

**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.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2013** calendar year, or tax year beginning **7/01**, 2013, and ending **6/30**, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> YERBA BUENA CENTER FOR THE ARTS 701 MISSION STREET SAN FRANCISCO, CA 94103	<b>D</b> Employer Identification Number 94-3042571
	<b>F</b> Name and address of principal officer: DEBORAH CULLINAN 701 MISSION STREET SAN FRANCISCO, CA 94103	<b>E</b> Telephone number (415) 321-1360
<b>J</b> Website: WWW.YBCA.ORG		<b>G</b> Gross receipts \$ 24,301,495.
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: 1986	<b>M</b> State of legal domicile: CA
<b>H(c)</b> Group exemption number		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>YBCA PUTS ART AND CREATIVITY AT THE CENTER OF LIFE.</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <span style="float: right;">20</span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <span style="float: right;">20</span>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) <b>5</b> <span style="float: right;">673</span>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <span style="float: right;">295</span>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <span style="float: right;">0.</span>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <span style="float: right;">0.</span>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>Prior Year</b> 5,317,156. <b>Current Year</b> 6,312,738.
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>Prior Year</b> 4,651,031. <b>Current Year</b> 5,060,797.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>Prior Year</b> 113,110. <b>Current Year</b> 97,829.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>Prior Year</b> 4,195,105. <b>Current Year</b> 3,516,306.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>Prior Year</b> 14,276,402. <b>Current Year</b> 14,987,670.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>Prior Year</b> 7,371,192. <b>Current Year</b> 7,860,952.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>798,108.</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>Prior Year</b> 3,900,373. <b>Current Year</b> 4,255,686.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>Prior Year</b> 11,271,565. <b>Current Year</b> 12,116,638.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>Prior Year</b> 3,004,837. <b>Current Year</b> 2,871,032.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>Beginning of Current Year</b> 15,104,735. <b>End of Year</b> 19,339,765.
	<b>21</b> Total liabilities (Part X, line 26) <b>Beginning of Current Year</b> 3,322,764. <b>End of Year</b> 3,833,690.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>Beginning of Current Year</b> 11,781,971. <b>End of Year</b> 15,506,075.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: <u>Deborah Cullinan</u> Date: <u>5/7/15</u>
	Type or print name and title: <u>DEBORAH CULLINAN</u> CEO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <u>LISA DORAN, CPA</u> Preparer's signature: <u>Lisa Doran, CPA</u> Date: <u>5/7/15</u> Check <input checked="" type="checkbox"/> if self-employed PTIN: <u>P00791709</u>
	Firm's name: <u>DORAN &amp; ASSOCIATES</u> Firm's EIN: <u>262769279</u>
	Firm's address: <u>55 MITCHELL BOULEVARD, STE. 3 SAN RAFAEL, CA 94903</u> Phone no.: <u>415-491-1130</u>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box.  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	YERBA BUENA CENTER FOR THE ARTS	94-3042571
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	701 MISSION STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94103	

Enter the Return code for the return that this application is for (file a separate application for each return) .....

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ▶ SCOTT ROWITZ  
Telephone No. ▶ (415) 321-1360 Fax No. ▶ (415) 978-9635
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... . If this is for the whole group, check this box. . . ▶  . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 5/15, 20 15.
- For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 13, and ending 6/30, 20 14.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension. . . TAXPAYER REQUIRES ADDITIONAL TIME TO GATHER SUFFICIENT DATA TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8 a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>8 a</b> \$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. ....	<b>8 b</b> \$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>8 c</b> \$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Handwritten Signature] Title ▶ Tax Preparer Date ▶ 2/10/15  
 BAA FIFZ0502L 12/31/13 Form 8868 (Rev 1-2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,798,014. including grants of \$ ) (Revenue \$ 3,289,218.)

FACILITY RENTALS - YBCA'S LANDMARK STATE-OF-THE-ART FACILITIES ARE A VALUABLE RESOURCE FOR THE COMMUNITIES OF THE BAY AREA. THROUGH OUR FACILITY RENTALS PROGRAM, THE ARTS AND CREATIVITY THAT CHARACTERIZE YBCA BECOME A COMPELLING BACKDROP FOR CORPORATE EVENTS HELD IN OUR LOBBY, THEATER, FORUM, AND OTHER AVAILABLE VENUES.

4b (Code: ) (Expenses \$ 2,207,883. including grants of \$ ) (Revenue \$ 121,557.)

VISUAL ARTS - THE EXHIBITIONS AT YBCA FEATURE WORKS THAT TAP INTO TIMELY IDEAS AND TOPICS AND THAT EMPOWER THE VIEWER TO FEEL AND EXPERIENCE THE WORLD MORE FULLY. THROUGH A SCHEDULE OF APPROXIMATELY 7 TO 10 TEMPORARY EXHIBITIONS EACH YEAR, YBCA SHOWCASES ESTABLISHED AND EMERGING ARTISTS FROM THE BAY AREA AND BEYOND, COMMUNITY BASED WORK, AND THE INTERSECTION BETWEEN FINE ART AND POPULAR CULTURE. IN ADDITION TO PRESENTING COMPELLING NATIONALLY AND INTERNATIONALLY TOURING EXHIBITIONS, YBCA DEVELOPS ORIGINAL, THEMATICALLY DRIVEN, SOCIALLY ENGAGED EXHIBITS FOR OUR GALLERIES. THESE YBCA-CURATED EXHIBITIONS FEATURE A MIX OF SOLO ARTIST AND GROUP SHOWS, AND EXISTING AND NEWLY COMMISSIONED ARTWORKS.

