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DLN: 93493162000456

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 private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning 08-01-2014 , and ending 07-31-2015				
		applicable	C Name of organization		D Employ	er ider	ntification number
		hange	PASADENA SHOWCASE HOUSE FOR THE ARTS		23-70	59730	1
┌ _{Na}	me cha	ange	Doing business as		23 70	55750	,
	tıal retı		boing business as				
Fin			Number and street (or P O box if mail is not delivered to street address) Room/suite	:	E Telepho	ne num	ber
		rmınated	PO BOX 93486	L	(626)	578-8	500
☐ Am	ended	return	City or town, state or province, country, and ZIP or foreign postal code				
┌ Ap	plicatio	n pending	PASADENA, CA 91109	L	G Gross re	ceipts \$	3,325,031
			F Name and address of principal officer	H(a) Is this	a group	raturn	for
			DONNA GOTCH		dinates?	recurri	┌ Yes ┌ No
			PO BOX 93486 PASADENA,CA 91109	11/1-2			F., F.,
				H(b) Are al include		nates	Γ Y es Γ No
I Ta	x-exer	mpt statu:	5 501(c)(3) 501(c)()			a lıst	(see instructions)
	ebsit	e:⊫ H	TTP //WWW PASADENASHOWCASE ORG/	Crour	exempti	on nur	nhar 🌬
				1			
			n	L Year of for	nation 194	18 M	State of legal domicile CA
Ра	rt I		nmary				
	1		describe the organization's mission or most significant activities CHEDULE O FOR THE ORGANIZATION'S MISSION STATEMENT				
a a		<u> </u>	THE BOLL OF THE ONCANIZATION STRICTEN				
ဋ							
Ĕ	l _						
Governance	2	Check	this box দ if the organization discontinued its operations or disposed of	more than 25	5% of its	net as	sets
	3	Numbe	r of voting members of the governing body (Part VI, line 1a)		. 1	з	17
Activities &			r of independent voting members of the governing body (Part VI, line 1b)		1	4	17
Ě			umber of individuals employed in calendar year 2014 (Part V, line 2a)		-	5	C
ই	1		umber of volunteers (estimate if necessary)		.	6	388
Q.	7a	Total u	nrelated business revenue from Part VIII, column (C), line 12		.	7a	107,406
	Ь	Net unr	elated business taxable income from Form 990-T, line 34		.	7b	C
				Prior	Year		Current Year
	8	Cont	ributions and grants (Part VIII, line 1h)		649,0	88	483,681
를	9	Progi	ram service revenue (Part VIII, line 2g)		103,4	70	107,406
Rayenue	10	Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)		165,8	338 278,35	
ď	11	Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		248,8	63	-32,976
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		1,167,2	E 0	836,468
	13		ts and similar amounts paid (Part IX, column (A), lines 1–3)		679,4		669,154
	14		fits paid to or for members (Part IX, column (A), line 4)		0/9,4	0	009,134
	15		ries, other compensation, employee benefits (Part IX, column (A), lines			Ť	
8	13	5-10				0	0
ý F	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	Ь	Total f	undraising expenses (Part IX, column (D), line 25) 🗠				
ш	17	Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		265,8	0.5	271,136
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		945,2	-+	940,290
	19		nue less expenses Subtract line 18 from line 12		221,9		-103,822
<u>~~~</u>	 	Beginn				-	
9 gg				Ye			End of Year
35. H. A.	20		assets (Part X, line 16)		5,429,8	48	5,288,450
Not Assets or Fund Balances	21		liabilities (Part X, line 26)			54	1,050
	22	_	ssets or fund balances Subtract line 21 from line 20		5,428,9	94	5,287,400
	rt II	_	nature Block				
my k	nowle	dge and	f perjury, I declare that I have examined this return, including accompanyi I belief, it is true, correct, and complete Declaration of preparer (other tha knowledge				
			***		6.06.10		
Sigr	,		nature of officer	Dat	.6-06-10 e		
Her		L LINI	DINE SCHWARZ DIRECTOR				
			e or print name and title				
		··	Print/Type preparer's name Preparer's signature Dat ALAN HARRISON ALAN HARRISON 201	c ac ac Cliec	k l ıf	PTIN	227
Paid	d	}	ALAN HARRISON ALAN HARRISON 201 Firm's name CLIFTONLARSONALLEN LLP		employed s EIN 🟲 41	P00157	
	pare		THILI SHAIRE F CELL TONIANSONALLEN ELP		ə ∟11N F * 41	0/40/4	T./
	On		Firm's address ► 301 N LAKE AVE SUITE 900	Phone	e no (626)	793-36	500
		-	PASADENA, CA 91101				

