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ARMANINO^{LLP}

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2118862

Form **990**

Department of the Treasury Internal Revenue Service

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

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.



<u>A</u> F	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and	ending JT	JN 30, 2022	
B c a	heck if pplicable:	C Name of organization		D Employer identifi	cation number
	Address change	LIVERMORE VALLEY PERFORMING ARTS CENTER			
	Name change	Doing business as	68-0419182		
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r	
	Final return/	2400 FIRST STREET	(925) 373-61	.00	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,733,221.	
	Amende	LIVERMORE, CA 94550		H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: DENISE WATKINS		for subordinates	s? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		npt status: 🕱 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
		WWW.LVPAC.ORG		H(c) Group exemption	
		rganization: 🕱 Corporation 🔄 Trust 🦳 Association 🔄 Other 🕨	L Year (of formation: 1998	VI State of legal domicile: CA
Pa		Summary			
đ		riefly describe the organization's mission or most significant activities: TO ESTR	ABLISH AN	D OPERATE A	
nc.	W	ORLD-CLASS PERFORMING ARTS CENTER IN THE TRI-VALLEY.			
Governance	2 C	heck this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	1
Ň				<u>3</u>	18
		umber of independent voting members of the governing body (Part VI, line 1b)			17
Activities &		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			58
viti	6 T	otal number of volunteers (estimate if necessary)		6	167
Acti	7 a ⊺₀	otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	1,944.
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
			Prior Year	Current Year	
ē	8 C	ontributions and grants (Part VIII, line 1h)	1,077,502.	2,747,929.	
enu	9 P	rogram service revenue (Part VIII, line 2g)	98,989.	1,741,602.	
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		404.	476.
ш	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-20,871.	-17,654.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,156,024.	4,472,353.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
SS	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		785,627.	1,543,169.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ъре	b Te	otal fundraising expenses (Part IX, column (D), line 25)			
ш	" 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,386,216.	2,890,776.	
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,171,843.	4,433,945.
		evenue less expenses. Subtract line 18 from line 12		-1,015,819.	38,408.
s or			Be	ginning of Current Year	End of Year
Assets Balanc	20 T	otal assets (Part X, line 16)		15,634,705.	15,873,930.
it As	21 T	otal liabilities (Part X, line 26)	3,221,303.	3,419,120.	
ING		et assets or fund balances. Subtract line 21 from line 20		12,413,402.	12,454,810.
Pa	art 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		Signature of	officer	Date							
Here		HENRY HU	FF, TREASURER								
		Type or prin	t name and title								
	Prin	t/Type prepare	er's name	Preparer's signature	Date	Check	PTIN				
Paid	MATTHEW PETROSKI			MATTHEW PETROSKI	04/26/23	3 self-employed P00853132					
Preparer	Firm	n's name 🕒	ARMANINO LLP			Firm's EIN > 9	4-6214841				
Use Only	Firm	n's address 🕨	50 W. SAN FERNANDO ST, S	STE 500							
	SAN JOSE, CA 95113 Phone no.408-200										
May the I	RS di	scuss this re	turn with the preparer shown abo	ve? See instructions			X Yes	No			
							- 00				

	990 (2021) LIVERMORE VALLEY PERFORMING ARTS CENTER	68-04191	82	Page 2
Pa	t 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 MISSION OF LIVERMORE VALLEY PERFORMING ARTS CENTER (LVPAC) IS TO			
	OFFER A BROAD RANGE OF ARTS OPPORTUNITIES AND EXPERIENCES TO ENGAGE			
	OUR DIVERSE COMMUNITY.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
2	prior Form 990 or 990-EZ?		XYes	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 m	easured by e	xpenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total exp	penses, and	b
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$3, 597, 064. including grants of \$) (Revenue)	\$	1,627	,811.)
	LIVERMORE VALLEY PERFORMING ARTS CENTER OPERATES THE BANKHEAD THEATER			
	AND THE BOTHWELL ARTS CENTER OFFERING A RANGE OF PERFORMING, VISUAL,			
	CULTURAL AND EDUCATIONAL ARTS EXPERIENCES FOR THE ENTIRE COMMUNITY.			
	THE THEATER SERVES AS A HOME FOR THE TRI-VALLEY REGION'S LEADING PERFORMING ARTS ORGANIZATIONS INCLUDING DEL VALLE FINE ARTS			
	LIVERMORE-AMADOR SYMPHONY, LIVERMORE VALLEY OPERA, PACIFIC CHAMBER			
	ORCHESTRA, TRI-VALLEY REPERTORY THEATRE, VALLEY DANCE THEATRE, AND THE			
	RAE DOROUGH SPEAKER SERIES. THE TWO DOZEN PERFORMANCES BY THESE GROUPS			
	WERE SUPPORTED BY LVPAC THROUGH DISCOUNTED RATES ON RENT, LABOR AND			
	MARKETING. (SEE SCHEDULE O FOR CONTINUATION).			
4b	(Code:) (Expenses \$ 136,235. including grants of \$) (Revenue	\$	77	,124.)
	LVPAC ALSO OPERATES THE BOTHWELL ARTS CENTER, A MULTI-PURPOSE FACILITY			
	WITH THE PURPOSE OF SUPPORTING LOCAL ARTISTS AND ARTS ORGANIZATIONS,			
	UNDER A LEASE AGREEMENT WITH LIVERMORE AREA RECREATION AND PARK			
	DISTRICT. THE BOTHWELL SERVES AS AN ARTS INCUBATOR, OFFERING AFFORDABLE			
	CLASSROOM, REHEARSAL, PERFORMANCE, EVENT AND STUDIO RENTAL SPACE FOR			
	ARTISTS, MUSICIANS, AND DANCERS, AS WELL AS THEATRICAL, CHORAL, AND			
	OTHER GROUPS WITH A CULTURAL ARTS FOCUS.			
4c	(Code:) (Expenses \$ 81,088. including grants of \$) (Revenue	\$	59	,868.)
	LVPAC STRIVES TO INSPIRE AND NURTURE CREATIVITY AND A LOVE FOR THE ARTS	·		<u>, </u>
	IN STUDENTS OF ALL AGES. YOUNG PEOPLE ENGAGE DIRECTLY WITH THE			
	PERFORMING ARTS THROUGH STUDENT MATINEES, MASTER CLASSES, CAMPS AND			
	WORKSHOPS. AT THE BOTHWELL, VISUAL ARTS, MUSIC AND DANCE CLASSES AND			
	SESSIONS INVOLVE ALL AGE GROUPS. FREE COMMUNITY-WIDE EVENTS SUCH AS			
	ARTWALK, LUNAR NEW YEAR, AFRICAN AMERICAN CELEBRATION, FILIPINO BARRIO			
	FIESTA, AND OTHER CULTURAL CELEBRATIONS, OFFER EVERYONE IN THE			
	COMMUNITY A CHANCE TO COME TOGETHER AND ENJOY A WEALTH OF ARTS			
	EXPERIENCES.			
<u></u>	Other program convinces (Describe on Selecture C.)			
40	Other program services (Describe on Schedule O.))	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 3,814,387.)	
+6	יסנמו איסטימווי סבו אוטב בקאבווסבס 🗨 דיסייייייייייייייייייייייייייייייייייי		Form 99	0 (2021)
132004	SEE SCHEDULE O FOR CONTINUATION(S)			(2021)
	3			
104	26 701245 0503909.T 2021.05080 LIVERMORE VALLE	Y PERF	ORMI (05039