4c (Code: ) (Expenses \$ 1,775,983. including grants of \$ ) (Revenue \$ 197,376.)

PERFORMING ARTS - YBCA'S PERFORMING ARTS PROGRAM INCLUDES PERFORMANCES BY LOCAL, NATIONAL, AND INTERNATIONAL ARTISTS; MICRO-COMMISSIONS IN LOCAL COMMUNITY SETTINGS; AND ACCESSIBLE DANCE CLASSES. THE PROGRAM OFFERS AN EXTRAORDINARY LINEUP OF ARTISTS YOU WON'T SEE ANYWHERE ELSE, INCLUDING THOSE WHO ARE TAKING RISKS, EXPERIMENTING WITH THE BOUNDARIES OF THEIR FORM, AND WHO ARE COMMITTED TO COLLABORATION. EACH YEAR YBCA FEATURES NEW WORK BY BAY AREA ARTISTS ALONG WITH A LINEUP OF THE MOST COMPELLING, CONTEMPORARY NATIONAL AND INTERNATIONAL DANCE, MUSIC, AND THEATER COMPANIES.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 3,332,754. including grants of \$ ) (Revenue \$ 1,452,646.)

4e Total program service expenses ▶ 10,114,634.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 a	199		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 b	20		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1 c			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 a	673		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
2 b			
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 a			
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		
3 b			
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 a			
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4 b			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 b			
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
5 c			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 a			
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6 b			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7 a			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 c			
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7 h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?		
9 a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9 b			
<b>10 Section 501(c)(7) organizations. Enter:</b>			
a	Initiation fees and capital contributions included on Part VIII, line 12		
10 a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10 b			
<b>11 Section 501(c)(12) organizations. Enter:</b>			
a	Gross income from members or shareholders		
11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11 b			
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12 a			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
12 b			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state?		
13 a			
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13 b			
c	Enter the amount of reserves on hand		
13 c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 a			
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
14 b			

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 20; 1b Enter the number of voting members included in line 1a... 20; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... SEE SCH O; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O. X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. X; b Other officers of key employees of the organization. SEE SCHEDULE O. X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
SCOTT ROWITZ 701 MISSION STREET SAN FRANCISCO CA 94103 (415) 321-1360