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

			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 (see instructions)? 🕏	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 43			
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	/(110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
e	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		NO
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	in which the organization is need to issue qualified fleatin plans			
		 445	 I	NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	III Tes. has it filed a horm / ZU to report these payments / It "No." provide an explanation in Schedille ()	14b		

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

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

Se	ection A. Governing Body and Management						
			_		Yes	No	
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	17				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νo	
3							
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No	
5	Did the organization become aware during the year of a significant diversion of the oi	rganız	ation's assets? .	5		No	
6	Did the organization have members or stockholders?			6		No	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	lby)	members, stockholders,	7b		No	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken during the				
а	The governing body?			8a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No	
Se	ection B. Policies (This Section B requests information about policies not	requ		Reveni	ue Cod	e.)	
Se	ection B. Policies (This Section B requests information about policies not	requ		Reveni	ue Cod Yes	e.) No	
	Did the organization have local chapters, branches, or affiliates?	•	ired by the Internal I	10a		•	
10a			ired by the Internal F s of such chapters,			No	
10a b	Did the organization have local chapters, branches, or affiliates?	· · :ivitie on's e	ired by the Internal F s of such chapters, exempt purposes?	10a 10b		No	
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it	ivitie on's e	s of such chapters, exempt purposes? erning body before filing	10a 10b		No No	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	civitie on's e s gov	ired by the Internal F s of such chapters, exempt purposes? erning body before filing	10a 10b		No No	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	civitie on's e s gov 	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	No No	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov orm 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No No	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Ford the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	ivitie on's e s gov orm 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No No	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	ivitie on's e s gov form s ly inte	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No No	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Ford the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	civitie on's e s gov form s ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review of the process.	civitie on's e s gov form s ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	civitie on's e s gov form s ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	civitie on's e s gov form s ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov form S ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov form 9 the p the p iew ar e deli	s of such chapters, exempt purposes? erning body before filing or serests that could give or series or serests that could give or serests that could give or series or serests that could give or serests that could give or series or serests that could give or series or serests that could give or series o	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No No	

- 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 made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►PASADENA SHOWCASE HOUSE FOR THE ARTS

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax vear

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

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

					•			,		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h an or/tr	cheric e Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KATHERINE WATKINS PRESIDENT	10 00	х		х				0	0	0
(2) RARY SIMMONS 1ST VP	10 00	х		х				0	0	0
(3) LYNN MEHL 2ND VP - BENEFITS	10 00	×		х				0	0	0
(4) UNDINE SCHWARZ 3RD VP - FINANCE	10 00	×		х				0	0	0
(5) EILEEN REILLY 4TH VP - GIFTS	10 00	х		х				0	0	0
(6) PENNY ARROYO MEMBERSHIP CHAIRMAN	10 00	х		х				0	0	0
(7) JENNY CHIANG TREASURER	10 00	х		х				0	0	0
(8) CYNTHIA LEGATO SECRETARY	10 00	×		х				0	0	0
(9) DONNA GOTCH	10 00	х		х				0	0	0
ADVISOR/PARLIAMENTARIAN (10) PENNY ARROYO DIRECTOR/HOSPITALITY CHAIR	10 00	х						0	0	0
(11) SUZANNE HART DIRECTOR/INSTRUMENTAL COMP	10 00	х						0	0	0
(12) BARBARA DAMEREL DIRECTOR/MUSIC MOBILE CHAI	10 00	х						0	0	0
(13) GRETCHEN MCNALLY DIRECTOR/YOUTH CONCERT CHA	10 00	х						0	0	0
(14) MARYBETH REHMAN-DITTU	10 00	х						0	0	0
DIRECTOR/PROVISIONAL CHAIR		I								Form 990 (2014)

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee		Key employee	(W- 2/109 E = MISC)		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) ANNETTE SELLON DIRECTOR/MARKETING CHAIR	10 00	х						0	0	(
(16) LISA LOEFFLER DIRECTOR/PUBLICATIONS CHAI	10 00	х						0	0	
(17) VIKKI SONG DIRECTOR/TICKETS CHAIRMAN	10 00	х						0	0	

1b	Sub-Total			
C	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	0	0

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

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
TRANSIT SYSTEM UNLIMITED 8976 LAUREL CANYON BLVD SUN VALLEY, CA 91352	TRANSPORTATION	218,759

