## Form 8879-TF

### IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	JUL	1	, 2021, and ending	JUN	30	, 20	2
, , , , ,			,,			. ,	=

2 ▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879TE for the latest information.

EXECUTIVE DIRECTOR

Name of filer **EIN or SSN** LAGUNA ART MUSEUM 33-0717157 JULIE PERLIN LEE Name and title of officer or person subject to tax

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return.	Form 8038-CP and
Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3	a, 4a, 5a, 6a, 7a, 8a, 9a
or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 4	6b, 7b, 8b, 9b, or 10b,
whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below.	Do not complete more
than one line in Part I.	

i iai i Oi	ic iiiic ii i ait i.		
1a	Form 990 check here > X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<sub>.</sub> 1ь <u>2,876,596</u> .
2a	Form 990-EZ check here >	<b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	. 7b
8a	Form 5227 check here	<b>b FMV</b> of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or I am a person subject to tax with res	spect to (name
of entit	y)	, (EIN) and that I hav	e examined a copy of the
:021 e	lectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are tr	ue, correct, and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (extilement) date. Lates authorize the financial institutions involved in the processing of the electronic later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X I authorize REDWITZ,	INC		to enter my PIN	12345
		ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

gnature of officer or person subject to tax Certification and Authentication

### Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33558792620

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date ▶ 11/16/22 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print LAGUNA ART MUSEUM 33-0717157 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 307 CLIFF DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LAGUNA BEACH, CA 92651 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) **CAPATA**  The books are in the care of ► 28202 CABOT RD., SUITE 525 - LAGUNA NIGUEL, CA 92677 Telephone No. ► 9493640334 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2021 \_\_\_ , and ending <u>JUN</u> 30 , 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

123841 01-12-22

### EXTENDED TO MAY 15, 2023

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or the	f e 2021 calendar year, or tax year beginning $f JUL$	ل ending	UN 30,	2022	
	heck if	C Name of organization		D Employ	er identific	cation number
	Addres	LAGUNA ART MUSEUM				
	Name change			33-	07171	57
	Initial return Final return/	307 CLIFF DRIVE	Room/suite	E Telepho	ne number -494-8	
	termin ated			<b>G</b> Gross rece		3,033,160.
	Ameno return	LAGUNA BEACH, CA 92651		H(a) Is this		turn
	Applic tion	F Name and address of principal officer: O O D TE FERDIN DEE		for su	bordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all s	subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ( )	or 527	1		list. See instructions
		te: LAGUNAARTMUSEUM.ORG				n number
K F	orm of ort I	organization: X Corporation	<b>L</b> Year	of formation:	1996  N	1 State of legal domicile; CA
Ра		Summary	ОМОПЕ	mur II	NIDED CO	NAMBING OF
e l		Briefly describe the organization's mission or most significant activities: ${ t TO}$ PITHE ROLE OF ART AND ARTISTS IN AMERICAN C				
ğ						
Governance		Check this box			1 1	20
é		Number of independent voting members of the governing body (Part VI, line 1b)			·····	19
		Total number of individuals employed in calendar year 2021 (Part V, line 2a)				45
Ë		Total number of volunteers (estimate if necessary)			······	50
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
				Prior Ye		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,099		1,750,338.
	9	Program service revenue (Part VIII, line 2g)			,405.	448,653.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			,161.	68,493.
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,998.	609,112.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,229		2,876,596.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		1 006	0.	0.
es es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,206		1,174,310.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
×		Total fundraising expenses (Part IX, column (D), line 25) 314,84		1 070	0.67	1 542 000
"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			,967.	1,543,988.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,285	,246.	2,718,298. 158,298.
<u>−</u> δ		Revenue less expenses. Subtract line 18 from line 12			<i>'</i>	End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)	Ве	ginning of Cu 6,141		5,795,493.
Asst Bali	21	Total liabilities (Part X, line 16)			,235.	223,428.
Set E		Net assets or fund balances. Subtract line 21 from line 20	·····	5,640		5,572,065.
Pa	rt II	Signature Block		.,		-,,
Jnde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to th	e best of my	knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any know	ledge.	
Sigr	1	Signature of officer		Dat	te	
Here	е	JULIE PERLIN LEE, EXECUTIVE DIRECTOR				
		Type or print name and title	1 г	Data	OL . I	DTINI
		Print/Type preparer's name  Preparer's signature	'	Date	Check if	PTIN
Paid		JULIE INCORVINA, CPA, CFE		<sub>F</sub> .	self-employe	
	arer Only	Firm's name REDWITZ, INC		Firi	m's EIN 🛌	33-0850406
726	Only	Firm's address 3 PARK PLAZA, SUITE 1700 IRVINE, CA 92614		Dh	one no Q /	9-753-1514
May	tho IE	28 discuse this return with the preparer shown above? See instructions		1111	UIIE IIU. ノモ	X Ves No

Pai	Statement of Program Service Accomplishments	[ <del></del> ]
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	DT110 OF
	THE MUSEUM'S PRIMARY EXEMPT PURPOSE IS TO PROMOTE THE UNDERSTAN	DING OF
	THE ROLE OF ART AND ARTISTS IN AMERICA CULTURE THROUGH COLLECT,	3 M T 037
	EXHIBITION, RESEARCH, AND INSTRUCTION. THE FOCUS OF THE ORGANIZ	
	COLLECTION IS ON THE ART OF CALIFORNIA AND RELATED WORKS FROM T	<u>HE</u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex revenue, if any, for each program service reported.	penses, and
	1 202 415	448,653.)
4a	(Code:) (Expenses \$1,3U3,415. including grants of \$) (Revenue \$) THE MUSEUM IS A NONPROFIT CALIFORNIA CORPORATION INCORPORATED O	
	22, 1996. AS AN AMERICAN ART MUSEUM WITH A SPECIAL FOCUS ON THE	
	CALIFORNIA, ITS PURPOSE IS TO PROMOTE UNDERSTANDING OF THE ROLE	
	AND ARTISTS IN AMERICAN CULTURE THROUGH COLLECTION, EXHIBITION,	<u> </u>
	RESEARCH AND INSTRUCTION. THE FOCUS OF THE MUSEUM COLLECTION IS	ON THE
	ART OF CALIFORNIA AND RELATED WORKDS FROM THE 19TH AND 20TH CEN	
	WITH AN EMPHASIS OF THE 20TH CENTURY.	
4b	(Code:) (Expenses \$	)
	(6.1	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 1,303,415.	
		Form <b>990</b> (2021)

11241116 310903 400516

## Form 990 (2021) LAGUNA ART MUSEUM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
_	Schedule D, Part III	8_	X	_
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?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		_ X
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124		12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х

