

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SKIRBALL CULTURAL CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2701 NORTH SEPULVEDA BLVD. City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90049 F Name and address of principal officer: JESSIE KORNBERG SAME AS C ABOVE | D Employer identification number 95-4538371 E Telephone number 310-440-4500 G Gross receipts \$ 24,257,366. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: WWW.SKIRBALL.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1995 M State of legal domicile: CA |

Part I Summary

| | | | | |
|------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: PLACE OF MEETING GUIDED BY THE JEWISH TRADITION AND INSPIRED BY AMERICAN DEMOCRATIC IDEALS. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 21 |
| | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 385 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 156 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 3,901,781. |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 | | Program service revenue (Part VIII, line 2g) | 14,289,087. | 10,670,528. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 673,253. | 2,671,224. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -3,961,906. | 2,429,264. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,429,137. | 6,294,173. |
| 12 | | | 16,429,571. | 22,065,189. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 16,096,199. | 18,641,181. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | 1,955,522. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 11,404,412. | 12,521,281. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 27,500,611. | 31,162,462. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -11,071,040. | -9,097,273. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 394,099,522. | 406,558,761. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 3,706,400. | 3,402,051. |
| | 22 | | 390,393,122. | 403,156,710. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Sign Here | Signature of officer JESSIE KORNBERG, PRESIDENT & CEO | Date |
| | Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name JOLANTA TUCK, CPA | Preparer's signature JOLANTA TUCK, CPA |
| | Firm's name COHNREZNICK LLP | Date 03/19/24 |
| | Firm's address 621 CAPITOL MALL, SUITE 2150 SACRAMENTO, CA 95814 | Check if self-employed <input type="checkbox"/> PTIN P01340068 |
| | | Firm's EIN 22-1478099 |
| | | Phone no. 916-442-9100 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE SKIRBALL CULTURAL CENTER IS A PLACE OF MEETING GUIDED BY THE JEWISH TRADITION OF WELCOMING THE STRANGER AND INSPIRED BY THE AMERICAN DEMOCRATIC IDEALS OF FREEDOM AND EQUALITY. WE WELCOME PEOPLE OF ALL COMMUNITIES AND GENERATIONS TO PARTICIPATE IN CULTURAL

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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,700,136. including grants of \$) (Revenue \$ 1,944,886.) COMMUNITY GATHERINGS:

SKIRBALL SERVES AS A VENUE FOR 400+ COMMUNITY ORGANIZATION, LIFE CYCLE, AND CORPORATE EVENTS AND CELEBRATIONS.

4b (Code:) (Expenses \$ 6,713,289. including grants of \$) (Revenue \$ 510,748.) MUSEUM:

SKIRBALL PROTECTS AND CONSERVES 30,000 OBJECTS OF JUDAIC HISTORY AND CULTURE AND PRESENT 7 TO 10 EXHIBITIONS PRESENTING JEWISH STORIES AND AMERICAN EXPERIENCES TO BUILD A SENSE OF SHARED HUMANITY AND APPRECIATION FOR A PLURAL SOCIETY.

4c (Code:) (Expenses \$ 6,005,815. including grants of \$) (Revenue \$ 13,889.) EDUCATION:

SKIRBALL OFFERS K-12 SCHOOL TOURS TO ITS MUSEUM, ARTS EDUCATION CURRICULUM, AND TEACHER TRAININGS SERVING 40,000 LOCAL STUDENTS FREE OF CHARGE. ADULT EDUCATION PROGRAMS INCLUDE BOOK GROUPS, DOCENT LED MUSEUM TOURS, APPLIED ARTS CLASSES, AND LECTURE SERIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,725,129. including grants of \$) (Revenue \$ 152,760.)

4e Total program service expenses 27,144,369.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No response. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, and Yes/No response. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section 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 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. | | |
| | 1a 23 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 21 | | |
| 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? | 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | 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 | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | X |
| 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? | | X |
| 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? | | |

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
REUBEN SANCHEZ - 310-440-4500
2701 NORTH SEPULVEDA BLVD., LOS ANGELES, CA 90049