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Part V	4 + + 1	Statement o		oco or noto to any lir	o in this Part VIII			Г
	1a	Federated cam	ule O contains a respor	ise or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its nts				40.714				
Grants mounts	b	Membership du	es 1b	49,714				
, G Am	C	Fundraising eve	ents 1c	432,937				
Giffis, nilar An	d	Related organiz	ations 1d					
, G mil	e	Government grants	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	1,030	ł	i		
	•	sımılar amounts no	ot included above		ļ	ļ		
₫	g	Noncash contribution 1a-1f \$	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f		483,681			
				Business Code				
Program Serwce Revenue	2a	ADVERTISING INCO	OME	541800	107,406		107,406	
ever	Ь	ADVENTISING INCO		341600	107,400		107,400	
ar E	c							
Ş.	d							
33	e							
ĺΒ	_	All other progra	am corus a rayanua					
ľoď	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a – 2f		107,406			
	3		ome (including dividendar amounts)		278,357			278,357
	4		tment of tax-exempt bond	F				
	5	Royalties		▶ ↑				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incoi	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	28,001					
	b	Less cost or other basis and sales expenses	28,001					
	c	Gain or (loss)	0					
	d	Net gain or (los	s)					
Other Revenue	8a	Gross income f events (not inc \$ 432 of contributions See Part IV, lin	luding ,937 s reported on line 1c)	2,427,389				
	ь	Less direct ex	penses b	2,460,562				
	С		loss) from fundraising	events 🛌	-33,173			-33,173
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	l		penses b					
		Net income or (Gross sales of returns and allo		vities				
	ь	=	a oods sold b					
	C		(loss) from sales of inve	-				
	11a	Miscellaneous		Business Code 900099	197			197
	ь	MISCELLANEC	, u s	300033	15/			137
	C							
	l .	All other royans	ue					
	d e	Total. Add lines		▶				
				. -	197			
	12	iotal revenue.	See Instructions	📂	836,468	0	107,406	245,381

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ions must com	oloto column (A.)	
<u>sectio</u>	Check if Schedule O contains a response or note to any line in this				
	ot include amounts reported on lines 6b, p, 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 domestic organizations and domestic governments See Part IV, line 21	669,154	669,154		<u> </u>
2	Grants and other assistance to domestic individuals See Part IV, line 22	,	,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	17,586		17,586	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	OTHER PROGAMS	125,215	125,215		
b	GENERAL AND ADMINISTRAT	50,622		50,622	
c	HOSPITALITY	37,617		37,617	
d	SEASON TICKETS	35,907		35,907	
e	All other expenses	4,189		4,189	
25	Total functional expenses. Add lines 1 through 24e	940,290	794,369	145,921	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		946.186	1	525.498
	2	Savings and temporary cash investments		36,750		36,811
	3	Pledges and grants receivable, net		52,122	3	
	4	Accounts receivable, net		751	4	
	5	Loans and other receivables from current and former officers, direct key employees, and highest compensated employees. Complete P. Schedule L	tors, trustees, art II of		5	
ls	6	Loans and other receivables from other disqualified persons (as desection 4958(f)(1)), persons described in section 4958(c)(3)(B), employers and sponsoring organizations of section 501(c)(9) volubeneficiary organizations (see instructions) Complete Part II of Sc	and contributing ntary employees'		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		457	9	4,448
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			<u> </u>
	ь	Less accumulated depreciation	10b]	10c	
	11	Investments—publicly traded securities		4,445,704	11	4,721,693
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,429,848	16	5,288,450
	17	Accounts payable and accrued expenses		854	17	1,050
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
, e	21	Escrow or custodial account liability Complete Part IV of Schedul	e D		21	
lities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified				
Liabili		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 to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X				
		D		25		
	26	Total liabilities. Add lines 17 through 25		854	26	1,050
y		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 a	nd complete			
Ĕ		lines 27 through 29, and lines 33 and 34.		5,428,994	22	E 297 400
<u> </u>	27	Unrestricted net assets		5,426,994	27	5,287,400
<u>.</u>	28	Temporarily restricted net assets			28	
Ĭ	29	Permanently restricted net assets		12	29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	,			
Ş	30	Capital stock or trust principal, or current funds			30	
ν M	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fund			32	
ž	33	Total net assets or fund balances		5,428,994	33	5,287,400
_	34	Total liabilities and net assets/fund balances		5,429,848	34	5,288,450

