EXTENDED TO MAY 17, 2021

Form ,9	90-T	Ех	e <mark>mpt Organ</mark> i			in <mark>ess Inc</mark> der section			rn	OMB No 1545-004	47
_		For cale	ndar year 2019 or other t						20201	୬ ⋒ 10	
		FUI CAIR	► Go to www irs g					^			
Department o		> Do	not enter SSN numbers							Open to Public Inspects 501(c)(3) Organizations	on for
A Ch	neck box if dress changed		Name of organization (ne changed and se		17	D Empl	oyer identification num oyees trust see instructions	nber
B Exempt u			SEGERSTROM C	ENTER FO	NR Φ	HE ARTS				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
	C () 3)	Print	Number street, and roo						1 23-7	287150	
		or	indinati siteei, and 100	in Or Suite no 1	1470	DOX SEE HISTOCHOL	15		<u> </u>	lated business activity	
408(6	. —	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	600 TOWN CEN	ידמת משייו						nstructions)	code
408A						7D 6		 -	-		
529(a			City or town state or pr			iiP oi loneign postai	code		7222	20	
atendor	ıe ofaMlassets year		COSTA MESA,						7223		
446.4	190,306		up exemption number ck organization type	` 		poration	501(c)	trust	401(a)	trust Othe	er trust
			nization's unrelated trac				1001(0)	· · · · · · · · · · · · · · · · · · ·		y (or first) unrelated	<i></i> 0 001
	r bus ine ss her			300 O. DUO	5000		only one o			e than one, describe t	the
			end of the previous s	entence cor	molete						.,,,
			ete Parts III-V	ontonoc, co	iipioto	rans rana n, oo	inpicio a oc	alcadic in ioi ci	JOIT GOOGLE		
			corporation a subsidia	rv in an affili	ated or	oun or a parent-s	ubeidiary c	ontrolled group		Yes	X No
_	•		identifying number of t	· =	_	•	ADSIGION Y CA	Sile Circle group	•	, □ '∞ □	
			RIAN FINCK	ino paroni oo	porouc		Telephone	e number > 7	14-556	-2121	
			or Business Incon	ne		(A) Incor		(B) Expe		(C) Net	
	ss receipts or s		<u> </u>			(, ,		<u> </u>			
_	returns and allows			c Balance	10						
	t of goods sol	_	ule A line 7\) a camanao #	2						
		•	2 from line 1c	•	3			.	$\overline{}$		
	•			• •	4a					 	
•	·=·	•	ittach Schedule D)	a 4707)						 	
	•		Part II line 17) (attach Fo	Jin 4/9/)	4b	<u> </u>				 	
	ital loss dedu		-		4c			//		 	
			r an Sicorporation (attach state	ement)	.5	71	L,841		1,167.		674
	t income (Sch	•		• •	6		1,09,4		1,10/.	10,	, 0 / 4
			come (Schedule E)	•	7					 	
			nts from a controlled organizat								
			1(c)(7) (9) or (17) organization	on (Schedule G)	9			-		_	
-	-	-	ncome (Schedule I)		10	/					
	ertising incom	•	•		11					 	
	• • • • • • • • • • • • • • • • • • • •		tions attach schedule)		22		0.41		1 1 6 7	- 10	
	I Combine lir			1000	13		841		1,167		, 674
Part II			Taken Elsewhere ne unrelated busin			ns for limitation	ons on a	eductions) (Deduci	ons must be dire	cuy
14 Com	pensation of	officers,	directors, and trustees	(Schedule K)		DEC	トロハバ	ED	14		
	ries and wage	-				REC	. V ا تاری		15		
16 Repa	airs and main	tenance	/.	•		∞ -		୍ଲ ।ଧା	16	 	
17 Bad	debts		. /			ISI APR	2620	121	17		
18 Inter	rest (attach s	chedule) ((see instructions)			IAI		<u>`</u> ``	18		
19 Taxe	es and licenses	s.				1 500	PEN,	UT T	19	4,	,626
20 Dept	reciation (atta	ch Form	<i>4</i> 562) .			1 09	20	<u></u>			
21 Less	depreciation	claimed	on Schedule A and els	sewhere on re	eturn	2	1a		21b	<u>, </u>	
22 Depl	letion								22		
23 Conf	tributions to c	jeferred (compensation plans						23		
24 Emp	oloyee benefit	programs							24		
	ess exempt ex			•					25		
	ess regoership								26		
	er deductions						-		27		
	/		s 14 through 27					_	28	4,	,626
	/		le income before ne	t operating	loss	deduction Subt	ract line 2	28 from line			048
/			g loss arising in tax ye						30	 	
		•	e income Subtract line	=	_		, (230		31	6,	,048
			lotice, see instructions						, • 1	Form 990-1	
ASA .										(10	•