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, box 6 of 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 organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JESSICA KORBERG PRESIDENT & CEO | 40.00 | X | | X | | | | 534,459. | 0. | 7,183. |
| (2) LESLIE JOHNSON EXECUTIVE VICE PRESIDENT | 40.00 | | | X | | | | 305,114. | 0. | 11,079. |
| (3) BENJAMIN ELISONDO SENIOR VICE PRESIDENT, OPERATIONS | 40.00 | | | | X | | | 230,749. | 0. | 12,045. |
| (4) ROBERT KIRSCHNER SENIOR SCHOLAR OF JEWISH S | 40.00 | | | | | X | | 231,560. | 0. | 9,685. |
| (5) REUBEN SANCHEZ CFO | 40.00 | | | X | | | | 215,285. | 0. | 11,483. |
| (6) PAMELA R KOHANCHI SECRETARY, SR VP, GEN COUN | 40.00 | | | X | | | | 195,465. | 0. | 32,086. |
| (7) SHERI BERNSTEIN MUSEUM DIRECTOR | 40.00 | | | | X | | | 186,618. | 0. | 22,229. |
| (8) JOCELYN TETEL VICE PRESIDENT, ADVANCEMEN | 40.00 | | | | X | | | 186,893. | 0. | 11,405. |
| (9) MARILYN DELANOEYE VICE PRESIDENT, HOSP. (UNTIL 12/22) | 40.00 | | | | X | | | 183,972. | 0. | 6,861. |
| (10) MARLENE BRAGA VICE PRESIDENT, PUBLIC PROGRAMS | 40.00 | | | | | X | | 182,550. | 0. | 9,045. |
| (11) DOUGLAS PAUL JENZEN VICE PRESIDENT, ENGAGEMENT AND ACCES | 40.00 | | | | | X | | 147,510. | 0. | 8,693. |
| (12) SEAN SHERIDAN EXECUTIVE CHEF | 40.00 | | | | | X | | 142,371. | 0. | 10,363. |
| (13) DANIEL MATTHEWS IT DIRECTOR | 40.00 | | | | | X | | 126,764. | 0. | 9,475. |
| (14) DR. URI D. HERSCHER TRUSTEE | 2.00 | X | | | | | | 15,000. | 0. | 0. |
| (15) PHILIP DE TOLEDO CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (16) ARTHUR H. BILGER VICE CHAIRMAN | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (17) JAY S. WINTROB VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) CINDY RUBY SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (19) HOWARD M. BERNSTEIN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) GISELLE FERNANDEZ TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) MELVIN GAGERMAN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) MARC H. GAMSIN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) JEFFREY GLASSMAN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) EMILIANA GUERCA-ZEIDENFELD TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (26) DANA GUERIN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (27) MARCIE GOLDSTEIN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,884,310. | 0. | 161,632. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,884,310. | 0. | 161,632. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-----------------------------------------------------------------------------------------|--------------------------------|---------------------|
| ABM ENGINEERING SERVICES PO BOX 52609, LOS ANGELES, CA 90074 | ENGINEERING | 467,153. |
| PREMIER MEAT COMPANY PO BOX 58183, VERNON, CA 90058 | FOOD PRODUCT | 292,203. |
| FOUR SEASON LANDSCAPE & PROPERTY SERVICES 24647 ARCH STREET, SANTA CLARITA, CA 91321 | LANDSCAPING | 222,716. |
| ROGER'S PRODUCE, INC, 1874 EAST 22ND STREET, LOS ANGELES, CA 90058 | FOOD PRODUCT | 207,644. |
| MITCHELL DEAN COLLINS, 12771 MONARCH STREET, GARDEN GROVE, CA 92841 | CONSTRUCTION | 183,238. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------|----------------|------------------------------------|----------------------------|----------------------------------------------------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 459,307. | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2,118,688. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 8,092,533. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 86,990. | | | | |
| | h Total. Add lines 1a-1f | | 10,670,528. | | | | |
| Program Service Revenue | 2 a COMMUNITY GATHERINGS | Business Code | | | | | |
| | | 900099 | 1,944,886. | 1,944,886. | | | |
| | b MUSEUM ADMISSIONS | 900099 | 510,748. | 510,748. | | | |
| | c PERFORMANCE AND LECTURES | 900099 | 152,760. | 152,760. | | | |
| | d OTHER PROGRAM REVENUE | 900099 | 48,941. | 48,941. | | | |
| | e EDUCATION | 611710 | 13,889. | 13,889. | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 2,671,224. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,429,264. | | | 2429264. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 8,486,350. | | | | |
| | | | 2,192,177. | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | 6,294,173. | 2,392,392. | 3901781. | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | 22,065,189. | 5,063,616. | 3901781. | 2429264. | | |