					age ==
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	336,468
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		9	940,290
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	103,822
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
_	<u> </u>	4		5,4	128,994
5	Net unrealized gains (losses) on investments	5		,	-37,772
6	Donated services and use of facilities				
	-	6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,2	287,400
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis			1	
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	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?	3	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification						ation number		
PASAD	ENA SE	HOWCASE HOUSE FOR THE A	RIS				22 7050720	
Do	rt I	Pancan for Dubli	o Charity S	s tatus (All organiza	tions must so	malata this n	23-7059730	nc .
		zation is not a private for	-	, ,				ль.
1	r gain.	•		•	= '	•	•	
	<u>'</u>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
2	<u> </u>							
3	<u> </u>	A hospital or a cooper		-				
4	ı	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in sec t	tion 170(b)(1)(A)(iii). Enter the
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by a	governmental unit d	escribed in
	·	section 170(b)(1)(A)			,		-	
6	Г	A federal, state, or loc			described in se	ection 170(b)(1)(A)(v).	
7	, V	An organization that n	_	_				ieneral nublic
•	1.	described in section 1	•	<u>.</u>	• •	om a governmen	ical anic of from the g	general public
8	Γ	A community trust de				tII)		
9	Г	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contrib	utions, membership	fees, and gross
		receipts from activitie						
		its support from gross						
		acquired by the organ						
10	г	An organization organ		•			•	
11	<u>'</u>	An organization organ	•	·		· ·		out the nurnoses of
	ļ	one or more publicly s						
		the box in lines 11a th			•			
а	Γ	Type I. A supporting of						
		supported organizatio				ty of the directo	rs or trustees of the	supporting
	_	organization You mus					h	
b	ı	Type II. A supporting management of the su	-	•				
		must complete Part I			same persons t	nac control of in	anage the supported	organization(s) iou
c	Г	Type III functionally	•		n operated in c	onnection with,	and functionally integ	grated with, its
	·	supported organizatio	n(s) (see instr	uctions) You must co	mplete Part IV,	, Sections A , D,	and E.	
d	Г	Type III non-function						
		not functionally integr					ment and an attentiv	eness requirement
e	\vdash	(see instructions) Yo Check this box if the o					a Type I Type II T	vne III functionally
	'						а турст, турстт, т	ype III functionally
f		ıntegrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations						
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of
		organization		organization	listed in your		monetary support	other support (see
				(described on lines	docume	ent?	(see instructions)	ınstructıons)
			1-9 above or IRC					
				section (see				
				ınstructions))	Voc	No.		
					Yes	No		
Tota		<u> </u>						

Schedule A (Form 990 or 990-EZ) 2014 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (d) 2013 (c) 2012 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 765,089 588,350 749,722 649,088 673,343 3,425,592 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 765,089 588,350 749,722 649.088 673,343 3,425,592 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 94,300 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 3,331,292 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 765,089 588,350 749,722 649,088 673,343 3,425,592 Amounts from line 4 Gross income from interest, dividends, payments received on 71,104 74,863 88,347 165,838 278,357 678,509 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 98,015 89,310 121,168 103,470 107,405 519,368 not the business is regularly carried on 10 Other income Do not include gain 2,173 12,940 2,830 884 197 19,024 or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through 4,642,493 Gross receipts from related activities, etc (see instructions) 12 14,860,422 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 71 760 % Public support percentage for 2013 Schedule A, Part II, line 14 15 74 300 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II 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)	1		
а	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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493162000456

OMB No 1545-0047

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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