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICOLE WARD MEMBER	1 0	X					0.	0.	0.	
(2) SABRINA RIDDLE MEMBER	1 0	X					0.	0.	0.	
(3) DIANA COHN PRESIDENT	2 0	X		X			0.	0.	0.	
(4) JD BELTRAN MEMBER	1 0	X					0.	0.	0.	
(5) EMILY SAWTELL MEMBER	1 0	X					0.	0.	0.	
(6) SAMIRA RAHMATULLAH MEMBER	1 0	X					0.	0.	0.	
(7) ELNA HALL, PH.D. EXEC. COMM.	2 0	X		X			0.	0.	0.	
(8) ROB EPSTEIN MEMBER	1 0	X					0.	0.	0.	
(9) MEG SPRIGGS MEMBER	1 0	X					0.	0.	0.	
(10) ERIK MAYO TREASURER	2 0	X		X			0.	0.	0.	
(11) BERIT ASHLA V.P., SECRETARY	2 0	X		X			0.	0.	0.	
(12) MARGARET JENKINS MEMBER	1 0	X					0.	0.	0.	
(13) KEVIN KING MEMBER	1 0	X					0.	0.	0.	
(14) CHUCK BETLACH MEMBER	1 0	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) REKHA PATEL EXEC. COMM.	2 0	X		X				0.	0.	0.
(16) JESSIE CHAMBERLIN MEMBER	1 0	X						0.	0.	0.
(17) D.J. KURTZE MEMBER	1 0	X						0.	0.	0.
(18) VICKI SHIPKOWITZ DEVEL. CHAIR	2 0	X		X				0.	0.	0.
(19) SUZANNE GREISCHEL MEMBER	1 0	X						0.	0.	0.
(20) JOHANN ZIMMERN VICE PRESIDENT	2 0	X		X				0.	0.	0.
(21) DEBORAH CULLINAN CEO	38 0			X				66,164.	0.	1,854.
(22) KENNETH FOSTER EXECUTIVE DIREC	38 0			X				105,177.	0.	7,533.
(23) SCOTT ROWITZ COO	38 0			X				168,307.	0.	18,064.
(24) CHARLES WARD CDO	38 0					X		155,205.	0.	5,325.
(25) KATHY BUDAS MARKETING DIR.	38 0					X		102,002.	0.	15,210.
<b>1 b Sub-total</b>								596,855.	0.	47,986.
<b>c Total from continuation sheets to Part VII, Section A</b>								209,352.	0.	50,245.
<b>d Total (add lines 1b and 1c)</b>								806,207.	0.	98,231.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RAFFLE ADMINISTRATION CORP. 33 WOODLAND AVENUE SAN FRANCISCO, CA 941	RAFFLE SOFTWARE FEE	1,111,331.
U.S. POSTAL SERVICE P.O. BOX 889900 SAN FRANCISCO, CA 94188	POSTAGE	479,674.
CALIFORNIA CHOICE BENEFIT ADMINISTRATORS PO BOX 7088 ORANGE, CA 9286	HEALTH BENEFITS	415,948.
BUSINESS SERVICES NETWORK 3390 ENTERPRISE AVENUE HAYWARD, CA 94545	MAILHOUSE	287,229.
CORNERSTONE ADMINISTRATIVE SERVICES, LLC 317 SW ALDER ST., STE. 800	RAFFLE TELEPHONE SVC	241,801.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **14**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b 65,015.				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions)....	1 e 3,330,000.				
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f 2,917,723.				
	g Noncash contributions included in lines 1a-1f: \$					
<b>h Total.</b> Add lines 1a-1f.....	▶	6,312,738.				
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a RENTALS PROGRAM	711300	3,221,768.	3,221,768.		
	b SUBSIDIZED COMM. PROGRAMS	711300	1,117,009.	1,117,009.		
	c BOX OFFICE TICKET SALES	711300	500,685.	500,685.		
	d BOX OFFICE SERVICE CHARGE	711300	143,301.	143,301.		
	e LICENSE AGREEMENT INCOME	711300	67,450.	67,450.		
	f All other program service revenue....	WKS	10,584.	10,584.		
<b>g Total.</b> Add lines 2a-2f.....	▶	5,060,797.				
3 Investment income (including dividends, interest and other similar amounts).....	▶	133,436.			133,436.	
4 Income from investment of tax-exempt bond proceeds.▶						
5 Royalties.....	▶					
<b>OTHER REVENUE</b>	6 a Gross rents.....	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)....					
	d Net rental income or (loss).....▶					
	7 a Gross amount from sales of assets other than inventory.	(i) Securities	3,032,770.	365,021.		
		(ii) Other				
	b Less: cost or other basis and sales expenses.....	3,060,245.	373,153.			
	c Gain or (loss).....	-27,475.	-8,132.			
	d Net gain or (loss).....▶		-35,607.	-35,607.		
	8 a Gross income from fundraising events (not including.. \$ of contributions reported on line 1c). See Part IV, line 18.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from fundraising events.....▶					
9 a Gross income from gaming activities. See Part IV, line 19.....	a	9,297,100.				
b Less: direct expenses.....	b	5,880,427.				
c Net income or (loss) from gaming activities.....▶		3,416,673.	3,416,673.			
10 a Gross sales of inventory, less returns and allowances.....	a	92,791.				
b Less: cost of goods sold.....	b					
c Net income or (loss) from sales of inventory.....▶		92,791.	92,791.			
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	711300	6,842.	6,842.			
b						
c						
d All other revenue.....						
e Total. Add lines 11a-11d.....▶		6,842.				
<b>12 Total revenue.</b> See instructions.....▶		14,987,670.	8,541,496.	0.	133,436.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	275,172.	140,731.	103,480.	30,961.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	5,762,231.	4,980,674.	346,662.	434,895.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	270,756.	241,295.	13,949.	15,512.
9 Other employee benefits.	1,114,413.	987,698.	79,398.	47,317.
10 Payroll taxes.	438,380.	376,300.	31,395.	30,685.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	28,791.	14,995.	10,497.	3,299.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	53,173.	27,694.	19,386.	6,093.
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	38,547.	20,076.	14,054.	4,417.
12 Advertising and promotion.	227,863.	208,021.	9,066.	10,776.
13 Office expenses.	454,312.	389,645.	29,508.	35,159.
14 Information technology.	170,172.	103,374.	38,653.	28,145.
15 Royalties.				
16 Occupancy.	566,138.	487,404.	77,431.	1,303.
17 Travel.	76,182.	67,239.	4,774.	4,169.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	21,951.	18,418.	1,784.	1,749.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	257,938.	134,343.	94,040.	29,555.
23 Insurance.	96,288.	50,150.	35,105.	11,033.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM AND PRODUCTION EXPENSE	1,158,510.	987,313.	105,603.	65,594.
b ARTIST FEES AND EXPENSES	678,760.	639,191.	4,891.	34,678.
c EQUIPMENT MAINT. & SUPPLIES	427,061.	240,073.	184,220.	2,768.
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	12,116,638.	10,114,634.	1,203,896.	798,108.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1	Cash – non-interest-bearing	2,955,274.	1	2,157,015.
	2	Savings and temporary cash investments	5,065,763.	2	7,180,166.
	3	Pledges and grants receivable, net	791,149.	3	1,700,587.
	4	Accounts receivable, net	91,808.	4	53,616.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	254,930.	9	518,761.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,361,711.		
	b	Less: accumulated depreciation	10b 1,506,796.		
	11	Investments – publicly traded securities	668,297.	10c	854,915.
	12	Investments – other securities. See Part IV, line 11	5,251,533.	11	6,827,710.
	13	Investments – program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	25,981.	15	46,995.	
LIABILITIES	17	Accounts payable and accrued expenses	15,104,735.	16	19,339,765.
	18	Grants payable	2,760,794.	17	2,468,411.
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities	6,512.	19	1,009,954.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	555,458.	24	355,325.
	26	<b>Total liabilities.</b> Add lines 17 through 25	3,322,764.	25	3,833,690.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	7,422,897.	26	9,607,615.
	28	Temporarily restricted net assets	2,444,609.	27	3,983,995.
	29	Permanently restricted net assets	1,914,465.	28	1,914,465.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		29	
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
33	<b>Total net assets or fund balances</b>	11,781,971.	32	15,506,075.	
34	<b>Total liabilities and net assets/fund balances</b>	15,104,735.	33	19,339,765.	