Form	SEGERSTROM CENTER FOR THE ARTS	23-7287150	Page 2		
	Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	ee T			
	Instructions)	1 1 1 . 1	6,048.		
33	Amounts paid for disallowed fringes	· [
	Charatable contributions (accounts uniterestings for limitation sules)	· · • · · · · · · · · · · · · · · · ·			
34	Charitable contributions (see instructions for limitation rules)	·· 34 ····			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract in	~)! . !	6 040		
	34 from the sum of lines 32 and 33	·/ 35	6,048.		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (s	see			
	ınstructions)				
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	. 1 37	6,048.		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.		
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 3	37.,			
	enter the smaller of zero or line 37	1 39	5,048.		
Par	Tax Computation	7			
40	Ørganizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	. 40	1,060.		
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax				
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)				
42	Proxy tax. See instructions	1 8 1			
43		·· 	• • •		
44	Alternative minimum tax (trusts only)	· · · · · · · · · · · · · · · · · · ·			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<u> </u>	1,060.		
	Tax and Payments	· 1 · 1 · 1			
	Foreign tax credit (corporations attach Form 11/8, trusts attach Form 1116) 46a	- 			
	Other credits (see instructions)	_			
	General business credit Attach Form 3800 (see instructions)	─			
	Credit for prior year minimum tax (attach Form 880 for 8827)	$ \downarrow$ \downarrow \downarrow			
	Total credits. Add lines 46a through 46d	1_ 1	1 060		
47	Subtract line 46e from line 45		1,060.		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul		1 0.60		
49	Total tax. Add lines 47 and 48 (see instructions)	49	1,060.		
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3				
	Payments A 2018 overpayment credited to 2019	20.			
b	2019 estimated tax payments	J			
С	Tax deposited with Form 8868,	_			
d	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments Form 2439	1			
	Form 4136 Other Total ▶ 51g				
52	Total payments. Add lines 51a through 51g	52	10,600.		
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	. 54			
55,	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	9,540.		
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 9,540. Refunded	▶ 56			
Par		tions)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature		Yes No		
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	4 ' F			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of t	•			
	here	and reneigh dealth,	x		
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	foreign trust?	<u> </u>		
50		oreign adatr	- 		
EC	If "Yes," see instructions for other forms the organization may have to file				
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year S Under penalties of penjury, I declare that have examined this return, including accompanying schedules and statements, and to the second statements.	the best of my knowledge a	nd belief it "		
C:	true, correct, and complete. Declaration of preparer (other than because) is based on all information of which preparer has any knowledge				
Sigr		May the IRS discuss			
Her	BRIAN B. TINCK DOUGH JOSS JOSS JOSS JOSS JOSS JOSS JOSS JOS	with the preparer sho			
		(see instructions)? X Yes	i No		
Paid	magua z omou zz	Check If Book	C405		
Prep	TASHA 0 013001				
	Comban Firm's name WIIIIONSMITH DROWN, FC	im's EIN ► 22-2027	092		
104	Firm's address ► 100 SPECTRUM CENTER DRIVE, STE 1000, IRVINE, CA 92618 p	Phone no 949261280	8		