	e organization DWCASE HOUSE FOR THE ARTS		Emp	oloyer identific	cation numbe	er
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23-	7059730		
	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		ar Funds	or Account	:s. Comple	te if the
		(a) Donor advised funds		(b) Funds and	d other accou	ınts
Total nu	ımber at end of year					
Aggrega	ite value of contributions to (during year)					
A ggrega	ate value of grants from (during year)					
A ggrega	ate value at end of year					
	organization inform all donors and donor advisore the organization's property, subject to the or			ısed	☐ Yes	┌ No
used on	organization inform all grantees, donors, and do ily for charitable purposes and not for the benef ng impermissible private benefit?				┌ Yes	┌ No
	Conservation Easements. Complete if	the organization answered "Y	es" to Forr	n 990, Part I	IV, line 7.	
☐ Pres ☐ Prot ☐ Pres	e(s) of conservation easements held by the organiservation of land for public use (e g , recreation ection of natural habitat servation of open space	or education) Preservation Preservation	of a certifie	rically importa d historic stru	icture	
	te lines 2a through 2d if the organization held a int on the last day of the tax year	quanned conservation contribution	on in the forf	n or a conserv	ation	
				Held at th	e End of the	Year
Total nu	umber of conservation easements		2a			
	creage restricted by conservation easements		2b			
Number	of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c			
	r of conservation easements included in (c) acq structure listed in the National Register	uired after 8/17/06, and not on a	2d			
	r of conservation easements modified, transferr year 🛌	ed, released, extinguished, or tern	ninated by th	ne organizatioi	n during	
Number	of states where property subject to conservati	on easement is located ▶				
	e organization have a written policy regarding t ment of the conservation easements it holds?	he periodic monitoring, inspection	, handling of	f violations, ar	nd Yes	┌ No
Staff an	d volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation	easements o	during the yea	r	
►						
A mount ► \$	of expenses incurred in monitoring, inspecting	, and enforcing conservation ease	ments durın	g the year		
	ach conservation easement reported on line 2(cation 170(h)(4)(B)(ii)?	I) above satisfy the requirements	of section 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
balance	XIII, describe how the organization reports coresheet, and include, if applicable, the text of the anization's accounting for conservation easeme	e footnote to the organization's fina				
11111 (Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasu		her Similar	Assets.	
If the or works o	rganization elected, as permitted under SFAS 1 fart, historical treasures, or other similar asse , provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its ts held for public exhibition, educa	revenue sta ition, or rese	earch in furthe		
works o	rganization elected, as permitted under SFAS 1 f art, historical treasures, or other similar asse , provide the following amounts relating to these	ts held for public exhibition, educa				IC
(i) Reve	enue included in Form 990, Part VIII, line 1			► \$		
(ii) _{Ass}	ets included in Form 990, Part X			► \$		
If the or	rganization received or held works of art, histori g amounts required to be reported under SFAS			icial gain, prov	ride the	
Revenu	e included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Part	TITLE Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	<u>cal T</u>	<u>reasur</u>	<u>es, or C</u>	ther	· Simila	<u>r Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of	the follo	wing that a	are a	sıgnıfıcar	nt use of	ıts	
а	Public exhibition		d	Γ	Loan	or excha	ange progi	ams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furth	er the or	ganızatıor	's ex	empt pur	ose in		
_	Part XIII											
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part o	of the	organ	ızatıon's	collection	۱?			Yes	┌ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	orm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	ford	ontrib	utions or	other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	able		_					
										Amou	ınt	
С	Beginning balance						_	1c				
d	Additions during the year						L	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for e	scrow	orcusto	dial accou	nt lıa	bility?	\vdash	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XII	T Check here if the	expla	anatı	on has	been pro	ovided in I	Part >	(111			\sqcap
Pa	rt V Endowment Funds. Complete										<u> </u>	
		(a)Current year) Prior			o years back)Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	ne 1g	, colun	nn (a)) he	eld as			•		
а	Board designated or quasi-endowment F											
b	Permanent endowment -											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that	are hel	d and ad	ministere	d for t	the			B1-
	(i) unrelated organizations									3a(i)	Yes	No
	(ii) related organizations									3a(ii)		
ь	If "Yes" to 3a(II), are the related organization							٠. ٠		3b		
4	Describe in Part XIII the intended uses of th											
Par	t VI Land, Buildings, and Equipme		he o	rgar	ıızatıo	n answe	ered 'Yes	' to	Form 99	0, Part	IV, lıı	ne
	11a. See Form 990, Part X, line	10.					Taxo :				1415	
	Description of property					or other estment)	(b)Cost or basis (ot			ımulated cıatıon	(d) B	ook value
1a	Land			\top								
b	Buildings											
С	Leasehold improvements											
d	Equipment											
e	Other											
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			ımn (B), line	10(c).)				>		0

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. C	Complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. Complete if the org		-
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		7
		-
		-
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	F	
2 Linkship for an arrange to a position of the Doub VIII manage	do the tayt of the feet - t-	***********************************

Part		evenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		nts \	With R	evenue p	er R	Leturn Complete If
1		er support per audited financial statements				•	1	798,696
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12						
a	Net unrealized gains (losses)	on investments	2a			-37,772		
b	Donated services and use of f	acılıtıes	2b				1	
С	Recoveries of prior year grant	s	2c					
d	Other (Describe in Part XIII)		2d					
e	Add lines 2a through 2d .		· · ·				2e	-37,772
3	Subtract line $\bf 2e$ from line $\bf 1$.						3	836,468
4	Amounts 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 XIII)		4b					
C	Add lines 4a and 4b						4c	0
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)				5	836,468
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line			With I	xpenses	s per	Return. Complete
1		r audited financial statements					1	940,290
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25						
а	Donated services and use of fa	acılıtıes	2a					
b	Prior year adjustments		2b					
c	Other losses							
d	Other (Describe in Part XIII)		2d					
e	Add lines 2a through 2d						2e	0
3	Subtract line $\bf 2e$ from line $\bf 1$.						3	940,290
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII)		4b					
c	Add lines 4a and 4b						4c	0
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, lin	e 18)				5	940,290
Part	XIII Supplemental Int	formation						
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and						de any additional
	Return Reference	Explanation						
PART	X, LINE 2	PSHA HAS RECEIVED FAVORABLE DETE						
		A TAX-EXEMPT ORGANIZATION UNDER CODE AND SECTION 23701(D) OF CALI						
		PSHA IS SUBJECT TO UNRELATED BUSI						
		ADVERTISING INCOME FOR THE YEAR						
		LIABILITY OF APPROXIMATELY \$4,275 NO UNRELATED BUSINESS LIABILITIES						
		SUBJECT TO EXAMINATION BY FEDERA	LAND	STA	ATETA	<i>KAUTHOR</i>	ITIES	
		AND FOUR YEARS, RESPECTIVELY, AFT	ER TH	E DA	TEOF	HE FILIN	G	