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Part IV Checklist of Required Schedules

LIVERMORE VALLEY PERFORMING ARTS CENTER

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
	Part VI	<u>11a</u>	^	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
А	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	x	
h	Schedule D, Parts XI and XII			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L. Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		w	
	(gambling) winnings to prize winners?	<u>1c</u>	X QQQ	
132004	↓ 12-09-21	⊦orm	220	(2021)

	(2021) LIVERMORE VALLEY PERFORMING ARTS CENTER		68-041918	2	P	age 🤇
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
0	tex the number of employees reported on Ferm W.O. Transmittel of Were and Tay Statements	I I			Yes	No
	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, d for the calendar year ending with or within the year covered by this return	2a	58			
	It least one is reported on line 2a, did the organization file all required federal employment tax return	·		2b	х	
	te: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instruction					
				3a	х	
	Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
	any time during the calendar year, did the organization have an interest in, or a signature or other a					
fina	ancial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b If"	Yes," enter the name of the foreign country					
Se	e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts	s (FBAR).			
5a Wa	as the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b Dic	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?		5b		Х
	Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ba Do	es the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organ	ization solicit			
•	y contributions that were not tax deductible as charitable contributions?			6a		Х
b lf"	Yes," did the organization include with every solicitation an express statement that such contributi	ons or g	gifts			
	re not tax deductible?			6b		
	ganizations that may receive deductible contributions under section 170(c).					
	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a	X	
				7b	X	
	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	file Form 8282?		0	7c		Х
	Yes," indicate the number of Forms 8282 filed during the year	7d		7.		х
	I the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X
	I the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	-		7f 7a		A
	he organization received a contribution of qualified intellectual property, did the organization file Fo he organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7g 7h		
	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
				8		
-	onsoring organization have exceed backloss holdings at any time daming the year.					
-				9a		
				9b		
	ction 501(c)(7) organizations. Enter:					
	iation fees and capital contributions included on Part VIII, line 12	10a				
	oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	ction 501(c)(12) organizations. Enter:					
a Gro	oss income from members or shareholders	11a				
	oss income from other sources. (Do not net amounts due or paid to other sources against					
	ounts due or received from them.)	11b				
2a Se	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b If"	Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3 Se	ction 501(c)(29) qualified nonprofit health insurance issuers.					
a lst	he organization licensed to issue qualified health plans in more than one state?			13a		
No	te: See the instructions for additional information the organization must report on Schedule O.					
	ter the amount of reserves the organization is required to maintain by the states in which the					
	anization is licensed to issue qualified health plans	13b				
	ter the amount of reserves on hand	13c		_		
				14a		X
	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
	the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	cess parachute payment(s) during the year?			15		Х
	Yes," see the instructions and file Form 4720, Schedule N.					
	the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х
	Yes," complete Form 4720, Schedule O.					
	ction 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	tivities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	Yes," complete Form 6069.					

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	tion A. doverning body and management		Yes	s N
19	Enter the number of voting members of the governing body at the end of the tax year	8	Tes	
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
L		.7		
b		- /		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
~	officer, director, trustee, or key employee?	2	-	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?		x	<u>_</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		A	x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		_	
6 7-	Did the organization have members or stockholders?	6	_	<u>_</u>
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?	<u>7a</u>	-	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-		
a	The governing body?	<u>8a</u>	X	+-
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a	1	2
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?	10b		_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
b				4
12a				_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12 b	X	_
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	120		_
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a		_
b	, , , , , , , , , , , , , , , , , , , ,	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	<u> </u>	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?	16b)	
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed CA			
8	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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	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			
	REANNA BRADFORD - 925-373-6100			
	2400 FIRST STREET, LIVERMORE, CA 94550			
2000	3 12-09-21	For	m 99) (20
200				-

LIVERMORE VALLEY PERFORMING ARTS CENTER

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Form 990 (2021)	LIVERMORE VALLEY PERFORMING ARTS CENTER	68-0419182	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees, Highest (Compensated	
Employe	es, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	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 endir	ng with or within the organizatio	n's tax year.
	anization's current officers, directors, trustees (whether individuals or organizations), , (E), and (F) if no compensation was paid.	regardless of amount of compe	nsation.
(),	anization's current key employees, if any. See the instructions for definition of "key er	mployee."	
	ion's five current highest compensated employees (other than an officer, director, trus of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from t		
	anization's former officers, key employees, and highest compensated employees who on from the organization and any related organizations.	o received more than \$100,000	of
List all of the orga	prization's former directors or tructors that reasting in the conscitution of former directors	rootor or tructoo of the organized	tion

• 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.

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

(A)	(B)	l ge			C)			(D)	(E)	(F)
Name and title	Average	(do		Position neck more than one				Reportable	Reportable	Estimated
	hours per	box, unle		ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		ficer and a director/trustee)			from the	from related	other		
	(list any hours for	ndividual trustee or director				-		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	vidua	Institutional trustee	cer	Key employee	hest o	Former			organizations
	line)	Indi	Inst	Officer	Key	Emig	For			
(1) CHRIS CARTER	40.00									
EXECUTIVE DIRECTOR				х				131,877.	0.	13,308.
(2) ERIC JOHNSON	40.00							110 555		4.0.054
DIRECTOR OF OPERATIONS	10.00		<u> </u>		<u> </u>	X		112,755.	0.	10,051.
(3) REANNA BRADFORD	40.00							0.0 500		4.4 505
DIRECTOR OF FINANCE	1 00			X				88,539.	0.	14,725.
(4) DENISE WATKINS	1.00							0	•	0
CHAIRMAN (5) LELAND YOUNKER, PHD.	1 00	X		X				0.	0.	0.
VICE-CHAIR	1.00	x		x				0.	0.	0
(6) JOAN K. SEPPALA	1.00	Δ		^				0.	0.	0.
PRESIDENT	1.00	x		x				0.	0.	0.
(7) HENRY HUFF	1.00								••	
TREASURER	1.00	x		x				0.	0.	0.
(8) JEAN SHULER	1.00							·		.
SECRETARY		x		x				0.	0.	0.
(9) JEANETTE KING	1.00									
DIRECTOR		х						0.	0.	0.
(10) LAYNE MARCEAU	1.00									
DIRECTOR		х						٥.	0.	0.
(11) JUDGE MARK EATON	1.00									
DIRECTOR		х						0.	0.	0.
(12) CHARLES HARTWIG	1.00									
DIRECTOR		х						٥.	0.	0.
(13) KELLENE COUSINS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) WILLIAM DUNLOP (TO AUG 2021)	1.00									
DIRECTOR		Х						0.	0.	0.
(15) PHILIP R. WENTE	1.00									
DIRECTOR		х						0.	0.	0.
(16) MICHAEL WEINER	1.00									
DIRECTOR		х						0.	0.	0.
(17) JEFF KASKEY	1.00							_	_	
DIRECTOR		Х						0.	0.	0.