BAA

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,987,670.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,116,638.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,871,032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,781,971.
5	Net unrealized gains (losses) on investments	5	853,072.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,506,075.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: **YERBA BUENA CENTER FOR THE ARTS** Employer identification number: **94-3042571**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
<b>Total</b>										

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	4,470,139.	4,855,056.	4,314,370.	5,317,156.	6,312,738.	25,269,459.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	4,470,139.	4,855,056.	4,314,370.	5,317,156.	6,312,738.	25,269,459.
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).						1,649,100.
6 Public support. Subtract line 5 from line 4.						23,620,359.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.	4,470,139.	4,855,056.	4,314,370.	5,317,156.	6,312,738.	25,269,459.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	91,108.	99,134.	109,805.	115,850.	133,436.	549,333.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	-1,977.	794.				-1,183.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.	39,159.	113,746.	7,281.	710.	6,842.	167,738.
11 Total support. Add lines 7 through 10.						25,985,347.
12 Gross receipts from related activities, etc (see instructions).					12	6,493,994.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	90.90%
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	94.96%

16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513.						
4 Tax revenues levied for the organization'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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in 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 IV.).						
13 Total Support. (Add lns 9,10c, 11 and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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



## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2013	2012	2011	2010	2009
MISCELLANEOUS	\$ 6,842.	\$ 710.	\$ 7,281.	\$ 113,746.	\$ 39,159.
TOTAL	<u>\$ 6,842.</u>	<u>\$ 710.</u>	<u>\$ 7,281.</u>	<u>\$ 113,746.</u>	<u>\$ 39,159.</u>

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**  
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>YERBA BUENA CENTER FOR THE ARTS</b>	Employer identification number <b>94-3042571</b>
--	---

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM & FLORA HEWLETT FDN. 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE JAMES IRVINE FOUNDATION ONE BUSH STREET, STE. 800 SAN FRANCISCO, CA 94104	\$ 872,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOHN S. AND JAMES L. KNIGHT FDN. 200 S. BISCAYNE BLVD, STE 3300 MIAMI, FL 33131	\$ 200,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SURDNA FOUNDATION 330 MADISON AVE., FL. 30 NEW YORK, NY 10017	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization: YERBA BUENA CENTER FOR THE ARTS  
 Employer identification number: 94-3042571

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ \_\_\_\_\_ N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

Employer identification number

YERBA BUENA CENTER FOR THE ARTS

94-3042571

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2 a
b Total acreage restricted by conservation easements .....	2 b
c Number of conservation easements on a certified historic structure included in (a) .....	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2 d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1. ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X. ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1. ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X. ▶ \$ \_\_\_\_\_



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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	2,174,329.	1,962,013.	2,100,649.	1,772,360.	1,652,451.
b Contributions		53,250.			
c Net investment earnings, gains, and losses	390,416.	259,355.	-37,737.	408,289.	169,909.
d Grants or scholarships					
e Other expenditures for facilities and programs	90,000.	80,000.	80,000.	80,000.	50,000.
f Administrative expenses	19,601.	20,289.	20,889.		
g End of year balance	2,455,144.	2,174,329.	1,962,013.	2,100,649.	1,772,360.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		568,748.	340,494.	228,254.
d Equipment		1,497,565.	1,107,403.	390,162.
e Other		295,398.	58,899.	236,499.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				854,915.

BAA

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' to 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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' to 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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to 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	
(2) DEPOSITS AND REFUNDABLE ADVANCES	355,325.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	355,325.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	21,872,428.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a	853,072.	
	b Donated services and use of facilities	2b	143,127.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	5,888,559.	
	e Add lines 2a through 2d	2e	6,884,758.	
3	Subtract line 2e from line 1		3	14,987,670.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,987,670.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	18,148,324.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	143,127.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	5,888,559.	
	e Add lines 2a through 2d	2e	6,031,686.	
3	Subtract line 2e from line 1		3	12,116,638.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,116,638.

**Part XIII Supplemental Information.**

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

**PART V. LINE 4 - INTENDED USES OF ENDOWMENT FUND**

TO SUPPORT YBCA'S PROGRAMS AND OPERATIONS.

