted organizati | on | · | | | ▶ ┌ |
| 17a | box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "facts and circumst | If the organization its and circumst | on did not check ances" test, che | a box on line 13 eck this box and | stop here. Exp | laın ın | Part IV ho | |
| b | 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fact the organization meets the "facts and circu | If the organizations: ts and circumst | on did not check ances" test, che | a box on line 13 eck this box and | 3, 16a, 16b, or stop here. Exp | 17a ar Iain in | nd line 15 Part IV ho | ıs 10% or ow |
| 18 | Private Foundation. If the organization did i | | | | | | | ₽ |

| Pa | Support Schedule for On (Complete only if you ched | | | | (2) | | |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
| | ction A. Public Support | | _ | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services performed, | | | | | | |
| | 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 business under | | | | | | |
| | section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization'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 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| c | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| _ | line 6) | | | | | | |
| То | tal Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | + | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organızatıon's fı | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶ □ |
| | manufaction of Dublic Compact Days | | | | | | |
| 15 | mputation of Public Support Perc Public Support Percentage for 2008 (line | | dod by line 12 o | olumn (fl) | | T 4= T | |
| | | | • | .orumin (1)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | D | | | | | |
| Co | mputation of Investment Income Investment Income Percentage for 2008 (| | | ne 13 column /f | <u> </u> | 17 | |
| | - | | | - | " | 17 | |
| ΤQ | Investment Income Percentage from 2007 | ocnequie A , Pa | TLIV-A, IINE 2/ | H | | 18 | |

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

| Part IV | Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) | | | | | |
|---------|---|--|--|--|--|--|
| | | | | | | |
| | Facts and Circumstances Test | | | | | |
| | | | | | | |

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** PASADENA SHOWCASE HOUSE FOR THE ARTS 23-7059730

| Pai | organizations Maintaining Donor Actions organization answered "Yes" to Form 99 | dvised Funds or Other Similar Fu | inds or Accounts. Complete if the | | | |
|------|--|---|--|--|--|--|
| | organization answered Tes to Form 99 | (a) Donor advised funds | (b) Funds and other accounts | | | |
| 1 | Total number at end of year | (4, 2 0 | (-, | | | |
| | Aggregate Contributions to (during year) | | | | | |
| | Aggregate Grants from (during year) | | | | | |
| | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advi | Leors in writing that the assets held in don | oradvised | | | |
| • | funds are the organization's property, subject to the | organization's exclusive legal control? | ☐ Yes ☐ No | | | |
| 6 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit? | efit of the donor or donor advisor or other | ☐ Yes ☐ No | | | |
| Par | Conservation Easements. Complete | ıf the organization answered "Yes" to | Form 990, Part IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreate Protection of natural habitat Preservation of open space | on or pleasure) Preservation of an Preservation of ce | historically importantly land area rtified historic structure | | | |
| 2 | Complete lines 2a-2d if the organization held a qual on the last day of the tax year | ified conservation contribution in the form | | | | |
| | | | Held at the End of the Year | | | |
| a | Total number of conservation easements | | 2a | | | |
| Ь | Total acreage restricted by conservation easement | s | 2b | | | |
| C | Number of conservation easements on a certified hi | istoric structure included in (a) | 2c | | | |
| d | Number of conservation easements included in (c) a | acquired after 8/17/06 | 2d | | | |
| 3 | Number of conservation easements modified, transfe | erred, released, extinguished, or terminate | d by the organization during | | | |
| | the taxable year ► | | | | | |
| 4 | Number of states where property subject to conserva | ation easement is located 🕒 | | | | |
| 5 | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | g the periodic monitoring, inspection, viola | itions, and | | | |
| 6 | Staff or volunteer hours devoted to monitoring, inspe | ecting and enforcing easements during the | year ► | | | |
| 7 | A mount of expenses incurred in monitoring, inspecti | ng, and enforcing easements during the ye | ar ► \$ | | | |
| 8 | Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$? | 2(d) above satisfy the requirements of sec | tion Yes No | | | |
| 9 | In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer | the footnote to the organization's financial | · | | | |
| Part | Organizations Maintaining Collection Complete if the organization answered | | or Other Similar Assets. | | | |
| 1a | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire | for public exhibition, education or research | th in furtherance of public service, | | | |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | public exhibition, education, or research ir | | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ | | | |
| | (ii) Assets included in Form 990, Part X | | - \$ | | | |
| 2 | If the organization received or held works of art, histofollowing amounts required to be reported under SFA | · | r financial gain, provide the | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ► \$ | | | |
| b | Assets included in Form 990, Part X | | | | | |