Form 990 (2021) LAGUNA ART MUSEUM
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·		28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		
32	•	32		х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		-25
34		34		х
35.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	30	- 42	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contidued Contidued a response of flote to any line in this fact v		Voc	Na
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c		
	(gambling) winnings to prize winners?		990	(2021)

Form 990 (2021) LAGUNA ART MUSEUM

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		Х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders 11a			
a h				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 logistic in small as at positions required by the internal his order		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	CAPATA - 9493640334			
	28202 CABOT RD., SUITE 525, LAGUNA NIGUEL, CA 92677			

## 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 year.
- 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organi	zation nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	<b>-</b>
(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	-	Cer ar	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e e			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	yee yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JULIE PERLIN LEE	40.00	_	T-			1				
EXECUTIVE DIRECTOR				Х				73,644.	0.	233.
(2) EMIL MONDA	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) ROBERT BRAUN	1.00									
SECRETARY		Х						0.	0.	0.
(4) LITA ALBUQUERQUE	1.00									
TRUSTEE		Х						0.	0.	0.
(5) RICK BALZAR	1.00									
TRUSTEE		Х						0.	0.	0.
(6) LORI BASSMAN	1.00	1							_	_
TRUSTEE		Х						0.	0.	0.
(7) ROBERT CHAPMAN	1.00	l								
TRUSTEE		Х						0.	0.	0.
(8) KEITH COLESTOCK	1.00	1						_		_
TRUSTEE		Х						0.	0.	0.
(9) BETSY JENKINS	1.00	1								
TRUSTEE		Х						0.	0.	0.
(10) GREG MACGILLIVRAY	1.00									
TRUSTEE		Х						0.	0.	0.
(11) CARLA MEBERG	1.00									
TRUSTEE		Х						0.	0.	0.
(12) TIARE MEEGAN	1.00									
TRUSTEE		Х						0.	0.	0.
(13) KAIRA ROUDA	1.00									
TRUSTEE		Х	L					0.	0.	0.
(14) KRISTIN SAMUELIAN	1.00									
TRUSTEE		Х						0.	0.	0.
(15) STEVEN SAMUELIAN	1.00	]								
TRUSTEE		Х						0.	0.	0.
(16) ELIE WEAVER	1.00	]								
TRUSTEE		Х						0.	0.	0.
(17) BOB WHALEN	1.00	1								
TRUSTEE		Х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

132007 12-09-21

Form **990** (2021)

	990 (2021) LAGUNA AI									33-07	717	157	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	jH b	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		<b>າ</b> than ເ	one	Reportable	Reportable		Es	stimate	ed
		hours per					is both or/trus		compensation	compensation		ar	nount	of
		week	_			T CCIC	174443		from	from related			other	
		(list any hours for	irecto						the	organizations (W-2/1099-MIS			pensa om th	
		related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	·C/		anizat	
		organizations	ruste	l trus		99/	mper		1099-NEC)	1000 (120)			d relat	
		below	Individual trustee or director	Institutional trustee	<u></u>	sy employee	Highest compensated employee	ъ	,				anizati	
		line)	Indiv	Instit	Officer	Key e	Highe	Former						
(18)	MIKE JOHNSON	1.00												
TRUS	TEE		Х						0.		0.			0.
(19)	SUSAN PICKLE	1.00	1											
TRUS		1 00	Х						0.		0.			0.
	WENDY AIRD	1.00	.,								_			^
TRUS		1 00	Х				┢		0.		0.			0.
(ZI)	JOE HANAUER	1.00	х		х				0.		0.			Λ
	KEN KAPLAN	1.00	Λ		^		┢		0.		0.			0.
TRUS		1.00	Х						0.		0.			0.
	RICHARD MALCOLM	1.00	25				$\vdash$				•			<u> </u>
TRUS		1.00	х						0.		0.			0.
(24)	TOM PAPA	1.00												-
TRUS	TEE		Х						0.		0.			0.
			-											
								L	73,644.		0.			33.
	Subtotal								73,644.		0.			0.
	Total from continuation sheets to Part VI								73,644.		0.		2	33.
	Total (add lines 1b and 1c)							<u> </u>	,	000 of war artable				<u> </u>
2	Total number of individuals (including but n compensation from the organization	ot illilited to tri	ose	IISLE	ual	JOVE	;) WII	O IE	eceived more man \$100,	ooo or reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee. k	ev e	lame	love	e. or	hia	nhest compensated empl	ovee on				
_	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_		•		3	Х	
4	For any individual listed on line 1a, is the su											_		
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	nolete Schedule	e J f	or su	ıch ı	oers	on .					5		X
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	<b>(A)</b> Name and business	addraga	37/	<b>-</b>	,				<b>(B)</b> Description of s	ontions		)) campa	<b>C)</b> nsatio	n
	Name and business	auuress	M	ONI	5				Description of s	ervices		ompe	lisalio	· · · · · · · · · · · · · · · · · · ·
								$\dashv$						
2	Total number of independent contractors (i	· ·	ot lir	nited	d to		_	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organic	zation 📂				(						Form	990 (	2021)