**PART X - FIN 48 FOOTNOTE**

ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE PREPARATION OF

FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN

THE UNITED STATES OF AMERICA REQUIRES THE CENTER TO REPORT INFORMATION REGARDING ITS

EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE CENTER. THE CENTER HAS DETERMINED

WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAVE MEASURED THE

**Part XIII Supplemental Information** *(continued)*

**PART X - FIN 48 FOOTNOTE (CONTINUED)**

CENTER'S EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE CENTER HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS OF TAX RETURNS FILED. ANY INTEREST OR PENALTIES ASSESSED TO THE CENTER WOULD BE RECORDED IN OPERATING EXPENSES. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

**SCHEDULE D, PART XI, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

LOSS ON DISPOSAL OF FIXED ASSETS.....	\$	8,132.
RAFFLE EXPENSES SHOWN NET OF REV.....		<u>5,880,427.</u>
TOTAL	\$	<u>5,888,559.</u>

**SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

LOSS ON DISPOSAL OF FIXED ASSETS.....	\$	8,132.
RAFFLE EXPENSES SHOWN NET OF REV.....		<u>5,880,427.</u>
TOTAL	\$	<u>5,888,559.</u>

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
  - ▶ Attach to Form 990. ▶ See separate instructions.
  - ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

**Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?...  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE SUB SAHARAN			INVESTMENTS		924,540.
(2) AFRICA			INVESTMENTS		47,586.
(3) SOUTH AMERICA			INVESTMENTS		87,454.
(4) SOUTH ASIA			INVESTMENTS		43,727.
(5) CENTRAL AMERICA			INVESTMENTS		45,694.
(6) EAST ASIA			INVESTMENTS		696,283.
(7) NORTH AMERICA			INVESTMENTS		100,552.
(8) MIDDLE EAST			INVESTMENTS		11,934.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Sub-total .....					1,957,770.
<b>b</b> Total from continuation sheets to Part I .....					
<b>c</b> Totals (add lines 3a and 3b) ...	0	0			1,957,770.

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

Schedule F (Form 990) 2013

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as charities by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 0

3 Enter total number of other organizations or entities ..... 0

BAA

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* .....  Yes  No





**Part II Fundraising Events.** Complete if the organization answered 'Yes' to 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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d).				
	11	Net income summary. Subtract line 10 from line 3, column (d).				

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
REVENUE	1	Gross revenue		9,297,100.	9,297,100.	
	DIRECT EXPENSES	2	Cash prizes		2,330,271.	2,330,271.
		3	Noncash prizes		339,652.	339,652.
		4	Rent/facility costs		195,000.	195,000.
		5	Other direct expenses		3,015,504.	3,015,504.
6	Volunteer labor	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d).				5,880,427.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d).				3,416,673.	

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

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	100.0 %
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SCOTT ROWITZ

Address ▶ 701 MISSION STREET, SAN FRANCISCO, 94103

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If 'Yes,' enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ CHARLES WARD

Gaming manager compensation ▶ \$ 45,159.

Description of services provided ▶ CHIEF DEVELOPMENT OFFICER

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Multiple horizontal lines for providing supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.  
 ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2013

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	SCOTT ROWITZ COO	168,307. 0.	0. 0.	0. 0.	6,068. 0.	11,996. 0.	186,371. 0.	0. 0.
2	CHARLES WARD CDO	155,205. 0.	0. 0.	0. 0.	5,325. 0.	0. 0.	160,530. 0.	0. 0.
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**Part III** Supplemental Information

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

Area with horizontal dashed lines for supplemental information.



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization: **YERBA BUENA CENTER FOR THE ARTS** Employer identification number: **94-3042571**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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, Page 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) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARGARET JENKINS	BOARD MEMBER	40,500.	ARTIST FEE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SUPPLEMENTAL INFORMATION**

DURING THE YEAR ENDED JUNE 30, 2014, YBCA PAID \$40,500 TO MARGARET JENKINS DANCE COMPANY, A NOT-FOR-PROFIT ORGANIZATION, FOR COMMISSION AND PERFORMANCE FEES FOR "TIME BONES", PRESENTED BY YBCA DURING THIS YEAR'S PERFORMING ARTS SEASON. THIS FEE IS COMMENSURATE WITH FEES PAID TO OTHER PERFORMING ARTISTS COMMISSIONED BY YBCA. MARGARET JENKINS, A BOARD MEMBER OF YBCA, IS THE PRESIDENT AND ARTISTIC DIRECTOR OF MARGARET JENKINS DANCE COMPANY.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

YERBA BUENA CENTER FOR THE ARTS

94-3042571

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

YERBA BUENA CENTER FOR THE ARTS (YBCA) IS A 501(C)(3) NONPROFIT ORGANIZATION IN SAN FRANCISCO WITH A MISSION TO PUT ART AND CREATIVITY AT THE CENTER OF LIFE. WE CREATE AND FACILITATE LEADING-EDGE PERFORMANCES, EXHIBITIONS, SCREENINGS, EVENTS, PUBLIC PROJECTS, THINK TANKS, PARTNERSHIPS AND CONVENINGS AT OUR CENTER AND IN OUR COMMUNITY THAT ARE FOCUSED ON THE BIG QUESTIONS AND STORIES OF TODAY. THROUGH THIS WORK WE SERVE AS THE CITY'S CENTER FOR ART, COLLABORATION AND SOCIAL MOVEMENT, CATALYZING PERSONAL AND SOCIAL TRANSFORMATION AND REVOLUTIONIZING HOW OUR CITY AND THE WORLD ENGAGES WITH CONTEMPORARY ART AND IDEAS. NATIONALLY RECOGNIZED FOR OUR INNOVATIVE APPROACH TO AUDIENCE- AND COMMUNITY-CENTERED PROGRAMS, OUR VISION IS FOR ART TO BE EVERYWHERE, CONTRIBUTING TO A MORE INSPIRED, GENEROUS AND THOUGHTFUL WORLD.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