Part IX Statement of Functional Expenses

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,399,708. | 2,101,418. | 109,968. | 188,322. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 12,835,652. | 11,217,940. | 595,285. | 1,022,427. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 304,511. | 275,175. | 11,240. | 18,096. |
| 9 Other employee benefits | 1,990,500. | 1,798,740. | 73,475. | 118,285. |
| 10 Payroll taxes | 1,110,810. | 1,003,797. | 41,003. | 66,010. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 7,918. | | 7,918. | |
| c Accounting | 203,017. | 203,017. | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 705,051. | | 705,051. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 797,029. | 610,047. | 75,942. | 111,040. |
| 12 Advertising and promotion | 295,420. | 292,076. | 716. | 2,628. |
| 13 Office expenses | 2,195,902. | 2,047,631. | 83,816. | 64,455. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,105,263. | 1,023,497. | 54,511. | 27,255. |
| 17 Travel | 58,295. | 36,484. | 5,807. | 16,004. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 2,882. | 1,474. | | 1,408. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,312,790. | 3,990,808. | 214,655. | 107,327. |
| 23 Insurance | 323,471. | 231,065. | 46,203. | 46,203. |
| 24 Other expenses. Itemize expenses not covered 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.) | | | | |
| a EXHIBITS & COLLECTIONS | 1,306,622. | 1,306,622. | | |
| b PERFORMANCES & LECTURES | 514,086. | 514,086. | | |
| c SCHOOL & FAMILY PROGRAM | 259,771. | 259,771. | | |
| d MEMBERSHIP | 19,562. | 6,527. | 2,210. | 10,825. |
| e All other expenses | 414,202. | 224,194. | 34,771. | 155,237. |
| 25 Total functional expenses. Add lines 1 through 24e | 31,162,462. | 27,144,369. | 2,062,571. | 1,955,522. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------|--------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 891,467. | 1 | 22,093. |
| | 2 Savings and temporary cash investments | 23,842,881. | 2 | 25,065,618. |
| | 3 Pledges and grants receivable, net | 4,221,590. | 3 | 5,337,035. |
| | 4 Accounts receivable, net | 262,111. | 4 | 348,318. |
| | 5 Loans and other receivables from 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 327,084. | 8 | 264,386. |
| | 9 Prepaid expenses and deferred charges | 164,150. | 9 | 130,396. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 165,370,572. | | |
| | b Less: accumulated depreciation | 10b 59,023,046. | | |
| | 11 Investments - publicly traded securities | 108,993,201. | 10c | 106,347,526. |
| | 12 Investments - other securities. See Part IV, line 11 | 40,995,959. | 11 | 28,654,882. |
| | 13 Investments - program-related. See Part IV, line 11 | 214,108,421. | 12 | 240,015,496. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 41,210. | 14 | 156,766. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 251,448. | 15 | 216,245. | |
| | 394,099,522. | 16 | 406,558,761. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,958,764. | 17 | 2,705,488. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 747,636. | 25 | 696,563. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,706,400. | 26 | 3,402,051. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 265,746,829. | 27 | 274,854,167. |
| | 28 Net assets with donor restrictions | 124,646,293. | 28 | 128,302,543. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 390,393,122. | 32 | 403,156,710. |
| | 33 Total liabilities and net assets/fund balances | 394,099,522. | 33 | 406,558,761. |

Part 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 | 22,065,189. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 31,162,462. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -9,097,273. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 390,393,122. |
| 5 | Net unrealized gains (losses) on investments | 5 | 21,860,861. |
| 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 | 403,156,710. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2022)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 8744455. | 10316192. | 10918933. | 14289087. | 10670528. | 54939195. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 8744455. | 10316192. | 10918933. | 14289087. | 10670528. | 54939195. |
| 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) | | | | | | 4033346. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 50905849. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 8744455. | 10316192. | 10918933. | 14289087. | 10670528. | 54939195. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 5785684. | 4820710. | 2102678. | 2283458. | 2429264. | 17421794. |
| 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 Total support. Add lines 7 through 10 | | | | | | 72360989. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 21,586,616. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 70.35 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 66.96 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1 | Distributable amount for 2022 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2022 | | |
| a | From 2017 | | |
| b | From 2018 | | |
| c | From 2019 | | |
| d | From 2020 | | |
| e | From 2021 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2022 distributable amount | | |
| i | Carryover from 2017 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2022 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2018 | | |
| b | Excess from 2019 | | |
| c | Excess from 2020 | | |
| d | Excess from 2021 | | |
| e | Excess from 2022 | | |