| 2011 | t III Organizations Maintaining Collection | ons of Art, His | tori | <u>cai ireasur</u> | es, or other | Sillilla ASSE | ts (cc | ntinued) |
|-------------------|---|---------------------|--------------|--------------------|----------------------|---------------------------------------|----------------|-----------|
| 3 | Using the organization's accession and other record items (check all that apply) | s, check any of th | ie fol | lowing that are | a sıgnıfıcant us | e of its collection | | |
| а | Public exhibition | d | Γ | Loan or excha | inge programs | | | |
| b | Scholarly research | e | Γ | Other | | | | |
| c | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's collection Part XIV | ns and explain hov | v the | y further the org | ganızatıon's exe | empt purpose in | | |
| 5 | During the year, did the organization solicit or receives assets to be sold to raise funds rather than to be ma | | | | | lar | es (| Г No |
| Par | Trust, Escrow and Custodial Arrange Part IV, line 9, or reported an amount of | | | | ızatıon answe | ered "Yes" to Fo | rm 9 | 90, |
| 1a | Is the organization an agent, trustee, custodian or on included on Form 990, Part X? | ther intermediary | for c | ontributions or | other assets n | ot $ abla_{ m v}$ | es (| ┌ No |
| b | If "Yes," explain why in Part XIV and complete the f | ollowing table | | | | | | |
| | | | | | A moui | nt | | |
| C | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| e | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Form 990 |), Part X, line 21? | | | | Г | es (| No |
| | | | | | | | | |
| Pa | rt V Endowment Funds. Complete if the o | | wer Prior | | | : IV, line 10. hree Years Back (e) | Four V | arc Back |
| 1- | Beginning of year balance | illelit feal (b | PHOL | real (C)IWO | rears back (u) | illee feats back (e) | roui te | edis back |
| 1a | Contributions | | | | | | | |
| b | Investment earnings or losses | | | | | | | |
| c d | Grants or scholarships | | | | | | | |
| e | Other expenditures for facilities | | | | | | | |
| - | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the year end ba | alance held as | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | |
| ь | Permanent endowment | | | | | | | |
| С | Term endowment ▶ | | | | | | | |
| 3a | Are there endowment funds not in the possession of | the organization | thata | are held and ad | mınıstered for t | he | | |
| | organization by | - | | | | | Yes | No |
| | (i) unrelated organizations | | • | | | 3a(i) | | |
| _ | (ii) related organizations | | | | | 3a(ii) | | |
| | If "Yes" to 3a(II), are the related organizations liste | • | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the organ rt VI Investments—Land, Buildings, and | | | | + V l.m. = 10 | | | |
| 2011 | rt VI Investments—Land, Buildings, and | Equipment. S | | • | | | | |
| | | | - 1 - 6 | a) Cost or other | (b)Cost or other | | | |
| | Description of investment | | | isis (investment) | basis (other) | (c) Depreciation | (d) B | ook value |
| | Description of investment | | | | | (c) Depreciation | (d) B | ook value |
| | · | | | | | (c) Depreciation | (d) B | ook value |
| 1a b | Land | | | | | (c) Depreciation | (d) B | ook value |
| 1a b c | Land | | | | | (c) Depreciation | (d) B | ook value |
| 1a b c d | Land | | ba | sis (investment) | basis (other) 41,624 | | (d) B | |