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493162000456

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Supplemental Information Regarding

Open to Public Inspection

Name of the organization	SE EOD THE ADTO			·		Employer ider	ntification number
PASADENA SHOWCASE HOU:	SE FUR THE ARTS					23-7059730	
	ivities. Complete ired to complete th		ganızatıo	n answered "Yes" to	Form 9	990, Part IV,	line 17. Form 990-EZ
1 Indicate whether the orga	nization raised funds	through a	ny of the f	following activities Che	eck all th	at apply	
a Mail solicitations			е	Solicitation of nor	n-governr	ment grants	
b Internet and email so	icitations		f	Solicitation of gov	/ernment	grants	
c Phone solicitations			g	Special fundraisin	ig events		
d In-person solicitation	S						
2a Did the organization have or key employees listed in							Г _{Yes} Г No
b If "Yes," list the ten higher to be compensated at least			fundraıse	rs) pursuant to agreem	ents und	er which the fu	ndraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3 List all states in which the registration or licensing	organization is regis	tered or lı	censed to	l o solicit contributions o	r has bee	en notified it is	exempt from

		events with gross receipts g		ions and gross income	e on Form 990-EZ, III	ies I and 6D. List
			(a) Event #1 PASADENA	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
			SHOWCASE (event type)	(event type)	(total number)	331 (3)
E.	1	Gross receipts	2,859,470			2,859,470
Revenue	2	Less Contributions	432,937	7		432,937
<u>~</u>	3	Gross income (line 1 minus line 2)	2,426,533	3		2,426,533
	4	Cash prizes				
S	5	Noncash prizes				
e L	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .	39,123	3		39,123
_ ਹ	8	Entertainment				
₫	9	Other direct expenses .	2,421,439	9		2,421,439
	10	Direct expense summary Add lir	nes 4 through 9 in columi	n (d)		(2,460,562)
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)		-34,029
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or rep	·
		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Diligo	bingo/progressive bingo	(c) o their guilling	col (a) through col
<u>~</u>	1	Gross revenue				_
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ಕ	4	Rent/facility costs				
Δ̈	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes	│ Yes %	☐ Yes % ☐ No	
	7	Direct expense summary Add line	s 2 through 5 in column ((d)	•	
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)	<u> </u>	
9	Ent	ter the state(s) in which the organiz	ation conducts gaming ac	ctivities		
a		the organization licensed to conduc				Yes No
b		'No," explain				
10a		re any of the organization's gaming				
b	If"	'Yes," explain				

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	J ²		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
С	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

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DLN: 93493162000456

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

(Form 990)

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of the organization	Employer identification	number	
PASADENA SHOWCASE HOUSE FOR THE ARTS	23-7059730		
Part I General Information on Grants and Assistance			
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or the selection criteria used to award the grants or assistance?	•	▽ Yes	┌ N
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States			
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the	organization answered "Yes	" to	

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	. 1	-	33
2	Enter total number of other even proteins listed in the line 1 toble		le.	

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

			ı		
(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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										
Return Reference	Explanation									
	EACH YEAR, PASADENA SHOWCASE HOUSE FOR THE ARTS AWARDS GIFTS AND GRANTS TO SCHOOLS, SYMPHONIC ASSOCIATIONS AND OTHER ORGANIZATIONS 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 A COMMITTEE INDEPENDENT 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 PSHA REQUIRES A FINAL REPORT TO MONITOR THE USE OF GRANTS									

Additional Data

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 Domestic Organizations and Domestic Governments.