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

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

2022

Open to Public
Inspection

Name of the organization **SKIRBALL CULTURAL CENTER** Employer identification number **95-4538371**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 238,912,676. | 280,100,606. | 238,384,428. | 218,057,818. | 206,982,996. |
| b Contributions | 1,507,272. | 11,181,722. | | 36,000,000. | 12,000,000. |
| c Net investment earnings, gains, and losses | 24,745,626. | -37,042,054. | 56,458,178. | -1,313,390. | 10,242,822. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 13,900,000. | 15,327,598. | 14,742,000. | 14,360,000. | 11,168,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 251,265,574. | 238,912,676. | 280,100,606. | 238,384,428. | 218,057,818. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 57.7280 %
 - b Permanent endowment 40.4360 %
 - c Term endowment 1.8360 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 6,951,705. | | 6,951,705. |
| b Buildings | | 150,819,638. | 52,185,732. | 98,633,906. |
| c Leasehold improvements | | | | |
| d Equipment | | 7,599,229. | 6,837,314. | 761,915. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 106,347,526. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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 |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives | 203,153,950. | END-OF-YEAR MARKET VALUE |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) MONEY MARKET FUNDS | 3,045,355. | END-OF-YEAR MARKET VALUE |
| (B) FIXED INCOME | 33,816,190. | END-OF-YEAR MARKET VALUE |
| (C) OTHER | 1. | END-OF-YEAR MARKET VALUE |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 240,015,496. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (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) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) REFUNDABLE DEPOSITS | 696,563. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 696,563. |

2. 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|------------------------------------------------------------------------------------------------------|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 45,413,176. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 21,860,861. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 2,192,177. |
| e | Add lines 2a through 2d | 2e | 24,053,038. |
| 3 | Subtract line 2e from line 1 | 3 | 21,360,138. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 705,051. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 705,051. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 22,065,189. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|-------------------------------------------------------------------------------------------------------|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 32,649,588. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 2,192,177. |
| e | Add lines 2a through 2d | 2e | 2,192,177. |
| 3 | Subtract line 2e from line 1 | 3 | 30,457,411. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 705,051. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 705,051. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 31,162,462. |

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:

THE CENTER DOES NOT CAPITALIZE ITS COLLECTIONS. THE COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

PART III, LINE 4:

THE CENTER IS A NATIONAL EDUCATIONAL AND MULTI-ARTS INSTITUTION INTENDED TO INTERPRET THE AMERICAN JEWISH EXPERIENCE, TO NURTURE AMERICAN JEWISH

Part XIII Supplemental Information (continued)

IDENTITY, AND TO STRENGTHEN THE FABRIC OF AMERICAN SOCIETY. THE COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES.

PART V, LINE 4:

THE SKIRBALL'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

THE SKIRBALL HAS INTERPRETED THE STATE OF CALIFORNIA UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UPMIFA") AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE SKIRBALL CLASSIFIES AS NET ASSETS WITH DONOR RESTRICTIONS: (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERPETUAL ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERPETUAL ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERPETUAL ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. IN ACCORDANCE WITH UPMIFA, THE SKIRBALL CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS: (1) THE DURATION AND PRESERVATION OF THE VARIOUS FUNDS, (2) THE PURPOSES OF THE SKIRBALL AND DONOR-RESTRICTED ENDOWMENT FUNDS, (3) GENERAL ECONOMIC CONDITIONS, (4) THE POSSIBLE EFFECT OF INFLATION AND

Part XIII Supplemental Information (continued)

DEFLATION, (5) THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, (6) OTHER RESOURCES OF THE SKIRBALL, AND (7) THE SKIRBALL'S INVESTMENT POLICIES.

PART X, LINE 2:

THE SKIRBALL IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND SECTION 23101(D) OF THE REVENUE TAXATION CODE OF CALIFORNIA AND IS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTION 509(A) OF THE IRC.