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	RE VALLEY PERFOR	MIN	GA	RTS	CE	NTE	R		68-0419	182		P	age 8
Part VII Section A. Officers, Directors	s, Trustees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	<i>.</i>		Posi				Reportable	Reportable		Es	timate	ed
	hours per							compensation	compensation		am	nount	of
	week	offi	cer ar	id a di	irecto	r/trus	tee)	from	from related			other	
	(list any	ctor						the	organizations		com	pensa	tion
	hours for	r dire				eq		organization	(W-2/1099-MISC	/	fr	om th	е
	related	itee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anizat	ion
	organizations	ll trus	nal tr		oyee	duo		1099-NEC)			and	d relat	ed
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizati	ons
	line)	Ind	lnst	Offi	Key	e Hig	For			\rightarrow			
(18) DONA CRAWFORD	1.00												
DIRECTOR		Х						0.		٥.			0.
(19) KEN JONES	1.00												
DIRECTOR		х						0.		0.			Ο.
(20) KELLY BOWERS	1.00												
DIRECTOR		х						0.		0.			Ο.
(21) CIIKU NDUNGU-CASE	1.00									-			
DIRECTOR		х						0.		0.			Ο.
(22) DYRELL FOSTER	1.00		-			-		· · ·		<u>+</u> +			••
DIRECTOR	1.00	v						0					0
DIRECTOR		х						0.		0.			0.
										\rightarrow			
1b Subtotal	ľ							333,171.		0.		38,	084.
c Total from continuation sheets to								0.		0.		,	0.
								333,171.		0.		38	084.
2 Total number of individuals (includin								,				,	
•	•	056	liste	u au	love) vvii	016	ceived more than \$100,					2
compensation from the organization												Yes	No
	<i></i>									Г		163	NO
3 Did the organization list any former			•	•			•	• • •	•		-		v
line 1a? If "Yes," complete Schedule										· F	3		X
4 For any individual listed on line 1a, is													
and related organizations greater that	an \$150,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	for such individual		L	4		Х
5 Did any person listed on line 1a rece	ive or accrue comper	nsati	on fr	om a	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes	s." complete Schedule	e J f	or sı	ich r	bers	on .					5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five high	nest compensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	nsati	on frc	m	
the organization. Report compensat	ion for the calendar ve	ear e	endir	na wi	ith c	or wi	thin	the organization's tax v	ear.				
	(A)			0				(B)			(C	:)	
	isiness address	NO	NE					Description of s	ervices	Cc		nsatio	n
							_						
2 Total number of independent contra	ctors (including but n	ot lir	nited	t to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the	organization				(0							
										F	orm 9	990 (;	2021)

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					or note to any line	(A) Total revenue	(B) Related or exempt	Unrelated	Revenue exclu
							function revenue	business revenue	sections 512 -
ŝ	1 a	Federated campaigns	1a						
and Other Similar Amounts		Membership dues							
m	с	Fundraising events	1c		69,905.				
arA		Related organizations							
mile		Government grants (contribu			1,199,840.				
ŝ	f	All other contributions, gifts, gra	ints, and						
the		similar amounts not included ab	ove 1f		1,478,184.				
Ö	g	Noncash contributions included in lines	s 1a-1f 1g	\$	103,743.				
ano	h	Total. Add lines 1a-1f				2,747,929.			
					Business Code				
	2 a	THEATER REVENUE			711110	1,616,176.	1,616,176.		
Ð	b	BOTHWELL STUDIO			711110	125,426.	125,426.		
nue	с								
eve	d								
Revenue	е				ļ ļ				
		All other program service rev							
	g	Total. Add lines 2a-2f			►	1,741,602.			
	3	Investment income (including	g dividends, i	ntere	est, and	ſ			
		other similar amounts)				476.			4
	4	Income from investment of ta	ax-exempt bo	ond p	roceeds 🕨 🕨				
	5	Royalties	·····						
			(i) Rea		(ii) Personal				
	6 a	Gross rents 6	a						
	b	Less: rental expenses 6	b						
		Rental income or (loss)	с						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Securi	ties	(ii) Other				
		assets other than inventory 7	a						
	b	Less: cost or other basis							
anu		and sales expenses 7							
Kevenue		Gain or (loss) 70							
_	d	Net gain or (loss)		··· <u>····</u>	▶				
Orner	8 a	Gross income from fundraising e							
5			9,905. of						
		contributions reported on line	-		115 100				
		Part IV, line 18		<u>8a</u>	117,423.				
		Less: direct expenses		8b	211,295.				
		Net income or (loss) from fun	-		····· ►	-93,872.			-93,8
	9 a	Gross income from gaming a			10.000				
	-	Part IV, line 19		9a	12,390.				
				9b	15,783.	2 202			3 1
		Net income or (loss) from gar		s	▶	-3,393.			-3,3
	10 a	Gross sales of inventory, less		1	88,256.				
		and allowances		10a					
		Less: cost of goods sold		10b	33,790.	54 466			54.4
+	С	Net income or (loss) from sale	es or invento	ry		54,466.			54,4
		OTHER MISC REVENUE			Business Code 561000	20 207	20 207		
Revenue		PRINTING REVENUE			561000	20,297. 2,904.	20,297. 2,904.		
/en	b	ADVERTISING			541800	,	2,904.	1,944.	
Be	-				04T000	1,944.		<u>,944.</u>	
					L	DE 145			
	е	Total. Add lines 11a-11d			🕨 🗌	25,145.			