(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
ANGELICA CENTER FOR THE ARTS & MUSIC1345 S BURLINGTON AVE LOS ANGELES,CA 90006	47-2510997	501(C)(3)	6,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
ARCADIA MUSIC CLUB INCPO BOX 660131 ARCADIA,CA 910060130	95-6075103	501(C)(3)	16,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
BLAIR IB MAGNET HIGH SCHOOL1201 SOUTH MARENGO AVE PASADENA,CA 91106	95-6002372	501(C)(3)	17,000				TO SUPPORT MUSICALLY ORIENDED PROGRAMS/ORGANIZATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
BRAILLE INSTITUTE OF AMERICA INC741 NORTH VERMONT AVENUE LOS ANGELES,CA 900293594	95-1641426	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		
COLEMAN CHAMBER MUSIC ASSOCIATION 225 S LAKE AVE 300 PASADENA,CA 91101	95-4829508	501(C)(3)	10,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		
DON BENITO FUNDAMENTAL ELEMENTARY SCHOOL 3700 DENAIR ST PASADENA,CA 91107	95-6204230	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
EDUCATION THROUGH MUSIC-LOS ANGELES 2501 BURBANK BLVD 301 BURBANK,CA 91505	87-0776958	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		
FRIENDS OF THE PASADENA PLAYHOUSE 1311 N BALDWIN AVE ARCADIA,CA 91006	95-4587158	501(C)(3)	8,320				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		
HARMONY PROJECT817 VINE ST 212 LOS ANGELES,CA 90038	95-4856236	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
KIDSPACE CHILDREN'S MUSEUM480 N ARROYO BLVD PASADENA,CA 91103	95-3501213	501(C)(3)	15,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		
KUSC CLASSICAL RADIO PO BOX 77913 LOS ANGELES,CA 90007	95-1642394	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		
LOS ANGELES CHILDREN'S CHORUS585 E COLORADO BLVD PASADENA,CA 91101	95-4431730	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
LOS ANGELES HIGH SCHOOL FOR THE ARTS 1149 SOUTH HILL ST H- 100 LOS ANGELES,CA 90010	95-3938007	501(C)(3)	7,500				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		
LOS ANGELES MASTER CHORALE ASSOCIATION 135 NORTH GRAND AVENUE LOS ANGELES,CA 90012	95-2315682	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		
LOS ANGELES OPERA COMPANY135 NORTH GRAND AVENUE LOS ANGELES, CA 900123013	95-2096402	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LOS ANGELES PHILHARMONIC ASSOCIATION151 SOUTH GRAND AVENUE LOS ANGELES,CA 90071	95-1696734	501(C)(3)	300,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
MARSHALL MUSIC BOOSTERS INC990 N ALLEN AVE PASADENA,CA 91107	46-0925804	501(C)(3)	8,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
MONROVIA UNIFIED SCHOOL DISTRICT325 E HUNTINGTON DRIVE MONROVIA,CA 91016	95-6006592	501(C)(3)	10,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MONTE VISTA ELEMENTARY SCHOOL PTA 26 20 ORANGE AVE LA CRESCENTA, CA 91214	90-0740987	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
NEIGHBORHOOD MUSIC SCHOOL358 SOUTH BOYLE AVE LOS ANGELES, CA 90033	95-6002180	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
PASADENA CONSERVATORY OF MUSIC100 NORTH HILL AVENUE PASADENA,CA 91106	95-3900207	501(C)(3)	11,550				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CITY COLLEGE FOUNDATION 1570 E COLORADO BLVD PASADENA,CA 91106	95-3434226	501(C)(3)	10,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
RIO HONDO MUSIC DEPT 3540 N LEXINGTON AVE EL MONTE,CA 91731	95-6001074	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
SAN GABRIEL EDUCATIONAL FOUNDATION408 JUNIPERRO SERRA DRIVE SAN GABRIEL, CA 91776	95-4023144	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS

Form 990,Schedule I, Pa	<u>art II, Grants a</u>	ind Other Assista	ince to Domestic	. Organizations ar	nd Domestic Gov	ernments.	
(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
TEMPLE CITY SCHOOLS FOUNDATION9700 LAS TUNAS DR TEMPLE CITY, CA 91780	91-2126088	501(C)(3)	5,500				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
THE COLBURN SCHOOL 200SOUTH GRAND AVE LOS ANGELES,CA 90012	95-2501387	501(C)(3)	40,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
THE MR HOLLAND'S OPUS FOUNDATION INC4370 TUJUNGA AVE STE330 STUDIO CITY,CA 91604	95-4604927	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THERAPEUTIC LIVING CENTERS FOR THE BLIND 7915 LINDLEY AVE RESEDA,CA 91335	51-0143029	501(C)(3)	7,500				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
USC THORNTON SCHOOL OF MUSIC840 W 34TH STREET LOS ANGELES,CA 90089	95-1642394	501(C)(3)	10,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
VERDUGO YOUNG MUSICIANS ASSOCIATIONPO BOX 8343 LA CRESCENTA,CA 91224	91-2155345	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS

Form 990,Schedule I, Pa	art II, Grants a	and Other Assista	ince to Domestic	. Organizations ar	nd Domestic Gov	ernments.	
(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
VILLA ESPERANZA2060 E VILLA ST PASADENA,CA 91105	95-2148860	501(C)(3)	5,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
WASHINGTON STEAM MAGNET ACADEMY1505 MARENGO AVE PASADENA,CA 91103	23-7149451	501(C)(3)	6,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS
YOUNG MUSICIANS FOUNDATION244 S SAN PEDRO ST STE 506 LOS ANGELES,CA 90012	95-2250007	501(C)(3)	6,000				TO SUPPORT MUSICALLY ORIENTED PROGRAMS/ORGANIZATIONS

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OMB No 1545-0047

2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
PASADENA SHOWCASE HOUSE FOR THE ARTS