SUBSIDIZED COMMUNITY PROGRAMS - EACH YEAR YBCA PARTNERS WITH DOZENS OF LOCAL NONPROFITS AND PERFORMING ARTS COMPANIES, OPENING OUR STAGES FOR THEIR HOME SEASONS, FESTIVALS, AND EVENTS.

COMMUNITY ENGAGEMENT - YBCA'S PUBLIC PROGRAMS ARE DEDICATED TO ESTABLISHING A DEEPER UNDERSTANDING AND APPRECIATION OF CONTEMPORARY ART, ARTISTS, AND THE CROSS-DISCIPLINARY CURATORIAL THEMES LINKING THE ART SHARED IN OUR GALLERIES, ON OUR STAGES, AND IN OUR SCREENING ROOM. OFFERINGS FOCUS ON NEW MODELS FOR IMMERSIVE ENGAGEMENT, FROM YBCA:YOU, YBCA'S ONE-OF-A-KIND ADULT EDUCATION PROGRAM, WITH ITS INDIVIDUALLY CUSTOMIZED ARTS ENGAGEMENT PLAN FOR EACH PARTICIPANT; TO YBCA IN COMMUNITY, WITH ITS OFFSITE, ARTIST-LED, COMMUNITY-DESIGNED ART MAKING EXPERIENCES FOR UNDERSERVED BAY AREA NEIGHBORHOODS; TO YBCA'S AWARD-WINNING ARTIST RESIDENCY PROGRAM FOR YOUTH, YOUNG ARTISTS AT WORK. YBCA'S COMMUNITY ENGAGEMENT PROGRAM FOCUSES

Name of the organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

ON EXPANDING DEFINITIONS OF WHO CURATES, WHO PARTICIPATES, AND WHERE OUR WORK HAPPENS.

FILM/VIDEO - IN ITS SCREENING ROOM YBCA ANNUALLY HIGHLIGHTS 100 TO 150 ECLECTIC, THOUGHTFUL, AND PROVOCATIVE CONTEMPORARY FILMS MADE BY LOCAL, NATIONAL, AND INTERNATIONAL FILMMAKERS WHO ARE LEADING THEIR FIELD IN EXPLORATION OF SUBJECT MATTER AND TECHNIQUE. THE FILMS SHOWN AT YBCA OFTEN CELEBRATE THE UNSUNG, THE UNDERAPPRECIATED AND THE UNUSUAL, WITH YBCA'S FILM/VIDEO PROGRAM DEVELOPING A STRONG FOLLOWING OF BAY AREA FILMGOERS AND RECEIVING CRITICAL ACCLAIM FOR ITS ADVENTUROUS AND PROVOCATIVE PROGRAMMING.

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

THE BY LAWS WERE CHANGED JULY 15, 2013 TO CLARIFY BOARD MEMBER TERMS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE 990 IS PREPARED BY OUR THIRD PARTY ACCOUNTING FIRM, AND THEN INTERNALLY REVIEWED BY MANAGEMENT STAFF (FINANCE DIRECTOR, CHIEF OPERATING OFFICER, AND CHIEF EXECUTIVE OFFICER). THE FORM IS PRESENTED TO THE FINANCE COMMITTEE WHO REVIEWS IT. THE FORM IS MADE AVAILABLE TO THE FULL BOARD BEFORE IT IS FILED.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

EVERY EFFORT WILL BE MADE TO ASCERTAIN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ON THE PART OF ALL YERBA BUENA CENTER FOR THE ARTS BOARD MEMBERS AND STAFF THROUGH ANNUAL USE OF A CONFLICT OF INTEREST QUESTIONNAIRE.

FULL DISCLOSURE TO THE YERBA BUENA CENTER FOR THE ARTS BOARD SHOULD BE MADE AT LEAST ANNUALLY OF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST USING THE CONFLICT OF INTEREST QUESTIONNAIRE.

Name of the organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

THE CENTER'S PRACTICE IS TO REVIEW AND SURVEY COMPARABLE LOCAL POSITIONS, AND SET SALARIES ACCORDINGLY.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE CENTER MAKES GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILABLE IN THE ORGANIZATION'S OFFICE.