33-0717157

Form 990 (2021) LAGUNA ART MUSEUM
Part VIII Statement of Revenue

. u	1 L V I			or note to any lin	o in this Bort VIII			
		Check if Schedule O c	contains a response o	or note to any iir	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under sections 512 - 514
	_		T. I					Sections 512 - 514
nts	1 a	Federated campaigns	1a	100 000				
Gra Iou	b			123,392.	-			
is, ( An	C	Fundraising events			-			
Contributions, Gifts, Grants and Other Similar Amounts	C	Related organizations		005 540	-			
JS, jimi	e	Government grants (contri	· —	285,540.				
er ë	f	All other contributions, gifts,	4	244 426				
ig #		similar amounts not included		341,406.	-			
dat	ç	Noncash contributions included in I	lines 1a-1f <b>1g</b> \$					
<u>ठ</u> ह	h	Total. Add lines 1a-1f			1,750,338.			
				Business Code				
e	2 a	HOTEL ASSESSM	ENT	721110	276,915.	276,915.		
e Ķ	b	ADMISSION		713990	171,738.	171,738.		
Sugar	c							
eve	c	l						
Program Service Revenue	e							
4	f	All other program service i	revenue					
	Ç	Total. Add lines 2a-2f		<b></b>	448,653.			
	3	Investment income (include	ding dividends, intere	st, and				
		other similar amounts)			45,017.	45,017.		
	4	Income from investment o	of tax-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	c	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	<sub>7a</sub> 111,271.					
	b	Less: cost or other basis						
ine		and sales expenses						
Revenue								
		Net gain or (loss)		<u></u>	23,476.	23,476.		
her	8 a	Gross income from fundraising	ng events (not					
Ŏ.		including \$	of					
		contributions reported on	, I					
		Part IV, line 18		403,487.	-			
		Less: direct expenses		27,413.	276 274			256 254
		Net income or (loss) from		<b></b>	376,074.			376,074.
	9 a	Gross income from gamin	•					
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from		<b></b>				
	10 a	Gross sales of inventory, le						
		and allowances		103,689.	-			
	b	Less: cost of goods sold	10b	41,356.	60.000	60.000		
	C	Net income or (loss) from	sales of inventory	<b>&gt;</b>	62,333.	62,333.		
Ø				Business Code	150 500	150 500		
e e	11 a	EMPLOYEE RETE	NTION TAX		158,782.	158,782.		
Miscellaneous Revenue	b	OTHER			11,923.	11,923.		
cel Sev	C							
Mis	C	All other revenue			100 505			
	е	Total. Add lines 11a-11d		<u></u>	170,705.	750 104	_	200 201
	12	Total revenue. See instruction	ons		2,876,596.	750,184.	J 0.	376,074.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 185,000. 185,000. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 908,517. 696,699. 190,256. 21,562. persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 80,793. 52,692. 26,625. 1,476. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 742,349. 253,086. 323,615. 165,648. column (A), amount, list line 11g expenses on Sch O.) 3,882. 280. 3,602. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 39,695. 24,362. 8,188. 7.145. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 109,494. 3,414. 106,080. Depreciation, depletion, and amortization 22 50,915. 9,155. 41,760. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 92,682. 17,287. 75,395. ARTIST COMMISSION 14,259. SUPPLIES 86,641. 64,061. 8,321. 76,935. 900. 76,035. UTILITIES 69,912. 69,912. STORAGE RENTAL 127,943. 271,483. 111.847. 31,693. All other expenses 2,718,298. 1,303,415. 1,100,041. 314,842. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			673,582.	1	761,988
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			155,420.	3	0
	4	Accounts receivable, net				4	13,510
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these	perso	ns		5	
	6	Loans and other receivables from other disqualifie	d pers	sons (as defined			
		under section 4958(f)(1)), and persons described in	n sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			622.	8	9,491 10,643
⋖	9	Prepaid expenses and deferred charges			16,712.	9	10,643
	10a	Land, buildings, and equipment: cost or other		4 500 010			
				4,520,019.	0 540 006		0 455 660
			10b	2,064,356.	2,542,386.	10c	2,455,663
	11	Investments - publicly traded securities			2,752,756.	11	2,541,892
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets	0	14	2 200		
	15	Other assets. See Part IV, line 11		l l	0.	15	2,306
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal			6,141,478.	16	5,795,493
	17	Accounts payable and accrued expenses		l l	107,269.	17	120,832
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa				21	
Se	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substar				22	
	00	controlled entity or family member of any of these Secured mortgages and notes payable to unrelate		Г		23	
	23 24	Unsecured notes and loans payable to unrelated t		· · · · · · · · -	260,540.	24	0
	2 <del>4</del> 25	Other liabilities (including federal income tax, paya			200,540.	24	
	25	parties, and other liabilities not included on lines 1		l			
			-	-	133,426.	25	102,596
	26	Total liabilities. Add lines 17 through 25		l l	501,235.	26	223,428
		Organizations that follow FASB ASC 958, check			3027233		
es		and complete lines 27, 28, 32, and 33.		, <u> </u>			
a a	27	Net assets without donor restrictions			2,278,300.	27	2,111,730
Bai	28	Net assets with donor restrictions			3,361,943.	28	3,460,335
<u> </u>		Organizations that do not follow FASB ASC 958					
<u> </u>		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,640,243.	32	5,572,065
_	33	Total liabilities and net assets/fund balances			6,141,478.	33	5,795,493

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,87		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,71		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,64		
5	Net unrealized gains (losses) on investments	5	-22	6,4	75.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,57	2,0	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization LAGUNA ART MUSEUM 33-0717157 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 LAGUNA ART MUSEUM 33-0717

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

fails to qualify under the tests listed below, please complete Part III.)	(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	zation
	fails to qualify under the tests listed below, please complete Part III.)	

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1807100.	1828340.	1892241.	2099348.	1750338.	9377367.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1807100.	1828340.	1892241.	2099348.	1750338.	9377367.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						2858083.	
6	Public support. Subtract line 5 from line 4.						6519284.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	1807100.	1828340.	1892241.	2099348.	1750338.	9377367.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	130,673.	77,572.	48,496.	32,216.	42,879.	331,836.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						9709203.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop	here						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	67.15 %	
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	65 <b>.</b> 50 %	
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			▶□	
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□	
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a			

Schedule A (Form 990) 2021

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
_	5с		
	•		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9с		
	10a		
-	10b		
.1	/Faum	- 000	2021

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. u	capporting organizations (continued)			
			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
		2		
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations			l
			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
1				
	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			
202	the supported organization(s). ction D. All Type III Supporting Organizations	1		
			.,	T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction 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 instructions)			
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_	The state of the s			_

6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organ	ization (see
	instructions)			

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990) 2021

3

4

5

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

Schedule A (Form 990) 2021

LAGUNA ART MUSEUM 33-0717157

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CITY OF LAGUNA BEACH	1,730,797.	1,536,613.
ELIE WEAVER AND HILTON WEINBERG	585,500.	391,316.
LOUIS AND LAURA ROHL	278,000.	83,816.
MARISLA FOUNDATION	375,000.	180,816.
MCBETH FOUNDATION	345,000.	150,816.
RANNEY AND PRISCILLA DRAPER	228,074.	33,890.
YVONNE BOSEKER	675,000.	480,816.
Fotal Excess Contributions to Schedule A, Part II, Line 5		2,858,083.

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization **Employer identification number** LAGUNA ART MUSEUM 33-0717157

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	$\boxed{X}$ 501(c)( $^3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General I	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special F	Rules					
	sections 509(a)(1) a contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions of s checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify				

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2** 

Name of organization

Employer identification number

## LAGUNA ART MUSEUM

33-0717157

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	YVONNE BOSEKER  31441 COAST HIGHWAY  LAGUNA BEACH, CA 92651	\$105,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF LAGUNA BEACH  505 FOREST AVE.  LAGUNA BEACH, CA 92651	\$342,335.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MCBETH FOUNDATION  520 NEWPORT CENTER DRIVE, #1500  NEWPORT BEACH, CA 92660	\$85,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ELIE WEAVER AND HILTON WEINBERG  607 ALLVIEW PLACE  LAGUNA BEACH, CA 92651	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ORANGE COUNTY COMMUNITY FOUNDATION  4041 MACARTHUR BLVD., #510  NEWPORT BEACH, CA 92660	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALBERT ROBERTS TRUST  495 EL BOSQUE  LAGUNA BEACH, CA 92651	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