THE SKIRBALL HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2023. THE SKIRBALL'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO THE 2020 AND 2019 FISCAL YEARS, RESPECTIVELY, ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SKIRBALL AND HAS CONCLUDED THAT, AS OF JUNE 30, 2023, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

IF APPLICABLE, THE SKIRBALL RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF INCOME TAX EXPENSE AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH ACCRUED EXPENSES IN THE STATEMENT OF FINANCIAL POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 2,192,177.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public
Inspection

Name of the organization

SKIRBALL CULTURAL CENTER

Employer identification number

95-4538371

Part I Questions Regarding Compensation

1a 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.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2022

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-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JESSICA KORNBERG PRESIDENT & CEO | (i) | 534,459. | 0. | 0. | 1,500. | 5,683. | 541,642. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LESLIE JOHNSON EXECUTIVE VICE PRESIDENT | (i) | 305,114. | 0. | 0. | 1,500. | 9,579. | 316,193. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) BENJAMIN ELISONDO SENIOR VICE PRESIDENT, OPERATIONS | (i) | 230,749. | 0. | 0. | 1,500. | 10,545. | 242,794. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ROBERT KIRSCHNER SENIOR SCHOLAR OF JEWISH S | (i) | 231,560. | 0. | 0. | 1,500. | 8,185. | 241,245. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) REUBEN SANCHEZ CFO | (i) | 215,285. | 0. | 0. | 1,500. | 9,983. | 226,768. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) PAMELA R KOHANCHI SECRETARY, SR VP, GEN COUN | (i) | 195,465. | 0. | 0. | 1,500. | 30,586. | 227,551. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) SHERI BERNSTEIN MUSEUM DIRECTOR | (i) | 186,618. | 0. | 0. | 1,500. | 20,729. | 208,847. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) JOCELYN TETEL VICE PRESIDENT, ADVANCEMEN | (i) | 186,893. | 0. | 0. | 1,500. | 9,905. | 198,298. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) MARILYN DELANOEYE VICE PRESIDENT, HOSP. (UNTIL 12/22) | (i) | 183,972. | 0. | 0. | 1,125. | 5,736. | 190,833. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) MARLENE BRAGA VICE PRESIDENT, PUBLIC PROGRAMS | (i) | 182,550. | 0. | 0. | 1,500. | 7,545. | 191,595. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) DOUGLAS PAUL JENZEN VICE PRESIDENT, ENGAGEMENT AND ACCES | (i) | 147,510. | 0. | 0. | 1,500. | 7,193. | 156,203. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) SEAN SHERIDAN EXECUTIVE CHEF | (i) | 142,371. | 0. | 0. | 1,500. | 8,863. | 152,734. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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.

PART I, LINE 3:

THE ORGANIZATION PERIODICALLY COMPARES WAGES WITH INDUSTRY SALARY SURVEYS.

THIS ENSURES THAT COMPENSATION IS COMPARABLE BASED ON EXPERIENCE AND LEVEL

OF RESPONSIBILITY. THERE IS A WRITTEN CONTRACT TO WHICH THE FINANCE

COMMITTEE APPROVES ANY CHANGES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **SKIRBALL CULTURAL CENTER** Employer identification number **95-4538371**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------------------------------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (<u>FURNITURE</u>) | X | 12 | 53,840. | FMV |
| 26 Other (<u>SPIRITS</u>) | X | 50 | 33,150. | FMV |
| 27 Other (_____) | | | | |
| 28 Other (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING IN COLUMN (B) THE NUMBER OF ITEMS CONTRIBUTED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SKIRBALL CULTURAL CENTER

Employer identification number

95-4538371

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCES THAT CELEBRATE DISCOVERY AND HOPE, FOSTER HUMAN

CONNECTIONS, AND CALL UPON US TO HELP BUILD A MORE JUST SOCIETY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PERFORMANCE, FILM, & LITERARY ARTS:

SKIRBALL PRESENT 50+ DANCE, MUSIC, FILM, LECTURE, AND LITERARY ART

PROGRAMS, OFTEN FREE OF CHARGE.

EXPENSES \$ 4,725,129. INCLUDING GRANTS OF \$ 0. REVENUE \$ 152,760.

FORM 990, PART VI, SECTION A, LINE 2:

D. ZEKE ZEIDLER AND MARVIN ZEIDLER HAVE A FAMILIAL RELATIONSHIP.

CINDY RUBY AND KENNETH A. RUBY HAVE A FAMILIAL RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS PRESENTED AT A BOARD MEETING AND IS REVIEWED BY THE FINANCE
COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PRESIDENT ANNUALLY DISTRIBUTES THE CONFLICT OF INTEREST POLICY TO BOARD
MEMBERS. THE BOARD MEMBERS ARE ASKED TO IDENTIFY CONFLICTS OF INTEREST.