TAXABLE YEAR  
**2013**

**California Exempt Organization  
Annual Information Return**

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 7/01/2013, and ending (mm/dd/yyyy) 6/30/2014

Corporation/Organization Name YERBA BUENA CENTER FOR THE ARTS California corporation number 1192629

Address (suite, room, or PMB no.) 701 MISSION STREET FEIN 94-3042571

City SAN FRANCISCO State CA ZIP Code 94103

- A** First Return.  Yes  No
- B** Amended Information Return.  Yes  No
- C** IRC Section 4947(a)(1) trust.  Yes  No
- D** Final Information Return?  Dissolved  Surrendered (Withdrawn)
- Merged/Reorganized  
Enter date (mm/dd/yyyy): \_\_\_\_\_
- E** Check accounting method:  
1  Cash 2  Accrual 3  Other
- F** Federal return filed?  
1  990T 2  990 PF 3  Sch H (990)
- G** Is this a group filing for the subordinates/affiliates?  Yes  No  
If 'Yes,' attach a roster. See instructions
- H** Is this organization in a group exemption?  Yes  No  
If 'Yes,' What's the parent's name? \_\_\_\_\_
- I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?  Yes  No  
If 'Yes,' explain, and attach copies of revised documents. **STATEMENT 1**

- J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)?  Yes  No  
If 'Yes,' complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If 'Yes,' enter gross receipts from nonmember sources \$ \_\_\_\_\_
- L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.
- M** Is the organization a Limited Liability Company?  Yes  No
- N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

CACA1112L 11/20/13

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	17,988,757.
	2	Gross dues and assessments from members and affiliates.	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	6,312,738.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B.	24,301,495.
	5	Cost of goods sold.	
	6	Cost or other basis, and sales expenses of assets sold.	3,433,398.
	7	Total costs. Add line 5 and line 6.	3,433,398.
	8	Total gross income. Subtract line 7 from line 4.	20,868,097.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	17,997,065.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	2,871,032.
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F.	
	12	Total payments.	
	13	Penalties and Interest. See General Instruction J.	
	14	Use tax. See General Instruction K.	
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result.	

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Title: CEO Date: \_\_\_\_\_

Telephone: (415) 321-1360

**Paid Preparer's Use Only** Preparer's signature: [Signature] Date: 5/7/15 Check if self-employed:

Firm's name (or yours, if self-employed) and address: DORAN & ASSOCIATES  
55 MITCHELL BOULEVARD, STE. 3  
SAN RAFAEL, CA 94903

PTIN: P00791709

Telephone: 262769279  
415-491-1130

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

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	92,791.	
	2	Interest	●	2	133,436.	
	3	Dividends	●	3		
	4	Gross rents	●	4		
	5	Gross royalties	●	5		
	6	Gross amount received from sale of assets (See instructions)	●	6	3,397,791.	
	7	Other income. Attach schedule. SEE STATEMENT 2	●	7	14,364,739.	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	17,988,757.	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		
	10	Disbursements to or for members	●	10		
	<b>Expenses and Disbursements</b>	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 3	●	11	275,172.
		12	Other salaries and wages	●	12	5,762,231.
		13	Interest	●	13	
		14	Taxes	●	14	438,380.
		15	Rents	●	15	566,138.
		16	Depreciation and depletion (See instructions)	●	16	257,938.
		17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	●	17	10,697,206.
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	17,997,065.

**Schedule L Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1	Cash	8,021,037.	●	9,337,181.
2	Net accounts receivable	882,957.	●	1,754,203.
3	Net notes receivable		●	
4	Inventories		●	
5	Federal and state government obligations	140,077.	●	140,041.
6	Investments in other bonds. STMT 5	1,168,870.	●	1,468,582.
7	Investments in stock. STMT 6	3,942,586.	●	5,219,087.
8	Mortgage loans		●	
9	Other investments. Attach schedule		●	
10 a	Depreciable assets	2,271,427.	2,361,711.	
b	Less accumulated depreciation	1,603,130.	668,297.	1,506,796.
11	Land		●	
12	Other assets. Attach schedule. STM 7		280,911.	●
13	Total assets	15,104,735.		19,339,765.
<b>Liabilities and net worth</b>				
14	Accounts payable	2,760,794.	●	2,468,411.
15	Contributions, gifts, or grants payable		●	
16	Bonds and notes payable		●	
17	Mortgages payable		●	
18	Other liabilities. Attach schedule. STM 8	561,970.		1,365,279.
19	Capital stock or principle fund		●	
20	Paid-in or capital surplus. Attach reconciliation		●	
21	Retained earnings or income fund	11,781,971.	●	15,506,075.
22	Total liabilities and net worth	15,104,735.		19,339,765.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	3,724,104.	7	Income recorded on books this year not included in this return. Attach sch . . . . . SEE ST 9	●	853,072.
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	853,072.
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6	●	2,871,032.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5	●	3,724,104.				

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY  
**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**  
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

- For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,** Schedule B (Form 990, 990-EZ, or 990-PF) (2013) **or 990-PF.**



Name of organization

Employer identification number

YERBA BUENA CENTER FOR THE ARTS

94-3042571

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM & FLORA HEWLETT FDN. 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	THE JAMES IRVINE FOUNDATION ONE BUSH STREET, STE. 800 SAN FRANCISCO, CA 94104	\$ 872,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	JOHN S. AND JAMES L. KNIGHT FDN. 200 S. BISCAYNE BLVD, STE 3300 MIAMI, FL 33131	\$ 200,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	SURDNA FOUNDATION 330 MADISON AVE., FL. 30 NEW YORK, NY 10017	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>



Name of organization: YERBA BUENA CENTER FOR THE ARTS  
 Employer identification number: 94-3042571

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$                      N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

**STATEMENT 1  
FORM 199, LINE I  
ACTIVITIES NOT REPORTED TO THE FRANCHISE TAX BOARD**

THE BY LAWS WERE CHANGED JULY 15, 2013 TO CLARIFY BOARD MEMBER TERMS.