LIVERMORE VALLEY PERFORMING ARTS CENTER

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LIVERMORE VALLEY PERFORMING ARTS CENTER

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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<u>e or note to any line in t</u> (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations		CAPCINES	general expenses	expenses
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	290,180.	17,552.	202,417.	70,211
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	961,324.	849,715.	50,174.	61,435
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	17,498.	16,082.	64.	1,352
9 Other employee benefits	164,180.	132,710.	17,355.	14,115
10 Payroll taxes	109,987.	77,975.	20,722.	11,290
11 Fees for services (nonemployees):				
a Management				
b Legal	19,007.		19,007.	
c Accounting	68,532.		68,532.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	26,215.	26,215.		
12 Advertising and promotion	138,147.	138,147.		
13 Office expenses	185,451.	161,145.	10,529.	13,777
14 Information technology	88,501.	75,225.	6,638.	6,638
15 Royalties				
16 Occupancy	134,590.	129,206.	2,692.	2,692
17 Travel	18,364.	5,509.	7,346.	5,509
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	63,469.	60,931.	1,269.	1,269
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	869,554.	860,858.	4,348.	4,348
23 Insurance	57,496.	53,896.	1,800.	1,800
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 0.)				
a ARTIST FEES	1,012,951.	1,012,951.		
b FACILITY & EQUIPMENT	152,963.	152,435.	264.	264
c COMMUNICATIONS - PR	23,164.	23,164.		
d PRODUCTION SUPPLIES	16,430.	16,430.		
e All other expenses	15,942.	4,241.	11,701.	
25 Total functional expenses. Add lines 1 through 24e	4,433,945.	3,814,387.	424,858.	194,700
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 Figure if following SOP 98-2 (ASC 958-720)				

11

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12,413,402.

15,634,705.

29

30

31

32

33

5	Loans and other receivables from any current or	cer, director,				
	trustee, key employee, creator or founder, subst	ibutor, or 35%				
	controlled entity or family member of any of thes			5		
6	Loans and other receivables from other disqualif	fied persons	s (as defined			
	under section 4958(f)(1)), and persons described	in section 4	4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			12,334.	8	0.
9				81,696.	9	60,845.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	25,193,969.			
b	Less: accumulated depreciation		12,010,301.	13,736,679.	10c	13,183,668.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line 1				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		19,921.	15	22,701.	
16	Total assets. Add lines 1 through 15 (must equa		15,634,705.	16	15,873,930.	
17	Accounts payable and accrued expenses			404,308.	17	599,938.
18	Grants payable				18	
19	Deferred revenue			514,655.	19	280,980.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst	antial contri	ibutor, or 35%			
	controlled entity or family member of any of thes	se persons			22	
23	Secured mortgages and notes payable to unrela	ted third pa	Irties	150,000.	23	٥.
24	Unsecured notes and loans payable to unrelated	d third partie	es		24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines	- 5 17-24). Cor	mplete Part X			
	of Schedule D	,		2,152,340.	25	2,538,202.
26				3,221,303.	26	3,419,120.
	Organizations that follow FASB ASC 958, che					
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			11,102,451.	27	10,993,086.
28	Net assets with donor restrictions			1,310,951.	28	1,461,724.

LIVERMORE VALLEY PERFORMING ARTS CENTER

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

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(B) End of year

1,401,844.

810,152.

385,205.

9,515.

12,454,810.

15,873,930.

Form 990 (2021)

(A) Beginning of year

581,801.

906,343.

284,822.

11,109.

1

2

3

4

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Form 990 (2021) Part X | Balance Sheet

1

2

3

4

Assets

Liabilities

29

30

31

32

33

Net Assets or Fund Balances

Form	1990 (2021) LIVERMORE VALLEY PERFORMING ARTS CENTER	68-0419182	1	Pad	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets				4		
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	472,	353.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	433,	945.		
3	Revenue less expenses. Subtract line 2 from line 1	3		38,	408.		
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6		З,	000.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	12,	454,	810.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (D.					
2a			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	х			
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit					
	Act and OMB Circular A-133?	·····	3a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			v			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	L		

Form **990** (2021)

(Form 990)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service			 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 						Open to Public Inspection		
Nar	ne of	the organizati		Ŭ					Employer	identification number	
			LIVERM	ORE VALLEY PERF	ORMING ARTS CENTER	2				68-0419182	
Pa	nrt I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The	orgar				For lines 1 through 12, cl						
1	Ŭ		-		on of churches described		-	I)(A)(i).			
2					Attach Schedule E (Form		· A				
3					anization described in se		(b)(1)(A)(ii	ii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
Ŭ		section 170(b)(1)(A)(iv). (Complete Part II.)									
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X		-	-	ntial part of its support fr				ne deneral i	ublic described in	
•		-		omplete Part II.)		onna gove	innontai		ie general j		
8		-			(1)(A)(vi). (Complete Par	ни)					
9	H	-			in section 170(b)(1)(A)(-	ed in conii	inction with a	land-grant	college	
Ŭ		•	-	-	ulture (see instructions).		-		-	-	
		university:		fram conogo or agno			lame, eng	, and olato of	and bollege		
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from	
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on	
		lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.		
a		-	-	• •	upervised, or controlled				-	giving	
				-	gularly appoint or elect a	•	-				
			-	complete Part IV, Se		, ,					
k		¬ ~		-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hay	rina	
				-	anization vested in the sa			-		-	
			-	t complete Part IV,					90 illo ocipi		
c		¬ ~		-	g organization operated	in connect	tion with	and functiona	llv integrate	d with	
			-). You must complete I				ny mograte		
c		¬ ··	0		porting organization oper				rted organia	ration(s)	
			-		ation generally must sat				-		
					nplete Part IV, Sections						
e		- ·	•		written determination from				II Type III		
			•		nally integrated supportin			турс і, турс	п, турс п		
4	Ent	er the number	0,	ranizationa	, , , , , , , , , , , , , , , , , , , ,	0 0					
د				about the supporte	d organization(s)						
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	I		(described on lines 1-10	Yes	No	support (see i	nstructions)	support (see instructions)	
					above (see instructions))						

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LIVERMORE VALLEY PERFORMING ARTS CENTER

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,297,466.	1,722,982.	2,181,262.	1,077,502.	2,747,929.	10,027,141.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	2 207 466	1 700 000	2 1 9 1 2 5 2	1 077 500	2 747 020	10 007 141
	Total. Add lines 1 through 3	2,297,466.	1,722,982.	2,181,262.	1,077,502.	2,747,929.	10,027,141.
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)						2,383,932.
6	Public support. Subtract line 5 from line 4.						7,643,209.
	ction B. Total Support						· , · · · , - · · ·
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,297,466.	1,722,982.	2,181,262.	1,077,502.	2,747,929.	10,027,141.
	Gross income from interest,	,		. ,		, ,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,599.	519.	185.	404.	476.	14,183.
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.)	279,288.	165,779.	177,514.	50,236.	153,014.	825,831.
11	Total support. Add lines 7 through 10						10,867,155.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	7,755,017.
13	First 5 years. If the Form 990 is for the	•	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
0.0	organization, check this box and stop				<u></u>		
	ction C. Computation of Publi						70.22
	Public support percentage for 2021 (li		-			14	70.33 % 61.61 %
	Public support percentage from 2020					15	/0
168	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		-			ar mara abaali thi	
L	33 1/3% support test - 2020. If the c	-					
17-	and stop here. The organization quali					and line 14 is 1004	
178	10% -facts-and-circumstances test	-					
	and if the organization meets the facts meets the facts-and-circumstances te			-		-	
F	10% -facts-and-circumstances test	-			-	7a and line 15 is 1	
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
				,,, 0, 170	,		(Form 990) 2021