| Part VII | Investments-Other Securities. See | Form 990, Part X, line 1 | 2. | |
|---------------|---|--------------------------|----|--------------------------------------|
| | (a) Description of security or cateory (including name of security) | (b)Book value | | d of valuation ·year market value |
| Financial d | erivatives and other financial products | | | |
| | eld equity interests | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Colu | mn (b) should equal Form 990, Part X, col (B) line 12) 🕨 | | | |
| Down VIII | Investments Duesus Polated Co | a Farm OOO Dart V June | 12 | |
| Part VIII | Investments—Program Related. Se | | | d of valuation |
| | (a) Description of investment type | (b) Book value | | year market value |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total (Colu | mn (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | | ne 15. | | |
| | (a) Descri | | | (b) Book value |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Colu | ımn (b) should equal Form 990, Part X, col.(B) line . | 15.) | | |
| | Other Liabilities. See Form 990, Part 3 | | | |
| | (a) Description of Liability | (b) A mount | | |
| Federal Inc | come Taxes | | | |
| | | | | |
| | | | | |
| | | |] | |
| | | |] | |
| | | |] | |
| | | | 1 | |
| | | | 1 | |
| | | | 1 | |
| - | | | 1 | |
| | | | 1 | |
| Total. (Colum | mn (b) should equal Form 990, Part X, col (B) line 25) 🕨 | | 1 | |
| ,, | · · · · · · · · · · · · · · · · · · · | 1 | | |

| Part | Reconciliation of C | hange in Net Assets from Fori | m 990 |) to F | inancia | I Stateme | nts | |
|------|---|---|------------|----------|---------|---------------|----------|---------------------|
| 1 | Total revenue (Form 990, Part | VIII, column (A), line 12) | | | | | 1 | 3,499,542 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | | | | | 3,543,593 |
| 3 | Excess or (deficit) for the year | | 3 | -44,051 | | | | |
| 4 | Net unrealized gains (losses) o | | 4 | -388,721 | | | | |
| 5 | Donated services and use of facilities | | | | | | | |
| 6 | Investment expenses | | 6 | | | | | |
| 7 | Prior period adjustments | | | | | | | |
| 8 | Other (Describe in Part XIV) | | | | | | | |
| 9 | Total adjustments (net) Add III | nes 4 - 8 | | | | | 9 | -388,721 |
| 10 | , , | per financial statements Combine line | s 3 and | 19 | | | 10 | -432,772 |
| Part | | evenue per Audited Financial | | | ts With | Revenue | oer R | <u> </u> |
| 1 | | r support per audited financial stateme | | | | | 1 | 3,110,821 |
| 2 | A mounts included on line 1 bu | it not on Form 990, Part VIII, line 12 | | | | | | |
| а | Net unrealized gains on invest | ments | . | 2a | | -388,721 | | |
| b | Donated services and use of fa | acılıtıes | | 2b | | | | |
| c | Recoveries of prior year grants | s | | 2c | | | 1 | |
| d | Other (Describe in Part XIV) | | [| 2d | | | 1 | |
| e | Add lines 2a through 2d . | | – | | | | 2e | -388,721 |
| 3 | Subtract line 2e from line 1 . | | | | | | 3 | 3,499,542 |
| 4 | A mounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | | | | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b | | 4a | | | | |
| b | Other (Describe in Part XIV) | | | 4b | | | | |
| c | Add lines 4a and 4b | | | | | | 4c | 0 |
| 5 | | d 4c. (This should equal Form 990, Par | | | | | 5 | 3,499,542 |
| Part | | xpenses per Audited Financia | | | | Expenses | s per | Return |
| 1 | | r audited financial statements | | | | | 1 | 3,543,593 |
| 2 | | it not on Form 990, Part IX, line 25 | | ı | 1 | | | |
| а | | acılıtıes | | 2a | | | <u> </u> | |
| b | • • | | | 2b | | | - | |
| С | · | , Part IX, line 25 | | 2c | | | - | |
| d | Other (Describe in Part XIV) | | • | 2d | | | - | |
| e | Add lines 2a through 2d | | | | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 . | | | | | | 3 | 3,543,593 |
| 4 | | 0, Part IX, line 25, but not on line 1: | | ı | ı | | | |
| а | · | uded on Form 990, Part VIII, line 7b | | 4a | | | 4 | |
| b | Other (Describe in Part XIV) | | • | 4b | | | - | |
| С | Add lines 4a and 4b | | | | | | 4c | 0 |
| 5 | | nd 4c. (This should equal Form 990, Pa | ırt I, lın | e 18) | | <u> </u> | 5 | 3,543,593 |
| Com | | formation scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI | | | | s 1a and 4, P | art XI\ | /, lines 1b and 2b, |
| | Ident if ier | Return Reference | | | | Explanat | ion | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493119005170