WHEN CONFLICTS OF INTEREST ARE IDENTIFIED, THE MEMBER OF THE GOVERNING BODY
WITH THE CONFLICT IS PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND
DECISIONS REGARDING SUCH CONFLICT.

| | |
|------------------------------------------------------|----------------------------------------------|
| Name of the organization SKIRBALL CULTURAL CENTER | Employer identification number 95-4538371 |
|------------------------------------------------------|----------------------------------------------|

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION PERIODICALLY COMPARES ITS EMPLOYEES' WAGES WITH INDUSTRY SALARY SURVEYS. THIS ENSURES THAT COMPENSATION IS COMPARABLE BASED ON EXPERIENCE AND LEVEL OF RESPONSIBILITY. THERE IS A WRITTEN CONTRACT TO WHICH THE FINANCE COMMITTEE APPROVES ANY CHANGES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Type and Entity: MUSEUM SHOP POST-2017 NOL FED
 Section 382 Annual Limitation Section 382 Carryover **DETAIL CARRYOVER SCHEDULE**

| Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|-----------------|---------------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| A 2018 | 166,942. | | | | | | | | | | |
| B 2019 | 275,420. | | | | | | | | | | |
| C 2020 | 381,100. | | | | | | | | | | |
| D 2021 | 446,815. | | | | | | | | | | |
| E 2022 | 314,848. | | | | | | | | | | |
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| Detail Type | E S B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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Type and Entity: FOOD SERVICES POST-2017 NOL FED
 Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

| Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|-----------------|---------------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| A 2018 | 609,159. | | | | | | | | | | |
| B 2019 | 1,995,377. | | | | | | | | | | |
| C 2020 | 3,656,777. | | | | | | | | | | |
| D 2021 | 3,788,360. | | | | | | | | | | |
| E 2022 | 1,934,938. | | | | | | | | | | |
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| Detail Type | E S B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

| Section 382 Annual Limitation | | Section 382 Carryover | | | | | | | | | |
|-------------------------------|---------------------------|-----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | 2013 | 1,965,451. | | | | | | | | | |
| B | 2014 | 998,901. | | | | | | | | | |
| C | 2015 | 815,987. | | | | | | | | | |
| D | 2016 | 660,932. | | | | | | | | | |
| E | 2017 | 1,147,714. | | | | | | | | | |
| F | 2018 | 609,159. | | | | | | | | | |
| G | 2019 | 0. | | | | | | | | | |
| H | | | | | | | | | | | |
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| Detail Type | ESBC | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
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Type and Entity: NOL CA
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

| Year Originated | Original Carryover Amount | Total Amount Used | Section 382 Carryover | | | | | | | | | |
|-----------------|---------------------------|-------------------|-----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | | | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A 2013 | 1,965,451. | | | | | | | | | | | |
| B 2014 | 998,901. | | | | | | | | | | | |
| C 2015 | 815,987. | | | | | | | | | | | |
| D 2016 | 660,932. | | | | | | | | | | | |
| E 2017 | 1,147,714. | | | | | | | | | | | |
| F 2018 | 776,101. | | | | | | | | | | | |
| G 2019 | 2,270,797. | | | | | | | | | | | |
| H 2020 | 4,037,877. | | | | | | | | | | | |
| I 2021 | 4,235,175. | | | | | | | | | | | |
| J 2022 | 1,859,834. | | | | | | | | | | | |
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| Detail Type | E S B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing organization name (SKIRBALL CULTURAL CENTER), address (2701 NORTH SEPULVEDA BLVD, LOS ANGELES, CA 90049), and book value of assets (406,558,760).

Form section containing organization type (501(c) corporation), filing information, and parent corporation details.

Table for Part I: Total Unrelated Business Taxable Income. Rows include total income, charitable contributions, and deductions, resulting in a total of 0.