75A 9X2741 1 000 3235QF XL8S

Form **990-T** (2019) 5697400 PAGE 61

Form 990-T (2019)									F	Page 3
Schedule A - Cost of Go		iter method	of invento							
1 Inventory at beginning of year , 1			6 Inventory at end of year 6							
2 Purchases	1 1				_	ld. Subtract line				
3 Cost of labor	3					here and in Part				
4a Additional section 263A co							7			
(attach schedule)						section 263A (w		•	Yes	No
b Other costs (attach schedu						or acquired for			-	
5 Total. Add lines 1 through Schedule C - Rent Income	4b · 5			to the orga	anization?					Х
	e (From Real P	roperty a	nd Persor	nal Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1. Description of property (1) CATERING AND RES	CM21102NIII CO	NUD A COL	FNICOME							
(')	STAURANT CO	NIRACI	LINCOME							
(2)										
(3)										
(4)			. 4	· · · · · · · · · · · · · · · · · · ·		<u> </u>	-			
	2. Rent recei	ved or accrue	ed			-				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real apercentage of rendered percentage of rendered perce					y exceeds in columns 2(a) and 2(b) (attach schedule)					me
(1) ATCH 2 8,621.			63	63,220.			61,167.			
(2)				-						
(3)										
(4)			-							
Total 8,621.		Total	63	,220.						
(c) Total income Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6			71,	841.		Part I, line 6, colun			61,3	167.
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruction	ons)						
			2. Gross ı	ncome from or	3. 0	Deductions directly con			le to	
1 Description of det	ot-financed property		1	debt-financed	(a) Straigh	nt line depreciation	debt-financed property preciation (b) Other deduction		ctions	
			pr	operty		ch schedule)		(attach sched		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			4 0	Column fivided olumn 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals						e and on page 1, e 7, column (A)	Ente Part	r here and o I, line 7, col	n page umn (B	1,
Total dividends-received deduct	i <u>ons included</u> in co	olumn 8 <u>.</u> .	<u></u> .	<u></u> .	<u></u> .	<u> </u>				

Form **990-T** (2019)

هم

Page 4

	\		Exem	pt Co	ntrolled Or	ganizatio	ons				
-	Name of controlled organization	2 Employer identification number			ated income instructions)	1	of specific	Intriduced in the control		olling	6 Deductions directly connected with income in column 5
(1)						_					
(2)											
(3)											
(4)										_	
Non	exempt Controlled Organia	zations									
	7 Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specific payments made		10 Part of column 9 that is included in the controlling organization's gross income		1° cor	11 Deductions directly connected with income in column 10	
(1)											
(2)							-				
(3)											·
(4)						-					
Tota	is			<u></u>		▶	Ente Par	d columns 5 ar here and on 1, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
<u>Sch</u>	nedule G-Investment li	ncome of a Sec	tion 501(c)(7),			<u>nizatio</u>	n (see inst	tructions)		
	1 Description of income	2 Amount of	ıncome		directly cor	3 Deductions 4. Set-asides irectly connected attach schedule) (attach schedule)			5 Total deductions and set-asides (col 3 plus col 4)		
<u>(1)</u>				ļ							
(2)											
(3)	·			<u> </u>							
(4)				_							
Tota	ls	Enter here and of Part I, line 9, co	olumn (A)							Enter here and on page 1 Part I, line 9, column (B)	
Sch	nedule I – Exploited Exe	empt Activity Inc	come, Oth	er Th	an Advert	ising Ir	come	(see instru	ictions)		
1	Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business in	/ wrth n of ed	4. Net incorfrom unrelated or business 2 minus collected from the coll	ted trade (column lumn 3) ompute	5 Gross income		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	· · · · · · · · · · · · · · · · · · ·	 		_							
(3)								· · ·			
					<u> </u>						
(4)		Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,		<u> </u>			Enter here and on page 1, Part II, line 25		
	lls							-			
	nedule J-Advertising Ir				1.1.4l. D	•-					
Pai	Income From Per	iodicals Report	ed on a Co	onsoi	idated Bas	SIS	T				<u> </u>
	1 Name of periodical	2 Gross advertising income	3 Directadusing		4. Adven gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	5 Circulation 6. Readers costs			7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		1	-		-						
(2)					1.						
(3)					1						
(4)				-							
<u>· · · </u>					1						
Total	s (carry to Part II, line (5))										Form 990-T (2019

لقه

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readershi costs (column 6 minus column 5, bu not more than column 4)	
(1)							
(2)							
(3)							
(4)							
Totals from Part I ▶			• •				
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26	
Totals, Part II (lines 1-5) ▶							

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name		2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here and on page 1, Part II,	ine 14			

Form 990-T (2019)