LAGUNA	ART	MUSEUM		

Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SEGERSTROM FOUNDATION  3315 FAIRVIEW RD.  COSTA MESA, CA 92626	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Zii + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

33-0717157

Page 3

Name of organization Employer identification number

## LAGUNA ART MUSEUM

33-0717157

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		    \$	
123/153 11-11.	21	<u> </u>	Schedule B (Form 990) (2021)

Page 4

Name of organization **Employer identification number** LAGUNA ART MUSEUM 33-0717157 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

LAGUNA ART MUSEUM

**Employer identification number** 33-0717157

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the
	organization answered Tes off offi 550, Fart IV, IIIV	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-)	
2	Aggregate value of contributions to (during year)		_
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	ınde
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor or		-
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	·
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	_ 2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
_	<b>\$</b>		77.0
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
Par	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 956		alance sheet works
ıu	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	,	rance of public
h	If the organization elected, as permitted under FASB ASC 956		ace sheet works of
-	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:		pan,
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

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

Pai	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Ot	her Si	milar Asse	ets (continued)
3	Using the organization's acquisition, accessio	n, and other records	, check any of the fo	ollowing that mal	ke signif	icant use of it	ts
	collection items (check all that apply):						
а	X Public exhibition	d	Loan or exch	nange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's	exempt	purpose in Pa	art XIII.
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other sin	nilar ass	ets	
	to be sold to raise funds rather than to be mai	ntained as part of th	e organization's col	lection?			Yes X No
Par	rt IV Escrow and Custodial Arrang	ements. Comple	te if the organization	n answered "Yes	" on For	m 990, Part I	V, line 9, or
	reported an amount on Form 990, Part	X, line 21.					
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other assets	not incl	uded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a						
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year					1e	
	Ending balance					1f	
	Did the organization include an amount on Fo						Yes No
b	If "Yes," explain the arrangement in Part XIII.						
Par	rt V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	m 990, Part IV, I	ine 10.		
		(a) Current year	(b) Prior year	(c) Two years ba	ck <b>(d)</b>	Three years ba	ck <b>(e)</b> Four years back
1a	Beginning of year balance	2,702,339.	1,820,938.	1,536,87	75.	1,283,66	2. 1,189,601.
b	Contributions	171,671.	664,296.	347,52	21.	254,00	0.
	Net investment earnings, gains, and losses	-208,045.	395,396.	35,12	29.	68,78	9. 105,826.
d	Grants or scholarships	-58,310.					
	Other expenditures for facilities						
	and programs	-25,911.	178,291.	98,58	37.	69,57	6. 11,765.
f	Administrative expenses						
g	End of year balance	2,581,744.	2,702,339.	1,820,93	88.	1,536,87	1,283,662.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment ▶100	%					
С	Term endowment ▶	6					
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.					
За	Are there endowment funds not in the posses	sion of the organizat	tion that are held an	d administered fo	or the o	ganization	
	by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b
4	Describe in Part XIII the intended uses of the		vment funds.				
Pai	rt VI Land, Buildings, and Equipme						
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Par	rt X, line	10.	
	Description of property	(a) Cost or ot	her <b>(b)</b> Cost	or other (	c) Accu	mulated	(d) Book value
		basis (investm			depred	ciation	
1a	Land			0,000.			780,000.
	Buildings			3,000.		6,247.	786,753.
С	Leasehold improvements			0,773.		1,924.	758,849.
d	Equipment		66	6,246.	53	6,185.	130,061.
	Other						
Total	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part >	K. column (B). line 10	)c.)			2,455,663.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 LAGUNA ART M	IUSEUM_	33-	-0717157 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes	~		400 = 0
(2) DEFERRED COMPENSATION OBLI	GATION		102,59
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

102,596.

(6) (7) (8)

Pai	rt XI	Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	2,650,121.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a	-226,475.		
b	Donat	ed services and use of facilities	2b			
С		eries of prior year grants				
d		(Describe in Part XIII.)		1.		
е		nes 2a through 2d			2e	-226,474.
3	Subtra	act line 2e from line 1			3	2,876,595.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	2,876,595.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State		n Expenses per F	Returr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total e	expenses and losses per audited financial statements			1	2 718 299
2	Amou					2,718,299.
а		nts included on line 1 but not on Form 990, Part IX, line 25:			1	2,710,255.
b		ed services and use of facilities	2a		1	2,110,255.
		, ,	2a			2,110,233.
С	Prior y	ed services and use of facilities	2a 2b			2,110,255.
c d	Prior y Other	ed services and use of facilities ear adjustments	2a 2b 2c	1.		2,110,233.
c d e	Prior y Other Other	ed services and use of facilities ear adjustments losses	2a 2b 2c 2d	1.	2e	1.
	Prior y Other Other Add lin	ed services and use of facilities ear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	1.		1. 2,718,298.
е	Other Other Add lin	ed services and use of facilities ear adjustments losses (Describe in Part XIII.) nes 2a through 2d	2a 2b 2c 2d	1.	2e	1.
е 3	Prior y Other Other Add lin Subtra Amoun	ed services and use of facilities lear adjustments losses (Describe in Part XIII.) nes 2a through 2d act line 2e from line 1	2a 2b 2c 2d	1.	2e	1.
e 3 4 a	Prior y Other Other Add lin Subtra Amoun Invest	ed services and use of facilities rear adjustments losses (Describe in Part XIII.) nes 2a through 2d act line 2e from line 1 nts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	1.	2e	<u>1.</u> 2,718,298.
e 3 4 a b	Other Other Add lin Subtra Amoun Invest	ed services and use of facilities lear adjustments losses (Describe in Part XIII.) lese 2a through 2d lact line 2e from line 1 lest included on Form 990, Part IX, line 25, but not on line 1: lement expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1.	2e	1.

| Part XIII | Supplemental Information.

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

#### PART III, LINE 1A:

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS PURCHASED OR DONATED TO THE ORGANIZATION ARE NOT CAPITALIZED IN THE STATEMENT OF FINANCIAL POSITION. THE ORGANIZATION'S ART COLLECTION IS MADE UP OF ART OBJECTS THAT ARE HELD FOR EXHIBITION AND VARIOUS OTHER PROGRAM ACTIVITIES. EACH OF THESE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNDESIGNATED NET ASSETS WITHOUT DONOR RESTRICTIONS WHEN PURCHASED. CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FROM THE FINANCIAL STATEMENTS. DEACCESSION PROCEEDS ARE REQUIRED BY THE ORGANIZATION'S POLICY TO BE APPLIED TO THE ACQUISITION OF WORKS OF ART FOR THE PERMANENT

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

COLLECTION.