Employer identification number
23-7059730

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	THE ORGANIZATIONS MISSION STATEMENT AND MOST SIGNIFICANT ACTIVITIES 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 SOUTHERN CALIFORNIA, AND TO PROMOTE AND SUSTAIN PUBLIC ENTHUSIASM FOR SYMPHONY AN ALL-VOLUNTEER ORGANIZATION (NO EMPLOYEES OR PAYROLL), PASADENA SHOWCASE HOUSE FOR THE ARTS (PSHA) IS A NON-PROFIT CALIFORNIA CORPORATION WHOSE MEMBERS DONATE THEIR TIME AND TALENTS TO PRODUCE THE ANNUAL PASADENA SHOWCASE HOUSE OF DESIGN FOUNDED IN 1948, AND FORMERLY KNOWN AS THE PASADENA JUNIOR PHILHARMONIC COMMITTEE, THEY ADOPTED THE PASADENA SHOWCASE HOUSE OF DESIGN AS THEIR ANNUAL BENEFIT IN 1965 IT IS ONE OF THE OLDEST, LARGEST AND MOST SUCCESSFUL HOUSE AND GARDEN TOURS IN THE NATION BUT CORPORATE FACTS DON'T BEGIN TO GIVE ONE A CLEAR PICTURE ABOUT SEVENTY WOMEN WITH A MYRIAD OF BACKGROUNDS ACCOMPLISH THE HERCULEAN FEAT OF PRODUCING THE SHOWCASE HOUSE MANY WORK FULLTIME AT THIS "JOB AND THEY SET THE GOLD STANDARD FOR VOLUNTEERISM THEIR COMMITMENT IS LEGENDARY IN THE COMMUNITY THE ORGANIZATION IS ALSO STRONGLY SUPPORTED BY ABOUT 200 INTERMEDIATE AND ASSOCIATE MEMBERS WHO PROVIDE FINANCIAL SUPPORT AND VOLUNTEER THEIR TIME AT THE SHOWCASE HOUSE THE WOMEN OF PSHA ARE UNITED BY THEIR BELIEF IN THE POWER AND BEAUTY OF MUSIC. THEIR COLLECTIVE GOAL IS TO PROVIDE FUNDING TO PROGRAMS THAT NUTTURE THE STUDY AND APPRECIATION OF MUSIC, TO PROGRAMS THAT PROVIDE MUSIC AS A VEHICLE TOWARDS HEALTH AND HEALING, TO PROGRAMS THAT OFFER MUSIC EDUCATION KNOWING THAT THE STUDY OF MUSIC ENHANCES OTHER ACADEMIC SUBJECTS AS WELL AS CULTURAL ENRICHMENT AND TO PROGRAMS THAT ENSURE THAT MUSIC IS AVAILABLE TO A BROAD RANGE OF AUDIENCES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORMS 990 AND 990-T ARE REVIEWED AND APPROVED BY THE CURRENT 3RD VICE PRESIDENT OF FINANCE AND THE TREASURER PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, THE BOARD MEMBERS AND OFFICERS COMPLETE A DISCLOSURE REPRESENTATION FORM OF POSSIBLE CONFLICTS OF INTEREST. 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 OWN 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.

Return Reference	Explanation
	THE ORGANIZATION DOES NOT HAVE EMPLOYEES ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS WORK WITHOUT COMPENSATION AS VOLUNTEERS SOME ACCOUNTING FUNCTIONS ARE OUTSOURCED TO INDEPENDENT CONTRACTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S 990 AND 990-T ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO AVAILABLE ON WWW GUIDESTAR ORG WEBSITE

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	DUTIES OF THE EXECUTIVE COMMITTEE. THE PRESIDENT SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE EXECUTIVE COMMITTEE AND SHALL PRESIDE AT ALL MEETINGS OF THE BOARD OF DIRECTORS, EXECUTIVE COMMITTEE AND GENERAL MEMBERSHIP THE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE THE 1ST VICE PRESIDENT, 2ND VICE PRESIDENT, 3RD VICE PRESIDENT, 4TH VICE PRESIDENT, MEMBERSHIP CHAIR TREASURER, SECRETARY, AND ADVISOR/PARLIAMENTARIAN THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER AND AUTHORITY OVER THE AFFAIRS OF PSHA BETWEEN GENERAL MEETINGS THE EXECUTIVE COMMITTEE SHALL ALSO BE NOTIFIED OF ALL CONTRACTS THAT EXTEND BEYOND THE FISCAL YEAR

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE, UNDER THE SUPERVISION OF THE BOARD OF DIRECTORS, IS RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR THE APPOINTMENT OF AUDITORS THE AUDIT COMMITTEE NEGOTIATES THE INDEPENDENT AUDITOR'S COMPENSATION, ON BEHALF OF THE BOARD AND OVERSEES THE ANNUAL AUDIT OF THE FINANCIAL STATEMENTS