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
I	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is 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. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
	check this box and stop here			<u>.</u>		-	
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	0 21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2021. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
ł	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organiza	ation ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
1320	23 01-04-22					Schee	dule A (Form 990) 2021
			16	5			

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | | Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 LIVERMORE VALLEY PERFORMING ARTS CENTER		68-0419182	Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Vac	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported the tax of the support of the organization had more than one supported the organization of the organization						
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported						
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in						
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,						
		2					

Section C. Type II Supporting Organizations	

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations	

			165	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2021

Yes No

Voc No

1

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Sche	dule A (Form 990) 2021 LIVERMORE VALLEY PERFORMING ARTS C	ENTER		68-0419182	Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations			
1						
	All other Type III non-functionally integrated supporting organizations must					
Sect	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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion C - Distributable Amount			Current Y	ear	
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	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting or	ganization (see		

Schedule A (Form 990) 2021

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instructions).

Schedule A (Form 990) 2021

Section D - Distributions

2

3

7

8

9

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

any. Subtract lines 3g and 4a from line 2. For result greater

1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 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. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount

Schedule A (Form 990) 2021

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Current Year

(iii)

Schedule A	(Form 990) 2021 LIVERMORE VALLEY PERFORMING ARTS CENTER	68-0419182	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part I line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this	V, Section B, lines 1 and 2; Part IV, Section Part V, line 1; Part V, Section B, line 1e; Par	C,
	(See instructions.)	· · ·	
132028 01-04-2	2	Schedule A (Form 99	90) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

LI	LIVERMORE VALLEY PERFORMING ARTS CENTER 68-04191			
Organization type (check	rganization type (check one):			
Filers of:	Section:			
Form 990 or 990-EZ	orm 990 or 990-EZ X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

LIVERMOR	E VALLEY PERFORMING ARTS CENTER		68-0419182
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$65,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$124,104	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$958,090	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$225,000	Person X Payroll

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Name of organization

Employer identification number

Page 2

Schedule B (Form 990) (2021)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2021)	
	Schedule B (Form 990) (2021)

Name of organization

Part I

LIVERMORE VALLEY PERFORMING ARTS CENTER

Employer identification number

68-0419182

noncash contributions.) Schedule B (Form 990) (2021)

Noncash

(Complete Part II for

Page **2**

\$

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	E VALLEY PERFORMING ARTS CENTER		68-0419182
art II	Noncash Property (see instructions). Use duplicate copies of P		00-0419102
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	\$(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Schedule E	3 (Form 990) (2021)		Page 4		
Name of or	ganization		Employer identification number		
LIVERMOR	E VALLEY PERFORMING ARTS CENTER		68-0419182		
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a)	through (e) and the following line entry	y. For organizations		
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this into. once.)		
(a) No.					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		(e) Transfer of gift			
			Delationakia of transferrer to transferrer		
F	Transferee's name, address, ar		Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Γ		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(5) 1 2 5 5 5 5 9 10	(0) 000 01 girt			
			[
F					
		(e) Transfer of gift			
F	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
<u> </u>					
F	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
Γ					

Schedule B (Form 990) (2021)

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SCHEDULE [C
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90)

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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

	LIVERMORE VALLEY PERFORMING	G ARTS CENTER		68-0419182
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Simi	lar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.		
		(a) Donor advised fu	nds (I	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		donor advised fund	s
	are the organization's property, subject to the organization's	•		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Par				
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea		eservation of a histo	rically important land area
	Protection of natural habitat			ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	fied conservation contributior	n in the form of a cor	nservation easement on the last
	day of the tax year.		ĺ	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic sti	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a his	storic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			zation during the tax
	year 🕨			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection,	handling of	
	violations, and enforcement of the conservation easements i		-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforci	ng conservation eas	ements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	ve 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 conservat	on easements in its revenue a	and expense stateme	ent and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's fina	ncial statements tha	t describes the
_	organization's accounting for conservation easements.			
Par			res, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue	statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pu			ce of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 98			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or res	earch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
				► \$
2	If the organization received or held works of art, historical tre			provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21	28		
		40		



Sche		VALLEY PERFORMIN						68-041		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	ical Tre	easures, o	r Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check ar	ny of the f	following that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	l 🗌 Lo	an or exc	hange progra	am					
b	Scholarly research	e	e 🗌 Otl	her							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizatio	on's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, histo	rical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the or	ganizatio	on answered '	"Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi								-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tabl	e:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						. 1 f		7		7
	Did the organization include an amount on F						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						10		<u></u>		
I ai		(a) Current year	(b) Prio		(c) Two yea			years back		VADR	hack
4.				i yeai		15 Dack		years Dack	(e) i ou	years	Dauk
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr Reard designated or quasi endowment	-	e (iine ig, c	olumn (a)) heid as.						
a h	Board designated or quasi-endowment ► Permanent endowment ►		70								
b		% %									
С	The percentages on lines 2a, 2b, and 2c sho	· -									
30	Are there endowment funds not in the posse	•	ation that a	re held ar	nd administer	red for th	o organiz	ation			
0a	by:			ie neid ai			ic organizi			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, li	ne 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)		ccumulate		(d) Boo	k valu	e
10	Land			24010	740,000.		- colution			740	000.
	Land			2.2	,990,947.		11,191,	424	11		523.
	Buildings Leasehold improvements			22	34,431.		, ,	584.			847.
				1	,428,591.		794,			,	298.
	EquipmentOther				,,		,			,	
	. Add lines 1a through 1e. (Column (d) must e		V. aalisere	(D) line 1					13	183	668.
TOLA	. Aud miles la unough le. (Column (a) must e	qual Form 990, Part	⊼, coiumn	<u>д), iine 1</u>	<u>UC.</u>)					-	0000

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D	(Form 990) 2021	LIVERMORE	VALLEY	PERFORMING	ARTS	CENTER	
Part VII	Investments - O	ther Securi	ties.				