PART III, LINE 4:

THE MUSEUM IS A NONPROFIT CALIFORNIA CORPORATION INCORPORATED ON JULY 22,

1996. AS AN AMERICAN ART MUSEUM WITH A SPECIAL FOCUS ON THE ART OF

CALIFORNIA, ITS PURPOSE IS TO PROMOTE UNDERSTANDING OF THE ROLE OF ART AND

ARTISTS IN AMERICAN CULTURE THROUGH COLLECTION, EXHIBITION, RESEARCH AND

INSTRUCTION. THE FOCUS OF THE MUSEUM COLLECTION IS ON THE ART OF

CALIFORNIA AND RELATED WORKS FROM THE 19TH AND 20TH CENTURIES WITH AN

EMPHASIS ON THE 20TH CENTURY.

PART V, LINE 4:

THE FUND IS RETAINED IN PERPETUITY.

PART X, LINE 2:

GAAP PROVIDES ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY

AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS

CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN

IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY

THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE

SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY

FOR THREE AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

Schedule D (Form 990) 2021

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

Open to Public Inspection

Ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization								entification number
Dowl Conducio		ART MUSEUM					-0717	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, lir	ie 17. Forn	n 990-EZ	' filers are not
		sed funds through any of the followin	g activ	ities.	Check all that apply.			
a Mail solicitat	ions				overnment grants			
=	email solicitations				nment grants			
c Phone solici		g Special	tundra	using	events			
		or oral agreement with any individual	(includ	ling of	fficers, directors, truste	es, or		
		art VII) or entity in connection with pr				[	Yes	No No
		viduals or entities (fundraisers) pursua	ant to	agree	ments under which the	e fundraise	er is to be	€
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have co or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amoui to (or retai fundra listed in (	ned by) iiser	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				<b>•</b>				
		n is registered or licensed to solicit o	ontrib	utions	or has been notified i	t is exemp	t from re	gistration

132081 10-21-21

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

Schedule G (Form 990) 2021

33-0717157 Page 2 LAGUNA ART MUSEUM Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through ART AUCTION GALAcol. (c)) (event type) (event type) (total number) 344,630. 58,857. 403,487. Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 344,630. 58,857. 403,487. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 27,413. 27,413. 7 Food and beverages Entertainment 8 135,107. 45,832. 21,354. 202,293. Other direct expenses 229,706. **10** Direct expense summary. Add lines 4 through 9 in column (d) <del>173,7</del>81. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

b	If "No," explain:		
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  If "Yes," explain:	Yes	☐ No

a Is the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990) 2021

132082 10-21-21

**9** Enter the state(s) in which the organization conducts gaming activities:

Sch	edule G (Form 990) 2021	LAGUNA ART MUSEUM	33-	071715	7 Page <b>3</b>
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	s No
12		eficiary or trustee of a trust, or a member of	a partnership or other entity formed	Yes	s No
13	Indicate the percentage of gamin				
				13a	%
				13b	%
		e person who prepares the organization's g			
	Name ►				
	Address >				
15	Does the organization have a con	cract with a third party from whom the organ	nization receives gaming revenue?	Yes	s No
ı	If "Yes," enter the amount of gam	ing revenue received by the organization	and the amount		
		e third party ►\$			
•	If "Yes," enter name and address	of the third party:			
	Name				
	Address ►				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	<b>&gt;</b> \$			
	Description of services provided	<b>&gt;</b>			
				,	
	Director/officer	Employee Independ	lent contractor		
17	Mandatory distributions:				
		state law to make charitable distributions for	rom the gaming proceeds to		
	retain the state gaming license?			L Yes	s L No
I		-	o other exempt organizations or spent in the		
Pá	organization's own exempt activit		d by Part I, line 2b, columns (iii) and (v); and Pa	art III lines (	9 9h 10h
		applicable. Also provide any additional info		11t III, III 103 t	5, 55, 165,
_					
_					

Schedule G	(Form 990)	LAGUNA ART	MUSEUM	33-0717157	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
		(**************************************			
-					

# **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

LAGUNA ART MUSEUM

Part I Questions Regarding Compensation

Employer identification number 33-0717157

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		B) Breakdown of W	/-2 and/or 1099-MISocompensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(								
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Page 2

Schedule J (Form 990) 2021

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ART MIISEIIM

Employer identification number

LAGUNA ART MUSEUM	33-0717157
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
19TH, 20TH AND 21ST CENTURIES.	
FORM 990, PART VI, SECTION A, LINE 2:	
STEVEN AND KRISTEN SAMUELIAN ARE HUSBAND AND WIFE. JOE AND	JANE HANAUER ARE
HUSBAND AND WIFE.	
	_
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE DIRECTOR REVIEWS FORM 990 AND PROVIDES IT TO	THE TREASURER
AND BOARD CHAIR PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIREC	CTORS AND
COMPARED WITH PAY RATE DATA FOR SIMILAR ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	253,086.
MANAGEMENT AND GENERAL EXPENSES	323,615.
FUNDRAISING EXPENSES	165,648.
TOTAL EXPENSES	742,349.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	742,349.

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

Schedule O (Form 990) 2021

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

# FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:						
LAGUNA ART MUSEUM 307 CLIFF DRIVE LAGUNA BEACH, CA 92651						
PREPARED BY:						
REDWITZ, INC 3 PARK PLAZA, SUITE 1700 IRVINE, CA 92614						
TO BE SIGNED AND DATED BY:						
NOT APPLICABLE						
AMOUNT OF TAX:						
TOTAL TAX LESS: PAYMENTS AND CREDITS PLUS: OTHER AMOUNT PLUS: INTEREST AND PENALTIES NO PAYMENT IS REQUIRED	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0					
OVERPAYMENT:						
CREDITED TO YOUR ESTIMATED TAX OTHER AMOUNT REFUNDED TO YOU	\$ 0 \$ 0 \$ 0					
MAKE CHECK PAYABLE TO:						
NOT APPLICABLE						
MAIL TAX RETURN AND CHECK (IF APPLIC	CABLE) TO:					
THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.						
RETURN MUST BE MAILED ON OR BEFOR	E:					
NOT APPLICABLE						
SPECIAL INSTRUCTIONS:						