2008

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public **Inspection**

| Name of the organization | | | | | | Employer identi | fication number |
|---|---|--|------------------------------|---|--|--|---------------------------------------|
| PASADENA SHOWCASE HOUS | SE FOR THE ARTS | 5 | | | | 23-7059730 | |
| Part I General Inform | nation on Gra | nts and Assistanc | е | | | • | |
| Does the organization ma the selection criteria usedDescribe in Part IV the or | d to award the graing anization's proce | nts or assistance? . . edures for monitoring th | ne use of grant funds in t | he United States | | | |
| Form 990, Part I Part IV and Scho | IV, line 21 for ar edule I-1 if addi | ny recipient that rec tional space is | eived more than \$5,0 | 00. Check this box | tes. Complete if the of the of the office of | eived more than \$5, | |
| 1(a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | ļ |
| | | | | | | | |
| 2 Enter total number of seconganizations | | | | | • | | |
| 3 Enter total number of other | er organizations . | | | | | <u> </u> | <u> </u> |
| For Paperwork Reduction Act Noti | ice, see the Instruct | tions for Form 990. | | Cat No 50055 | Р | Sc | hedule I (Form 990) 2008 |

| art III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part I | V, line 22 |
|---------|--|------------|
| | Use Schedule I-1 (Form 990) if additional space is needed. | |

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

| Ident if ier | Return Reference | Explanation |
|---|------------------|--|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 Each year, Pasadena Showcase House for the Arts awards gifts and grants to schools and symphonic associations. These gifts and grants are awarded to support musically oriented programs which include music therapy, music education and the underwriting of concerts. Organizations that wish to apply for the grant need to submit an application, details of proposed project/activity, and other required supporting documents by the specified deadline. The applications and supporting documents are examined carefully by the independent Gifts and Grants Committee of the Board. To determine and select qualified grant recipients, the Gifts and Grants Committee considers various factors, including quality, accountability and soundness of the proposed project, activity or purchase for which the applicant seeks support, and other measurable objectives, including budget and applicant's finances. Once the grant recipients are determined and approved at the Board Meeting, the recipients are notified by letter and grants are then distributed. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

DLN: 93493119005170

OMB No 1545-0047

Inspection

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Employer identification number Name of the organization PASADENA SHOWCASE HOUSE FOR THE ARTS 23-7059730 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes Nο 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal (d)Balance due default? by board or lagreement? organization? purpose amount committee? From Yes Yes Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the | (c) A mount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|--|-------------------------------|--|---|----|
| | organization | | | Yes | No |
| Joy Sullivan | President | | JOY SULLIVAN, President of the Board, is also a Board member of the LOS ANGELES PHILHARMONIC ASSOCIATION, which is grant recipient listed in Schedule I | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization PASADENA SHOWCASE HOUSE FOR THE ARTS **Employer identification number**

23-7059730

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section A, line 10 | | The Forms 990 and 990T are reviewed and approved by the current 3rd Vice President of Finance and the Audit Committee members prior to filing |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section B, line 12c | | Each year a questionnaire is distributed to the board members and officers requesting disclosure of possible conflicts of interest. A person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, she shall leave the meeting of the governing board or committee while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. After exercising due diligence, the governing board or committee shall determine whether PSHA can obtain with reasonable efforts, a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest if a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in PSHA's best interest, for it ow n benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement. |

| ldentifier | Return Reference | Explanation |
|--------------------------------------|---------------------|--|
| Form 990, Part VI, Section B, Ine 15 | | The organization does not have employees All officers and board of directors work without compensation as volunteers |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section C, line 18 | | The organization's Forms 1023, 990 and 990T are available upon request. The Form 990 is also available on www.guidestar.org.website |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|---------------------|--|
| Form 990, Part VI, Section C, line 19 | | The organization's governing documents, conflict of interest policy, and financial statements are available upon request |

| ldentifier | Return Reference | Explanation |
|----------------------------------|---------------------|---|
| Form 990, Part XI, Line 2c | | The audit committee, under the Board of Directors supervision, is responsible for making recommendations to the Board of Directors for the hiring and firing of independent certified public accountants/auditors. The audit committee shall negotiate the indenpendent CPA/Auditors' compensation, on behalf of the Board. In addition, the audit committee oversees the annual audit of the financial statements. |

Software ID: Software Version:

EIN: 23-7059730

Name: PASADENA SHOWCASE HOUSE FOR THE ARTS

Form 990, Part VII - Section Aaa

| | | (C) Position (check all that apply) | | | | I | | | (E) | (F) |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Chrector | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Joy Sullivan , President | 1 00 | X | | Х | | | | 0 | 0 | 0 |
| Delise Menik , 1st Vice President | 1 00 | Х | | Х | | | | 0 | 0 | 0 |
| Martı Farley , 2nd Vıce President | 1 00 | Х | | Х | | | | 0 | 0 | 0 |
| Suzanne Wilcox , 3rd Vice President | 1 00 | Х | | Х | | | | 0 | 0 | 0 |
| Kathy Feely , 4th Vice President | 1 00 | Х | | Х | | | | 0 | 0 | 0 |
| Beverly Marksbury , Membership Chairman | 1 00 | Х | | х | | | | 0 | 0 | 0 |
| Lisa Loeffler , Recording Secretary | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Gretchen McNally , A dvisor/Parliamentarian | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Mary Ann Clayton , Benefit Treasurer | 1 00 | Х | | Х | | | | 0 | 0 | 0 |
| Cındy Steffen , Board Treasurer | 1 00 | Х | | Х | | | | 0 | 0 | 0 |
| Linda Jenkins , Director/Corresponding S | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Debbie Eggleston , Director | 1 00 | Χ | | | | | | 0 | 0 | 0 |
| Shelly Reisch , Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Kaytıe Watkıns , Dırector | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Jan McEachern , Dırector | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Donna Gotch , Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Phyllis Wilburn , Director | 1 00 | Χ | | | | | | 0 | 0 | 0 |
| Danielle Takata , Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Lynn Mehl , Dırector | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Doris Christy , Non-Voting Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Vicky McCluggage , Non-Voting Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Fran Biles , Non-Voting Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Barbara Voors , Non-Voting Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Jennifer Johnson , Non-Voting Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Cheri Graham , Non-Voting Director | 1 00 | Χ | | | | | | 0 | 0 | 0 |

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE PRIMARY AND SPECIFIC PURPOSES OF PSHA IS TO FOSTER PUBLIC INTEREST IN AND APPRECIATION FOR SYMPHONY, FURTHER THE WORK OF THE LOS ANGELES PHILHARMONIC ASSOCIATION AND OTHER LOCAL PUBLIC BENEFIT SYMPHONIC ASSOCIATIONS, SUPPORT SYMPHONIC, CULTURAL AND EDUCATIONAL PROGRAMS FOR YOUNG PEOPLE IN THE GREATER PASADENA AREA OF CALIFORNIA, AND TO PROMOTE AND SUSTAIN PUBLIC ENTHUSIASM FOR SYMPHONY.

Software ID: Software Version:

EIN: 23-7059730

Name: PASADENA SHOWCASE HOUSE FOR THE ARTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------------------|---|--|--|--|
| Community Volunteer Staffers | | | 35,220 | | | | To support musically oriented programs/organizations |
| LA Philharmonic | 95-1696734 | | 275,000 | | | | To support musically oriented programs/organizations |
| A Place Called Home | 95-4427291 | | 10,000 | | | | To support musically oriented programs/organizations |
| Alhambra Unified School District | | | 4,000 | | | | To support musically oriented programs/organizations |
| Blair IB Magnet High School | _ | | 10,000 | | | | To support musically oriented programs/organizations |
| Braille Institute of America Inc | 95-1641426 | | 10,000 | | | | To support musically oriented programs/organizations |
| COOL Thomas Edison Elementary Booster Club | 56-2284271 | | 1,000 | | | | To support musically oriented programs/organizations |
| California Philharmonic Foundation | 91-1786050 | | 15,000 | | | | To support musically oriented programs/organizations |
| Classical KUSC Radio | 95-1642394 | | 10,000 | | | | To support musically oriented programs/organizations |
| Crescenta Valley Arts Council | 20-8143306 | | 1,000 | | | | To support musically oriented programs/organizations |