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		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)		

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. (a) Description of liability (b) Book value (1) Federal income taxes PRESENT VALUE OF PURCHASE OPTION 1,710,702 (2)ECONOMIC INJURY DISASTER LOAN 500,000 (3) PPP LOAN 327,500 (4) (5) (6) (7) (8) (9) 2,538,202. ► Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 ... X

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 LIVERMORE VALLEY PERFORMING ARTS CENTER			68-0419182	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			I	
1				1	4,551,874.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments	2a	45 831		
b	Donated services and use of facilities	2b	45,731.		
с.	Recoveries of prior year grants	2c	33,790.		
d	Other (Describe in Part XIII.)	2d	,	0.	79,521.
e 2	Add lines 2a through 2d		r i i i i i i i i i i i i i i i i i i i	2e 3	4,472,353.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,112,333.
4 a		4a			
a b	Other (Describe in Part XIII.)	4b			
c				4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		l l l l l l l l l l l l l l l l l l l	5	4,472,353.
	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per R		, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,510,466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	42,731.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	33,790.		
е	Add lines 2a through 2d			2e	76,521.
3	Subtract line 2e from line 1			3	4,433,945.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		r	4c	0.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,433,945.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lines the	nd Oh: Dart V, line 4:	Dout V line 01	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			Part X, line 2; I	Part XI,
lines	20 and 4b, and Part All, lines 20 and 4b. Also complete this part to provide any addition				
PAR	X, LINE 2:				
U.S.	GAAP PROVIDES ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIO	NS			
TAKI	N BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN				
MANA	GEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL O	F THE			
POS	TIONS TAKEN BY THE CENTER IN ITS FEDERAL AND STATE EXEMPT ORGAN	IZATION			
тах	RETURNS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATI	ON.			
THE	CENTER FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTI	ON AND			
STAT	YE OF CALIFORNIA. THE CENTER'S FEDERAL RETURNS FOR THE TAX YEARS	ENDED			

JUNE 30, 2019 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE

INTERNAL REVENUE SERVICE. THE CENTER'S CALIFORNIA RETURNS FOR THE TAX

YEARS ENDED JUNE 30, 2018 AND BEYOND REMAIN SUBJECT TO POSSIBLE

EXAMINATION BY THE FRANCHISE TAX BOARD.

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 LIVERMORE VALLEY PERFORMING ARTS CENTER	68-0419182 Page 5
Schedule D (Form 990) 2021 LIVERMORE VALLEY PERFORMING ARTS CENTER Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CONCESSIONS EXPENSE 33,790	•
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
CONCESSIONS EXPENSE 33,790	
	•
	Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990	•		-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.		Inspection
Name of the organization		VALLEY PERFORMING ARTS CENT	ER				Employer id 68-04191	entification number 82
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
a 📃 Mail solicitat	ions email solicitations		tion of tion of	non-g gover	overnment grants nment grants			
d In-person so 2 a Did the organization		or oral agreement with any individual	(includ	lina of	ficers, directors, trus	tees.	or	
		art VII) or entity in connection with p				,	Ye	s 🗌 No
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreer	nents under which th	ne fur	ndraiser is to b	e
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from r	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z.		Schedu	le G (Form 990) 2021

LIVERMORE VALLEY PERFORMING ARTS CENTER

68-0419182 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

- 1			(a) Event #1 BRILLIANCE AT THE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BANKHEAD	ARTWALK 2021		col. (c)
a			(event type)	(event type)	(total number)	COI. (C))
Hevenue	1	Gross receipts	179,986.	5,362.		185,348
	2	Less: Contributions	69,905.			69,905
	3	Gross income (line 1 minus line 2)	110,081.	5,362.		115,443
	4	Cash prizes				
	5	Noncash prizes	61,770.			61,770
Ulrect Expenses	6	Rent/facility costs	15,111.			15,111
ACL EX	7	Food and beverages	34,047.	518.		34,565
_	8	Entertainment	59,962.	1,100.		61,062
	9	Other direct expenses	629.	240.		869
.	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)	240.	>	869 173,377
	10 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d) line 3, column (d)			173,377
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d) line 3, column (d)			173,377
. Par	10 1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	h 9 in column (d) line 3, column (d)			
. ar	10 11 t II	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	173, 377 -57, 934 (d) Total gaming (add
	10 11 t II	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	173, 377 -57, 934 (d) Total gaming (add
	10 1 <u>1</u> 1 1 2	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	173,377 -57,934 (d) Total gaming (add
	10 11 1 1 2 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	173,377 -57,934 (d) Total gaming (add
	10 11 1 1 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	(a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	173,377 -57,934 (d) Total gaming (add
Direct Expenses Revenue	10 11 1 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant	eported more than	173, 377 -57, 934 (d) Total gaming (add

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

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

132082 10-21-21

Schedule G (Form 990) 2021

No

No

Sch	edule G (Form 990) 2021	LIVERMORE VALLEY PERFORMING	ARTS CENTER	68-04	1918	2	Page 3
					<u> </u>	Yes	No
12			r of a partnership or other entity formed				
					<u> </u>	Yes	No
	Indicate the percentage of gamin			1			
					13a 13b		<u>%</u>
			's gaming/special events books and records		130		%
17		s person who prepares the organization	s gaming/special events books and records				
	Name 🕨						
	Address 🕨						
15a	Does the organization have a cor	tract with a third party from whom the o	rganization receives gaming revenue?		, []	Yes	🗌 No
k			n > \$ and the amou	unt			
		e third party \$					
C	: If "Yes," enter name and address	of the third party:					
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	► \$					
	Description of services provided						
	Director/officer	Employee Indep	bendent contractor				
17	Mandatory distributions:						
	•	state law to make charitable distribution	ns from the gaming proceeds to				
	retain the state gaming license?				· .	Yes	🗌 No
k	Enter the amount of distributions		ed to other exempt organizations or spent in				
	organization's own exempt activi						
Ра			uired by Part I, line 2b, columns (iii) and (v); a	and Part	III, line	es 9,	9b, 10b,
	15D, 15C, 16, and 17D, a	applicable. Also provide any additional	Information. See Instructions.				
1320	83 10-21-21			Schedul	e G (F	Form	990) 2021
		35					-