# TAX RETURN FILING INSTRUCTIONS

**CALIFORNIA FORM RRF-1** 

### FOR THE YEAR ENDING

JUNE 30, 2022

### PREPARED FOR:

LAGUNA ART MUSEUM 307 CLIFF DRIVE LAGUNA BEACH, CA 92651

#### PREPARED BY:

REDWITZ, INC 3 PARK PLAZA, SUITE 1700 IRVINE, CA 92614

#### **AMOUNT OF TAX:**

BALANCE DUE OF \$200

#### MAKE CHECK PAYABLE TO:

DEPARTMENT OF JUSTICE

#### MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

#### **RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

### **SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

TAXABLE YEAR **2021** 

# California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Calen	dar Year	r 2021 or fiscal year beginning (mm/dd/yyyy) 07.	/01/20	)21	, and (	ending (mm.	/dd/yyy	y)	06	/30/2022		
		anization name						ornia corp				_
LAG	ANUE	ART MUSEUM					:	<u> 1787</u>	620			
Additio	nal inform	nation. See instructions.					FEI					
								<u>33-0</u>	<u>717:</u>	157		
		suite or room)						PMB no.				
	7 CL	IFF DRIVE										
City						Stat		ZIP code				
		BEACH				C	A !	<u>9265</u>				
Foreigr	n country	name Foreign pr	rovince/state/c	county				Foreign p	ostal cod	зе		
A F	irst retu	rn Yes	X No I	Did the	e organizat	tion have an	y chang	es to its	guidelir	nes		
B A	mended	d return • Yes	X No	not rep	orted to t	he FTB? See	instruc	tions		• Yes	X	No
C II	RC Secti	ion 4947(a)(1) trust Yes	X No .	J If exen	npt under	R&TC Section	on 2370	1d, has 1	the orga	anization		
<b>D</b> F	inal info	rmation return?		engage	ed in politi	cal activities	? See ir	nstructio	ns		X	
•	•	Dissolved Surrendered (Withdrawn) Merged/Reorg	ganized <b>k</b>	( Is the o	organizatio	on exempt u	nder R8	RTC Sect	ion 237	701g? •	X	No
		(mm/dd/yyyy)	_			gross recei						_
		counting method: (1) Cash (2) X Accrual (3)				on a limited				• Yes	X	No
		eturn filed? (1) ● 990T (2) ● 990PF (3) ● Sch	h H ( 990)		•	tion file Forn					- T-	
,	,	Other 990 series	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			come?					X	No
			X No N								T	
			X No								X     X	
- 11	res, v	what is the parent's name?				1023/1024 p RS				L Yes	_A_	NO
-				Date III	ieu willi ir							
Par	rt I o	Complete Part I unless not required to file this form. See Go	eneral Infor	mation B	and C.							
		1 Gross sales or receipts from other sources. From Sid						•	1	1,282,8	322	00
		2 Gross dues and assessments from members and affil						•	2	123,3		
		3 Gross contributions, gifts, grants, and similar amount	ts received			នា	TMT	1 •	3	1,626,9	946	00
Do	ceipts	4 Total gross receipts for filing requirement test. Add lin	ne 1 through									
	and	This line must be completed. If the result is less tha			a <u>l Informa</u>			•	4	3,033,1	L60	00
	enues	5 Cost of goods sold	STMT	2 •	5			56 00				
1104	Cilucs	6 Cost or other basis, and sales expenses of assets solo	d	•	6	8	7,79	95 00			. = . 1	
		7 Total costs. Add line 5 and line 6							7	129,1		
		8 Total gross income. Subtract line 7 from line 4							8	2,904,0		
Ехр	enses	9 Total expenses and disbursements. From Side 2, Part							9	2,745,7 158,2		
		10 Excess of receipts over expenses and disbursements.							10	130,2	190	-
		11 Total payments							11		-+	00
		<ul><li>12 Use tax. See General Information K</li><li>13 Payments balance. If line 11 is more than line 12, sub</li></ul>	ntract line 10	from line	 11			_	12			00
Filir	ng Fee	14 Use tax balance. If line 12 is more than line 11, subtra			_				14		$\dashv$	00
1 1111	ig i cc	15 Penalties and interest. See General Information J							15		$\neg$	00
		•••							-		$\neg$	00
		16 Balance due. Add line 12 and line 15. Then subtract Under penalties of perjury, I declare that I have examined this return, in it is true, correct, and complete. Declaration of preparer (other than tax)	cluding accompayer) is based	panying so	hedules and rmation of w	statements, a	nd to the	best of m	y knowle	dge and belief,		٦
Sign Here				Title		, ,	Date	3	Ī	Telephone		
пете		Signature of officer	þ	EXECU	JTIVE	DIRE				949-494-89	971	
					Date		Check i	f		PTIN		
		Preparer's signature					self-em	ployed	•	P00434320		
Paid		Firm's name					·			Firm's FEIN		
Prepa	rer's	(or yours, if self-								33-0850406	5	
Use 0	nly	employed) 3 PARK PLAZA, SUITE 1	L700							Telephone		
		IRVINE, CA 92614						F=-		949-753-15	<u>14</u>	
		May the FTB discuss this return with the preparer shown at	bove? See ir	nstruction	s		<u>.</u>	• X	Yes	No		

### LAGUNA ART MUSEUM

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951	01-19-2

		1	Gross sales or receipts from all	busines	s activities. See instru	ctions			•	1		507,176 00
		2	Interest						•	2		4,570 <sub>00</sub>
		3	Dividends							3		40,447 00
Receip	ots	4	Gross rents							4		00
from		5	Gross royalties						•	5		00
Other		6	Gross amount received from sa	le of ass	ets (See instructions)			STA	ATEMENT 3 •	6		111,271 00
Source	es	7	Other income				SEE	STA	ATEMENT 4 •	7		619,358 00
		8	Total gross sales or receipts fro			_				8 9		1,282,822 00
		9 10	Contributions, gifts, grants, and							10		00
		11	Disbursements to or for member Compensation of officers, direct	ns	trustees		SEE	STA	TEMENT 5	11		185,000 00
		12	Other salaries and wages							12		908,517 00
Expens	ses	13	Interest							13		00
and		14	Taxes							14		80,793 00
Disbur	se-	15	Rents							15		00
ments		16	Depreciation and depletion (See	instruc	tions)				•	16		109,494 00
		17	Other expenses and disburseme	ents			SEE	STA	ATEMENT 6 •	17		$1,461,907_{00}$
			Total expenses and disburseme						art I, line 9	18		$2,745,711 _{00}$
Sche	edul	e L	Balance Sheet	1	Beginning of	taxabl	le year			of tax	able y	
Assets					(a)		(b)	<u> </u>	(c)	$\rightarrow$		(d)
1 Ca						-	673,	582			•	761,988
			s receivable								•	13,510
			ceivable					622			•	9,491
			state government obligations					022			•	<u></u>
			in other bonds								•	
			in stock								•	
8 M											•	
			ments STMT 7				2,752,	756			•	2,541,892
10 a	Depr	eciab	le assets		3,717,246				3,740,0			
b	Less	accu	mulated depreciation	( :	1,954,860)		1,762,			6 )		1,675,663
<b>11</b> La	ınd						780,				•	780,000
			STMT 8				172,				•	12,949
							6,141,	478				5,795,493
			et worth				107	260		-		120 022
			yable				107,	<u>∠09</u>			•	120,832
			s, gifts, or grants payable								•	
			otes payable ayable								•	
17 IVI	her li	yes p ahiliti	ies STMT 9				393,	966			<u> </u>	102,596
19 Ca	noital	stock	c or principal fund								•	
			tal surplus. Attach reconciliation								•	
			nings or income fund				5,640,	243			•	5,572,065
			ies and net worth				6,141,	478				5,795,493
Sche	edul	e M										
			Do not complete this sche					), is les	s than \$50,000.			
			per books		<u>• −68,</u>	<u> 177</u>	1		on books this year			
			me tax		• 226	175	1		nis return. Attach schedule		•	
			pital losses over capital gains		• 226,	4/5	1		s return not charged			
			recorded on books this year.	}	•		1 *		ome this year.			
			dule corded on books this year not	····· }					and line 8			
			this return. Attach schedule	ŀ	•		10 Net incom					
			ne 1 through line 5	Г	158,	298	1		om line 6			158,298
	/ \	111					L Subtract	0 11	• ·			