| Form 990,Schedule I, | Part II, Grar | nts and Other A | ssistance to Gov | ernments and C | rganizations in | the United States | S |
|--|---------------|--|------------------|--|-----------------|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | | n (e) A mount of non- cash assistance | | (g) Description of non-cash assistance | (h) Purpose of grant |
| Crowell Public Library | 95-6000783 | | 1,200 | | | | To support musically oriented programs/ organizations |
| Don Bosco Technical Institute Music Program | 95-1860996 | | 15,000 | | | | To support musically oriented programs/ organizations |
| Downey Symphonic Society Inc | 95-2058103 | | 5,000 | | | | To support musically oriented programs/ organizations |
| Education Through Music-Los Angeles | 87-0776958 | | 15,000 | | | | To support musically oriented programs/ organizations |
| Field Elementary School | | | 10,000 | | | | To support musically oriented programs/ organizations |
| Friends of Levitt Pavillion | 81-0591705 | | 10,000 | | | | To support musically oriented programs/ organizations |
| Hathaway-Sycamores Child & Family Services | 95-1691005 | | 12,000 | | | | To support musically oriented programs/ organizations |
| Hillsides | 95-1644002 | | 4,000 | | | | To support musically oriented programs/organizations |
| Institute of Art Music and Science | 33-0955188 | | 1,000 | | | | To support musically oriented programs/ organizations |
| K L Carver PTA of San Marino | 95-6204910 | | 1,500 | | | | To support musically oriented programs/organizations |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|------------|--|------------------------------|---|--|---|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| La Canada High School Choral Parents Association | 95-4760303 | | 1,500 | | | | To support musically oriented programs/ organizations | | |
| LACA Music Foundation Corp | 31-0613142 | | 2,000 | | | | To support musically oriented programs/ organizations | | |
| LACMA - Museum Associates | 95-2264067 | | 10,000 | | | | To support musically oriented programs/ organizations | | |
| Los Angeles Chamber Orchestra | 23-7010825 | | 6,000 | | | | To support musically oriented programs/ organizations | | |
| Los Angeles Master Chorale | 95-2315682 | | 15,000 | | | | To support musically oriented programs/ organizations | | |
| Los Angeles Opera Company | 95-2096402 | | 10,000 | | | | To support musically oriented programs/ organizations | | |
| Los Angeles Philharmonic Association | 95-1696734 | | 25,000 | | | | To support musically oriented programs/ organizations | | |
| Maranatha High School | 95-6131497 | | 2,500 | | | | To support musically oriented programs/ organizations | | |
| O dyssey Charter School | 95-4753574 | | 6,000 | | | | To support musically oriented programs/ organizations | | |
| Don Benito Fundamental School PTA | 95-6204230 | | 5,000 | | | | To support musically oriented programs/organizations | | |
| | | | | | | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|------------|--|--------------------------------------|---|--|---|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| Pasadena Community Youth Orchestra | 36-2167730 | | 8,000 | | | | To support musically oriented programs/ organizations | | |
| Pasadena Conservatory Of Music | 95-3900207 | | 20,000 | | | | To support musically oriented programs/ organizations | | |
| Pasadena High School Instrumental Music C | 95-3208157 | | 21,000 | | | | To support musically oriented programs/ organizations | | |
| Pasadena Opera Guild | 23-7003934 | | 3,500 | | | | To support musically oriented programs/organizations | | |
| Pasadena Senior Center | 95-2085393 | | 9,000 | | | | To support musically oriented programs/organizations | | |
| Pasadena Symphony Association | 95-6002375 | | 25,000 | | | | To support musically oriented programs/organizations | | |
| Shakespeare League of Pasadena | 95-1756435 | | 7,000 | | | | To support musically oriented programs/organizations | | |
| Southwest Chamber Music | 95-4030386 | | 5,000 | | | | To support musically oriented programs/organizations | | |
| The Altadena Children's Choir | 68-0609955 | | 2,800 | | | | To support musically oriented programs/organizations | | |
| The Coleman Chamber Music Association | 95-1579032 | | 30,000 | | | | To support musically oriented programs/organizations | | |
| | | | | | | | | | |

| Form 990,Schedule 1, | Part II, Grai | <u>its and Other As</u> | sistance to Gov | ernments and O | rganizations in | tne United States | 5 |
|--|---------------|--|-------------------------------------|---|-----------------|---|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | 1 | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Verdugo Young Musicians Association | 91-2155345 | | 5,000 | | | | To support musically oriented programs/organizations |
| Villa Esperanza Services | 95-2148860 | | 10,000 | | | | To support musically oriented programs/ organizations |