Part IV	Supplemental Information (continued)
	Schedule G (Form 990

132084 11-18-21

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (c) Purpose of loan (d) Loan to or from the organization (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Writt organization	partment of the Treasury rnal Revenue Service ame of the organization Part I Excess			ganization and										
LIVERMORE VALLEY PERFORMING ARTS CENTER 68-0419182 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Correcter 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Correcter 2 Enter the amount of tax incurred by the organization managers or disqualified persons. 5 - 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization > \$ - Part II Locans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (e) Original interested person (f) Balance due (g) In (h) Approved (i) Writt agreeme or complete if the organization of for an or complete or complete or form 990. Part X, line 5, 6, or 22.	Part I Excess	LIVERMORE		► Atta	or Form 99 ach to Forr	90-EZ, Part V m 990 or Forr	, line 38a n 990-EZ	or 40b.	6, 27, 2	8a,				lic
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected Yes 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected Yes 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$									Empl	loyer i	identi	ificatio	on nui	mber
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Correcter Yes N 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Correcter Yes N 2 (c) Description of transaction 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 (c) Description of tax inf any, on line 2, above, reimbursed by the organization (c) S (c) Description of tax inf any, on line 2, above, reimbursed by the organization 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (c) S (c) Purpose														
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(a) Name of disqualified person person and organization (c) Description of transaction Yes N Yes Yes	Complete	if the organizatio	n answe	ered "Yes" on I	Form 990,	Part IV, line 2	5a or 25b	, or Form 990-EZ, Pa	art V, lin	e 40b).			
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose of Ioan (c) Purpose Ioan	(a) Name of disqua	alified person	(b) Re				(c) Description of tran	saction					
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section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose of Ioan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Writt agreeme												+		
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Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (i) Writt agreeme										▶ \$_				
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (i) Writt agreeme	B Enter the amount	of tax, if any, on I	ine 2, at	oove, reimburs	sed by the	organization			🕨	▶ \$_				
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose (d) Loan to or from the organization? (e) Original (f) Balance due (g) In (h) Approved by board or committee? (i) Writt agreeme	art II I oans t	o and/or From	n Inte	rested Perg	sons									
reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of Ioan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (i) Writt agreeme						T Dort V line	282 or E	form 000 Part IV lin	0.26. or	if tho	orga	oizotio	n	
(a) Name of interested person(b) Relationship with organization(c) Purpose of loan(d) Loan to or from the organization?(e) Original principal amount(f) Balance due(g) In default?(h) Approved by board or committee?(i) Writt agreeme		-				_2, Fait V, III C	50a 01 F	0111 990, Fait IV, III	e 20, 01	ii tiie	lorgai	IIZatio		
interested person with organization of loan of loan principal amount default? by board of committee? agreeme			i		(d) Loan to	or (e) Orio	ninal	(n = · · ·			' h) Adi	proved	(:) \//	ritten
To From Yes No Yes <	interested persor							(f) Balance due	(g)	n p			(1) VV	TILLOIT
Image: state of the state		n with organ	ization	or loan		nrincinal		(f) Balance due			by boa	ard or	agree	ment?
		n with organ	ization	orioan	organization	principal a		(f) Balance due	defau	ılt?	by boa comm	ard or ittee?	agree	ment?
		n with organ	ization	orioan	organization	principal a		(f) Balance due	defau	ılt?	by boa comm	ard or ittee?	agree	ment?
		n with organ		onoan	organization	principal a		(f) Balance due	defau	ılt?	by boa comm	ard or ittee?	agree	ment?
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otal > \$		n With organ			organization	principal a		(f) Balance due	defau	ılt?	by boa comm	ard or ittee?	agree	ment?
Part III Grants or Assistance Benefiting Interested Persons.					organization To Fro	principal a		(f) Balance due	defau	ılt?	by boa comm	ard or ittee?	agree	ment?
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.					organization To Fro	principal a		(f) Balance due	defau	ılt?	by boa comm	ard or ittee?	agree	ment?
	Part III Grants	or Assistance	e Bene	efiting Inter	organization To Fro	principal a	amount		defau Yes	ılt?	by boa comm	ard or ittee?	agree	ment?
(a) Name of interested person(b) Relationship between interested person and the organization(c) Amount of assistance(d) Type of assistance(e) Purpose of assistance	Complete	or Assistance	Bene n answe	efiting Inter ered "Yes" on I) Relationship interested pers	ested Pe Form 990, between son and	principal a	amount	(d) Type	defau Yes	ılt?	y box comm Yes	Purpo	Yes Yes	
interested person and assistance assistance assistance	Complete	or Assistance	Bene n answe	efiting Inter ered "Yes" on I) Relationship interested pers	ested Pe Form 990, between son and	principal a	amount	(d) Type	defau Yes	ılt?	y box comm Yes	Purpo	Yes Yes	No
interested person and assistance assistance assistance	Complete	or Assistance	Bene n answe	efiting Inter ered "Yes" on I) Relationship interested pers	ested Pe Form 990, between son and	principal a	amount	(d) Type	defau Yes	ılt?	y box comm Yes	Purpo	Yes Yes	No
interested person and assistance assistance assistance	Complete	or Assistance	Bene n answe	efiting Inter ered "Yes" on I) Relationship interested pers	ested Pe Form 990, between son and	principal a	amount	(d) Type	defau Yes	ılt?	y box comm Yes	Purpo	Yes Yes	No
interested person and assistance assistance assistance	Complete	or Assistance	Bene n answe	efiting Inter ered "Yes" on I) Relationship interested pers	ested Pe Form 990, between son and	principal a	amount	(d) Type	defau Yes	ılt?	y box comm Yes	Purpoo	Yes Yes	No

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

Schedule L (Form 990) 2021

132131 11-02-21

Schedule L	(Form 990) 2021 LIVERMORE	E VALLEY PERFORMING ARTS CENTE	IR	68-041918	32	Page 2
Part IV	Business Transactions Involvi	ing Interested Persons.				0
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(4	a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
THE INDE	PENDENT	A FOR PROFIT OWNED	19 386.	THE ORGANIZ	103	X
Part V	Supplemental Information.					
	Provide additional information for respo	onses to questions on Schedule L (see i	nstructions).			
SCH L, PA	ART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME	OF PERSON: THE INDEPENDENT					
(B) RELA	FIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
A FOR PRO	OFIT OWNED BY A BOARD MEMBER					
		_				
(D) DESCI	RIPTION OF TRANSACTION: THE ORC	GANIZATION'S BOARD PRESIDENT,	JOAN			
SEPPALA	IS THE OWNER/PRESIDENT OF A LOO	CAL NEWSPAPER, THE INDEPENDENT	. THE			
ODGINITAN						
ORGANIZA	TION PAID \$19,386 FOR AD SERVIC	CES FROM THE INDEPENDENT DURIN	NG FYE			
06/30/20:	2.2					
00/30/20.	22 .					