Table for Part II: Tax Computation. Rows include tax on corporations, trusts, proxy tax, and other tax amounts, resulting in a total of 0.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2022)

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/14 | 1,965,451. | 0. | 1,965,451. | 1,965,451. |
| 06/30/15 | 998,901. | 0. | 998,901. | 998,901. |
| 06/30/16 | 815,987. | 0. | 815,987. | 815,987. |
| 06/30/17 | 660,932. | 0. | 660,932. | 660,932. |
| 06/30/18 | 1,147,714. | 0. | 1,147,714. | 1,147,714. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 5,588,985. | 5,588,985. |

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|----------------------------------------------------------------------------|--------------------------------------------------------------|
| A Name of the organization SKIRBALL CULTURAL CENTER | B Employer identification number 95-4538371 |
| C Unrelated business activity code (see instructions) 459420 | D Sequence: 1 of 2 |

E Describe the unrelated trade or business **MUSEUM SHOP**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---------------------------------------------------------------------------------------------------------|-----------|-----------------|--------------|----------------|
| 1 a Gross receipts or sales <u>146,641.</u> | | | | |
| b Less returns and allowances _____ c Balance | 1c | 146,641. | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | 87,493. | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 59,148. | | 59,148. |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | | |
| 6 Rent income (Part IV) | 6 | | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 Advertising income (Part IX) | 11 | | | |
| 12 Other income (see instructions; attach statement) | 12 | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 59,148. | | 59,148. |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--|------------------|
| 1 Compensation of officers, directors, and trustees (Part X) | | | | |
| 2 Salaries and wages | 2 | | | 213,692. |
| 3 Repairs and maintenance | 3 | | | 2,284. |
| 4 Bad debts | 4 | | | |
| 5 Interest (attach statement). See instructions | 5 | | | |
| 6 Taxes and licenses | 6 | | | |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | | | 8b |
| 9 Depletion | 9 | | | |
| 10 Contributions to deferred compensation plans | 10 | | | |
| 11 Employee benefit programs | 11 | | | 47,922. |
| 12 Excess exempt expenses (Part VIII) | 12 | | | |
| 13 Excess readership costs (Part IX) | 13 | | | |
| 14 Other deductions (attach statement) | 14 | SEE STATEMENT 2 | | 110,098. |
| 15 Total deductions. Add lines 1 through 14 | 15 | | | 373,996. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | | -314,848. |
| 17 Deduction for net operating loss. See instructions | 17 | | | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | | | -314,848. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

| Part III Cost of Goods Sold | Enter method of inventory valuation | LOWER OF COST OR MARKET |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|
| 1 Inventory at beginning of year | | 0. |
| 2 Purchases | | 0. |
| 3 Cost of labor | | 0. |
| 4 Additional section 263A costs (attach statement) | | 0. |
| 5 Other costs (attach statement) | STATEMENT 4 | 87,493. |
| 6 Total. Add lines 1 through 5 | | 87,493. |
| 7 Inventory at end of year | | 0. |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | | 87,493. |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| | A | B | C | D |
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0. |

| Part V Unrelated Debt-Financed Income (see instructions) | | | | |
|-------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| | A | B | C | D |
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|------------------------------------|---------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | |
| Totals | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|-----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____ | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 | Gross income from activity that is not unrelated business income | 5 |
| 6 | Expenses attributable to income entered on line 5 | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

| DESCRIPTION | AMOUNT |
|----------------------------------------------|-----------------|
| UTILITIES | 17,236. |
| TELEPHONE | 1,612. |
| BUILDING SERVICES | 22,589. |
| SECURITY | 1,799. |
| INSURANCE | 12,939. |
| OFFICE SERVICES | 14,506. |
| PRINTING & SUPPLIES | 1,284. |
| PROFESSIONAL FEES | 20,159. |
| BANK & CARD FEES | 9,453. |
| MISCELLANEOUS | 5,488. |
| TRAVEL | 1,600. |
| MEETINGS & CONFERENCES | 46. |
| ADVERTISEMENT | 1,230. |
| MEMBERSHIP | 157. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 110,098. |

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|------------------------------------------|----------------|-------------------------|-------------------|---------------------|
| 06/30/19 | 166,942. | 0. | 166,942. | 166,942. |
| 06/30/20 | 275,420. | 0. | 275,420. | 275,420. |
| 06/30/21 | 381,100. | 0. | 381,100. | 381,100. |
| 06/30/22 | 446,815. | 0. | 446,815. | 446,815. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 1,270,277. | 1,270,277. |

FORM 990-T (A)

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 4

| DESCRIPTION | AMOUNT |
|------------------------------------------------|----------------|
| COST OF GOODS SOLD | 87,493. |
| TOTAL TO FORM 990-T, SCHEDULE A, LINE 5 | 87,493. |