LAGUNA ART MUSEUM 33-0717157

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
YVONNE BOSEKER	31441 COAST HIGHWAY LAGUNA BEACH, CA 92651		105,000.	
CITY OF LAGUNA BEACH	505 FOREST AVE. LAGUNA BEACH, CA 92651		342,335.	
MCBETH FOUNDATION	520 NEWPORT CENTER DRIVE, #1500 NEWPORT BEACH, CA 92660		85,000.	
ELIE WEAVER AND HILTON WEINBERG	607 ALLVIEW PLACE LAGUNA BEACH, CA 92651		80,000.	
ORANGE COUNTY COMMUNITY FOUNDATION	4041 MACARTHUR BLVD., #510 NEWPORT BEACH, CA 92660		95,000.	
ALBERT ROBERTS TRUST	495 EL BOSQUE LAGUNA BEACH, CA 92651		105,801.	
SEGERSTROM FOUNDATION	3315 FAIRVIEW RD. COSTA MESA, CA 92626		47,000.	
TOTAL INCLUDED ON LINE 3			860,136.	

LAGUNA ART MUSEUM 33-0717157

	OST OF GOODS DED ON PART I			STATEMENT 2
COST OF GOODS SOLD				
1. INVENTORY AT BEGINNING OF YE	EAR			
2. MERCHANDISE PURCHASED			41,356	
6. ADD LINES 1 THROUGH 5		• •	_	41,356
7. INVENTORY AT END OF YEAR		• •	-	
8. COST OF GOODS SOLD (LINE 6 I	LESS LINE 7)	• •	=	41,356
DESCRIPTION		ATE DAT JIRED SOL	D ACQ	THOD UIRED CHASED GROSS SALES PRICE
	87,795.	0.	0.	111,271.
	<del> </del>			111,2/1•
TOTAL TO FORM 199, PAGE 2, LN 6	87,795.	0.	0.	111,271.
TOTAL TO FORM 199, PAGE 2, LN 6  CA 199	87,795. OTHER INCOM			·
				111,271.
CA 199				111,271. TATEMENT 4

LAGUNA ART MUSEUM 33-0717157

CA 199	COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDR	ESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JULIE PERLIN 307 CLIFF DRI LAGUNA BEACH,	VE	EXECUTIVE DIRECTOR 40.00	0.
EMIL MONDA 307 CLIFF DRI LAGUNA BEACH,		TREASURER 1.00	0.
ROBERT BRAUN 307 CLIFF DRI LAGUNA BEACH,		SECRETARY 1.00	0.
LITA ALBUQUER 307 CLIFF DRI LAGUNA BEACH,	VE	TRUSTEE 1.00	0.

LAGUNA ART MUSEUM				33-0717157
RICK BALZAR 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.
LORI BASSMAN 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.
ROBERT CHAPMAN 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.
KEITH COLESTOCK 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.
BETSY JENKINS 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.
GREG MACGILLIVRAY 307 CLIFF DRIVE LAGUNA BEACH, CA		TRUSTEE	1.00	0.
CARLA MEBERG 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.
TIARE MEEGAN 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.
KAIRA ROUDA 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.
KRISTIN SAMUELIAN 307 CLIFF DRIVE LAGUNA BEACH, CA		TRUSTEE	1.00	0.
STEVEN SAMUELIAN 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.
ELIE WEAVER 307 CLIFF DRIVE LAGUNA BEACH, CA	92651	TRUSTEE	1.00	0.

LAGUNA ART MUSEUM  BOB WHALEN 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	TRUSTEE 1.00	33-0717157
MIKE JOHNSON 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	TRUSTEE 1.00	0.
SUSAN PICKLE 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	TRUSTEE 1.00	0.
BERNADETTE CLEMENS 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	ADVANCEMENT DIRECTOR 40.00	0.
PETER SALOMON 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	BUSINESS MANAGER 40.00	0.
WENDY AIRD 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	TRUSTEE 1.00	0.
JOE HANAUER 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	CHAIRMAN 1.00	0.
KEN KAPLAN 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	TRUSTEE 1.00	0.
RICHARD MALCOLM 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	TRUSTEE 1.00	0.
TOM PAPA 307 CLIFF DRIVE LAGUNA BEACH, CA 92651	TRUSTEE 1.00	0.
TOTAL TO FORM 199, PART II	, LINE 11	0.

LAGUNA ART MUSEUM 33-0717157

CA 199	OTHER EXPENS	ES	STATEMENT 6
DESCRIPTION			AMOUNT
ARTIST COMMISSION			92,682.
SUPPLIES			86,641.
UTILITIES			76,935.
STORAGE RENTAL	GING EVENING		69,912.
DIRECT EXPENSES OF FUNDRAL	SING EVENTS		27,413.
OTHER PROFESSIONAL FEES			742,349.
ADVERTISING AND PROMOTION			3,882.
TRAVEL			39,695.
INSURANCE			50,915.
ALL OTHER EXPENSES			271,483.
TOTAL TO FORM 199, PART II	, LINE 17		1,461,907.
CA 199	OTHER INVESTM	ENTS	STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECU	RITIES	2,752,756.	2,541,892.
TOTAL TO FORM 199, SCHEDUL	E L, LINE 9	2,752,756.	2,541,892.
CA 199	OTHER ASSET		STATEMENT 8
		<del></del>	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVA	BLE	155,420.	0.
PREPAID EXPENSES AND DEFER		16,712.	10,643.
SECURITY DEPOSITS		0.	2,306.
TOTAL TO FORM 199, SCHEDUL	E L, LINE 12	172,132.	12,949.
CA 199	OTHER LIABILI	TIES	STATEMENT 9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEEDDED COMPENSATION OF T	CAMTON	122 406	100 506
DEFERRED COMPENSATION OBLI UNSECURED NOTES AND LOANS		133,426. 260,540.	102,596. 0.
TOTAL TO FORM 199, SCHEDUL	E L, LINE 18	393,966.	102,596.