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021 Open to Public Inspection

Employer identification number

68-0419182

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

LIVERMORE	VALLEY	PERFORMING	ARTS	CENTER

Par	t 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	noncash cor	(d) of determin ntribution ar		s
1	Art - Works of art				.9			
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	X	2	22,38	9.FMV			
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 10								
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	X	18		5.FMV			
26	Other (SUPPLIES)	X	1	11,44	9.FMV			
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 thr	ough 28, that it			
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to b	e used for			
	exempt purposes for the entire holding period?	?		·		30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard contr	butions?	31	х	
	Does the organization hire or use third parties of	-	-	-				
JZa			5	, i ,		200		х
Ŀ	contributions?					<u>32a</u>		
	If "Yes," describe in Part II.	ali			h a a l a a l			
33	If the organization didn't report an amount in co	olumn (C) fói	a type of property	r for which column (a) is c	пескеа,			
	describe in Part II.							005 í
LHA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990).	Sched	ule M (Forr	n 990)	2021

132141 11-17-21

Schedule M (Form 990) 2021 LIVERMORE VALLEY PERFORMING ARTS CENTER	68-0419182	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a c this part for any additional information.	d 33, and whether the organi combination of both. Also cor	zation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED ABOVE PERTAINS TO THE		
NUMBER OF DONORS.		
132142 11-17-21	Schedule M (For	m 990) 2021
40		

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SCHEDULE O	Supplemental Information to Form 99	90 or 990-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info	questions on	2021
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest inform	nation.	Open to Public Inspection
Name of the organization	LIVERMORE VALLEY PERFORMING ARTS CENTER		oyer identification number 3-0419182
FORM 990, PART III	, LINE 2, NEW PROGRAM SERVICES:		
ON MARCH 12, 2020,	LVPAC'S 2019-2020 SEASON WAS CUT SHORT WHEN THE		
CALIFORNIA DEPARTM	ENT OF PUBLIC HEALTH FORCED ALL NON-ESSENTIAL		
BUSINESSES TO CLOS	E. ALL OPERATIONS AT THE BANKHEAD THEATER AND		
BOTHWELL ARTS CENT	ER WERE TEMPORARILY SHUT DOWN. SHORTLY AFTER THE		
INITIAL SHUTDOWN,	LVPAC TRANSITIONED FROM LIVE EVENTS AND CLASSES AND		
BEGAN OFFERING ONL	Y VIRTUAL ART CLASSES, OPEN MIC NIGHTS, LIVE SPEAKER		
EVENTS, AND CONCER	TS. THIS CONTINUED EXCLUSIVELY UNTIL ALAMEDA COUNTY		
DEPARTMENT OF PUBL	IC HEALTH RELAXED SOME RESTRICTIONS, AND LVPAC WAS		
ALLOWED TO RESUME	LIMITED IN-PERSON OPERATIONS IN APRIL 2021. IN FISCAL		
YEAR 2022 WAS THE	FIRST FULL YEAR OF OPERATIONS SINCE THE COVID-19		
PANDEMIC BEGAN.			
	THE SPRING OF 2021, LVPAC HAS LARGELY BEEN ABLE TO		
	USINESS OPERATIONS AFTER EXPERIENCING A 15-MONTH		
	COVID-19 PANDEMIC AND LOCAL MANDATES. LVPAC OPENED		
	ON WITH A VERY SUCCESSFUL GALA FEATURING VANESSA		
	2, OVER 200 PUBLIC EVENTS AT THE BANKHEAD THEATER.		
	TTENDEES ENJOYED PERFORMANCES BY SUCH ATTRACTIONS AS		
	EY OPERA, TRI-VALLEY REPERTORY THEATRE, THE		
	YMPHONY, VALLEY DANCE THEATER, CROCE PLAYS CROCE,		
	PETER SAGAL, BALLET FOLKLORICO DE MEXICO, LEA		
SALONGA, AL FRANKE	N, CRYSTAL GAYLE, AND THE SMOTHERS BROTHERS. LVPAC		
OFFERED THE COMMUN	ITY FREE CULTURAL ART PROGRAMS SUCH AS TASTE OF		
AFRICA, FILIPINO B	ARRIO FIESTA, LUNA NEW YEAR, AND JUNETEENTH ON THE		
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	S	chedule O (Form 990) 2021

13110426 701245 0503909.T

Schedule O (Form 990) 2021	Page 2
Name of the organization LIVERMORE VALLEY PERFORMING ARTS CENTER	Employer identification number 68-0419182
PLAZA IN FRONT OF THE BANKHEAD THEATER. THE BANKHEAD THEATER ART	
GALLERY OFFERED FIVE EXHIBITS, INCLUDING A VISITING EXHIBITION CALLED	
50 FACES, CURATED BY GUGLIELMO ZANETTE. THIS EXHIBIT SHOWCASED	
CONTEMPORARY MOSAIC ARTWORK FROM SCUOLA MOSAICISTI DEL FRIULI IN ITALY	
DONE BY YOUNG MOSAIC ARTISTS WHO REDEFINE THE ANCIENT TRADITION OF	
MOSAIC ART WITH INNOVATIVE METHODS AND MATERIALS.	
IMPACT:	
200 EVENTS AND PROGRAMS OFFERED	
70,000 VISITORS WELCOMED TO THE BANKHEAD THEATER, AND BOTHWELL ARTS	
CENTER	
372 SUBSIDIZED STUDENT TICKETS PROVIDED	
88 BANKHEAD & BOTHWELL PERFORMANCES PRESENTED	
35 RESIDENT COMPANY AND RENTAL EVENTS HOSTED	
7 VISUAL ART EXHIBITS AND EVENTS PRESENTED	
7,276 SERVED BY EDUCATION PROGRAMS	
10 CHILDREN'S ART CAMPS AND CLASSES	
5 FREE CULTURAL EVENTS ON THE PLAZA HELD	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
IN TURN, THE GROUPS COLLABORATE BY PROVIDING THE COMMUNITY WITH	
EDUCATIONAL OUTREACH OPPORTUNITIES AND A FREE FAMILY CONCERT EACH	
HOLIDAY SEASON. THE BANKHEAD IS ALSO AVAILABLE FOR RENT TO TOURING	
COMPANIES AND NON-PROFIT ORGANIZATIONS.	

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization LIVERMORE VALLEY PERFORMING ARTS CENTER	Employer identification number 68-0419182
FORM 990, PART VI, SECTION A, LINE 4:	

SECTION III #3: ELECTION & TERM OF OFFICE: TERM NOW BEGINS AUGUST 1 -

CHANGED FROM FEBRUARY 1. SECTION IV #1: THE OFFICE OF THE PRESIDENT WILL

CEASE TO EXIST WITH THE EXPIRATION OF THE TERM ENDING IN 2023.

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

FORM 990 IS PREPARED BY THE ORGANIZATION'S AUDIT FIRM AND STAFF, REVIEWED

BY THE BOARD FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS PRIOR

TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

EACH DIRECTOR AND OFFICER ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT THEY

HAVE RECEIVED A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, HAS

READ AND UNDERSTAND THE POLICY AND WILL COMPLY WITH IT. THE ORGANIZATION'S

EXECUTIVE DIRECTOR MONITORS THE ORGANIZATION'S ACTIVITIES AND TRANSACTIONS

THAT COME BEFORE THE BOARD FOR ANY POTENTIAL CONFLICT OF INTEREST IN ORDER

TO ENSURE COMPLIANCE WITH EXISTING POLICIES.

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

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,

EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIALS REQUIRES COMPARABILITY DATA

AND OUTSIDE RESEARCH. THE COMPENSATION IS APPROVED BY THE BOARD.

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

LVPAC MAKES ITS GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

132212 11-11-21