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2
OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|----------------------------------------------------------------------------|--------------------------------------------------------------|
| A Name of the organization SKIRBALL CULTURAL CENTER | B Employer identification number 95-4538371 |
| C Unrelated business activity code (see instructions) 722511 | D Sequence: 2 of 2 |

E Describe the unrelated trade or business **FOOD SERVICES**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---------------------------------------------------------------------------------------------------------|-----------|------------|--------------|------------|
| 1 a Gross receipts or sales <u>5,076,370.</u> | | | | |
| b Less returns and allowances _____ c Balance | 1c | 5,076,370. | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | 1,233,737. | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 3,842,633. | | 3,842,633. |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | | |
| 6 Rent income (Part IV) | 6 | | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 Advertising income (Part IX) | 11 | | | |
| 12 Other income (see instructions; attach statement) | 12 | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 3,842,633. | | 3,842,633. |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|--|-----------------------|
| 1 Compensation of officers, directors, and trustees (Part X) | | | | 1 |
| 2 Salaries and wages | | | | 2 3,860,437. |
| 3 Repairs and maintenance | | | | 3 42,838. |
| 4 Bad debts | | | | 4 |
| 5 Interest (attach statement). See instructions | | | | 5 |
| 6 Taxes and licenses | | | | 6 |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | | | 8b |
| 9 Depletion | | | | 9 |
| 10 Contributions to deferred compensation plans | | | | 10 |
| 11 Employee benefit programs | | | | 11 817,809. |
| 12 Excess exempt expenses (Part VIII) | | | | 12 |
| 13 Excess readership costs (Part IX) | | | | 13 |
| 14 Other deductions (attach statement) | | SEE STATEMENT 5 | | 14 1,056,487. |
| 15 Total deductions. Add lines 1 through 14 | | | | 15 5,777,571. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | | | 16 -1,934,938. |
| 17 Deduction for net operating loss. See instructions | | | | 17 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | | | 18 -1,934,938. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

| Part III Cost of Goods Sold | Enter method of inventory valuation | LOWER OF COST OR MARKET |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|
| 1 Inventory at beginning of year | | 0. |
| 2 Purchases | | 0. |
| 3 Cost of labor | | 0. |
| 4 Additional section 263A costs (attach statement) | | 0. |
| 5 Other costs (attach statement) | STATEMENT 7 | 1,233,737. |
| 6 Total. Add lines 1 through 5 | | 1,233,737. |
| 7 Inventory at end of year | | 0. |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | | 1,233,737. |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| | A | B | C | D |
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0. |

| Part V Unrelated Debt-Financed Income (see instructions) | | | | |
|-------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| | A | B | C | D |
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|------------------------------------|---------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | |
| Totals | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|-----------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____ | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 | Gross income from activity that is not unrelated business income | 5 |
| 6 | Expenses attributable to income entered on line 5 | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 5

| DESCRIPTION | AMOUNT |
|----------------------------------------------|-------------------|
| UTILITIES | 228,982. |
| TELEPHONE | 7,560. |
| BUILDING SERVICES | 300,088. |
| PROFESSIONAL SERVICES | 94,523. |
| INSURANCE | 60,668. |
| OFFICE SERVICES | 111,934. |
| PRINTING & SUPPLIES | 15,529. |
| BANK & CARD FEES | 138,023. |
| TRAVEL | 2,590. |
| MISCELLANEOUS | 65,312. |
| SECURITY | 16,870. |
| MEETINGS & CONFERENCES | 48. |
| ADVERTISEMENT & PROMOTION | 13,801. |
| MEMBERSHIP | 559. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 1,056,487. |

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 6

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|------------------------------------------|----------------|-------------------------|--------------------|---------------------|
| 06/30/19 | 609,159. | 0. | 609,159. | 609,159. |
| 06/30/20 | 1,995,377. | 0. | 1,995,377. | 1,995,377. |
| 06/30/21 | 3,656,777. | 0. | 3,656,777. | 3,656,777. |
| 06/30/22 | 3,788,360. | 0. | 3,788,360. | 3,788,360. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 10,049,673. | 10,049,673. |

FORM 990-T (A)

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 7

| DESCRIPTION | AMOUNT |
|------------------------------------------------|-------------------|
| COST OF GOODS SOLD | 1,233,737. |
| TOTAL TO FORM 990-T, SCHEDULE A, LINE 5 | 1,233,737. |