LAGUNA ART MUSEUM 33-0717157

CA 199 FUN	D BALANCES		STATEMENT 10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS WITH DONOR RESTRICTIONS		2,278,300. 3,361,943.	2,111,730. 3,460,335.
TOTAL TO FORM 199, SCHEDULE L, LINE 2	1	5,640,243.	5,572,065.

Sign

Here

Signature of office

Date Accepted

TAXABLE YEAR	
2021	

# California e-file Return Authorization for Exempt Organizations

Date

FORM **8453-EO** 

2 Total gross income (Form 199, line 8) 2 2,904,009	. •	
Part I Electronic Return Information (whole dollars only)  1 Total gross receipts (Form 199, line 4)  2 Total gross income (Form 199, line 8)  3 Total expenses and disbursements (Form 199, line 9)  3 Total expenses and disbursements (Form 199, line 9)  3 2 , 745 , 711  Part II Settle Your Account Electronically for Taxable Year 2021  4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)  Part III Banking Information (Have you verified the exempt organization's banking information?)  5 Routing number  6 Account number 7 Type of account: Checking Savings  Part IV Declaration of Officer  I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.  Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization's return or refund is	Exempt Organization name	Identifying number
1 Total gross receipts (Form 199, line 4) 2 Total gross income (Form 199, line 8) 2 Total gross income (Form 199, line 8) 3 Total expenses and disbursements (Form 199, line 9) 3 Total expenses and disbursements (Form 199, line 9) 3 2 , 745 , 711  Part II Settle Your Account Electronically for Taxable Year 2021 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)  Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 6 Account number 7 Type of account: Checking Savings  Part IV Declaration of Officer  I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.  Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filling a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization's return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is	LAGUNA ART MUSEUM	33-0717157
2 Total gross income (Form 199, line 8) 3 Total expenses and disbursements (Form 199, line 9) 3 Total expenses and disbursements (Form 199, line 9) 3 2,745,711  Part II Settle Your Account Electronically for Taxable Year 2021 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)  Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 7 Type of account: Checking Savings  Part IV Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.  Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization's 2021 California electronic return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's particular in the sempt organization organization organization for the feel liability, the exempt organization the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is	Part I Electronic Return Information (whole dollars only)	
2 2,904,009 3 Total expenses and disbursements (Form 199, line 9) 3 2,745,711  Part II Settle Your Account Electronically for Taxable Year 2021 4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)  Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 6 Account number 7 Type of account: Checking Savings  Part IV Declaration of Officer  1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.  Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization's 2021 California electronic return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's feature is true, correct, and complete. If the exempt organization's feature is true, correct, and complete. If the exempt organization organization the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is	1 Total gross receipts (Form 199, line 4)	11_3,033,160
Part II Settle Your Account Electronically for Taxable Year 2021  4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)  Part III Banking Information (Have you verified the exempt organization's banking information?)  5 Routing number  6 Account number  7 Type of account: Checking Savings  Part IV Declaration of Officer  I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.  Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021  California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filling a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is		2 004 000
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Part III Banking Information (Have you verified the exempt organization's banking information?)  5 Routing number  6 Account number  7 Type of account: Checking Savings  Part IV Declaration of Officer  I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.  Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is	Part II Settle Your Account Electronically for Taxable Year 2021	
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#### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Date

<b>ERO</b>	signature		also paid preparer	X If self-	P00434320	
Must	Firm's name (or yours	REDWITZ, INC			Firm's FEIN 33-0850406	
Sign	and address	3 PARK PLAZA, SUITE 1700 IRVINE, CA			ZIP code <b>92614</b>	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.						
Paid Prepa	Paid preparer's signature		Date	Check if self- employed	Paid preparer's PTIN	
Must Sign	if calf employed)				Firm's FEIN	
	and address	·			ZIP code	

FTB 8453-EO 2021

EXECUTIVE DIRECTOR

Check if

Check

ERO's PTIN

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5 (For Registry Use Only)

LAGUNA ART MUSEUM Name of Organization		: nange of address nended report			
List all DBAs and names the organization uses or has used					
307 CLIFF DRIVE Address (Number and Street)	State Ch	narity Registration Number <b>CT</b> 103651			
LAGUNA BEACH, CA 92651 City or Town, State, and ZIP Code	Corpora	tion or Organization No. 1787620			
949-494-8971	Federal	Employer ID No. 33-0717157			
Telephone Number E-mail Address		· · ·			
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Depar					
Total Revenue         Fee         Total Revenue         Fee         Total Revenue         Fee         Total Revenue         Total Revenue         Between \$250,001 and \$1 million         \$100         Between \$20,000,001 and \$100 million           Between \$50,000 and \$100,000         \$50         Between \$1,000,001 and \$5 million         \$200         Between \$100,000,001 and \$500 million           Between \$100,001 and \$250,000         \$75         Between \$5,000,001 and \$20 million         \$400         Greater than \$500 million					
PART A - ACTIVITIES					
For your most recent full accounting period (beginning $\frac{07/01/2}{}$	021 en	ding <u>06/30/2022</u> ) list:			
Total Revenue (including noncash contributions) \$ 2,876,596 Noncash Contributions \$ Program Expenses \$ 1,303,415	Total Exp	0 Total Assets \$ 5,799	5,4	93	
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS R	EPORT			
Note: All questions must be answered. If you answer "yes" to any of the qu					
During this reporting period, were there any contracts, loans, leases or other and any officer, director or trustee thereof, either directly or with an entity in any financial interest?  providing an explanation and details for each "yes" response. Please  thereof, either directly or with an entity in any financial interest?	r financial tra	nsactions between the organization	Yes	No X	
During this reporting period, was there any theft, embezzlement, diversion o or funds?	r misuse of t	ne organization's charitable property		х	
3. During this reporting period, were any organization funds used to pay any period.	enalty, fine o	judgment?		Х	
During this reporting period, were the services of a commercial fundraiser, fundraiser, fundraiser, fundraiser, fundraiser (see a commercial coventurer used?)	undraising co	unsel for charitable purposes, or		х	
5. During this reporting period, did the organization receive any governmental funding?				х	
6. During this reporting period, did the organization hold a raffle for charitable p	ourposes?			х	
7. Does the organization conduct a vehicle donation program?				х	
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?					
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?				Х	
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.					
JULIE PERLIN LEE  Signature of Authorized Agent Printed Name		EXECUTIVE DIRECTOR Title Date			