**STATEMENT 2  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	9,297,100.
OTHER INCOME.....		6,842.
PROGRAM SERVICE REVENUE.....		5,060,797.
<b>TOTAL</b>	<b>\$</b>	<b><u>14,364,739.</u></b>

**STATEMENT 3  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DEBORAH CULLINAN 701 MISSION STREET SAN FRANCISCO, CA 94103	CEO 38.00	\$ 106,616.	\$ 1,846.	\$ 6,379.
NICOLE WARD 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
SABRINA RIDDLE 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
DIANA COHN 701 MISSION STREET SAN FRANCISCO, CA 94103	PRESIDENT 2.00	0.	0.	0.
JD BELTRAN 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
EMILY SAWTELL 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
SAMIRA RAHMATULLAH 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.

## YERBA BUENA CENTER FOR THE ARTS

94-3042571

STATEMENT 3 (CONTINUED)  
 FORM 199, PART II, LINE 11  
 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

## CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELNA HALL, PH.D. 701 MISSION STREET SAN FRANCISCO, CA 94103	EXEC. COMM. 2.00	\$ 0.	\$ 0.	\$ 0.
ROB EPSTEIN 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
MEG SPRIGGS 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
ERIK MAYO 701 MISSION STREET SAN FRANCISCO, CA 94103	TREASURER 2.00	0.	0.	0.
BERIT ASHLA 701 MISSION STREET SAN FRANCISCO, CA 94103	V.P., SECRETARY 2.00	0.	0.	0.
MARGARET JENKINS 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
KEVIN KING 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
CHUCK BETLACH 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
REKHA PATEL 701 MISSION STREET SAN FRANCISCO, CA 94103	EXEC. COMM. 2.00	0.	0.	0.
JESSIE CHAMBERLIN 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
D.J. KURTZE 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
VICKI SHIPKOWITZ 701 MISSION STREET SAN FRANCISCO, CA 94103	DEVEL. CHAIR 2.00	0.	0.	0.

## YERBA BUENA CENTER FOR THE ARTS

94-3042571

**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SUZANNE GREISCHEL 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	\$ 0.	\$ 0.	0.
KENNETH FOSTER 701 MISSION STREET SAN FRANCISCO, CA 94103	EXECUTIVE DIREC 38.00	0.	0.	0.
JOHANN ZIMMERN 701 MISSION STREET SAN FRANCISCO, CA 94103	VICE PRESIDENT 2.00	0.	0.	0.
SCOTT ROWITZ 701 MISSION STREET SAN FRANCISCO, CA 94103	COO 38.00	168,556.	6,874.	9,976.
		TOTAL \$ 275,172.	\$ 8,720.	\$ 16,355.

**STATEMENT 4**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 28,791.
ADVERTISING AND PROMOTION.....	227,863.
ARTIST FEES AND EXPENSES.....	678,760.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	21,951.
EQUIPMENT MAINT. & SUPPLIES.....	427,061.
INFORMATION TECHNOLOGY.....	170,172.
INSURANCE.....	96,288.
INVESTMENT MANAGEMENT FEES.....	53,173.
OFFICE EXPENSES.....	454,312.
OTHER EMPLOYEE BENEFIT.....	1,114,413.
OTHER FEES.....	38,547.
PENSION PLAN CONTRIBUTIONS.....	270,756.
PROGRAM AND PRODUCTION EXPENSE.....	1,158,510.
SPECIAL EVENT EXPENSES.....	5,880,427.
TRAVEL.....	76,182.
TOTAL	<u>\$10,697,206.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 6**  
**INVESTMENTS IN OTHER BONDS**

ACCRUED INTEREST ON BONDS.....	\$ 14,021.
CORPORATE BONDS.....	1,454,561.
TOTAL	<u>\$ 1,468,582.</u>

**STATEMENT 6  
FORM 199, SCHEDULE L, LINE 7  
INVESTMENTS IN STOCKS**

MUTUAL FUNDS.....	\$	2,517,107.
OTHER PUBLICLY TRADED SECURITIES.....		2,701,980.
	TOTAL \$	<u>5,219,087.</u>

**STATEMENT 7  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS**

CONSTRUCTION IN PROGRESS.....		216,350.
DEPOSITS.....		46,995.
PREPAID EXPENSES AND DEFERRED CHARGES.....		518,761.
	TOTAL \$	<u>782,106.</u>

**STATEMENT 8  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES**

DEFERRED REVENUE.....		1,009,954.
DEPOSITS AND REFUNDABLE ADVANCES.....		355,325.
	TOTAL \$	<u>1,365,279.</u>

**STATEMENT 9  
FORM 199, SCHEDULE M-1, LINE 7  
INCOME RECORDED ON BOOKS NOT ON RETURN**

UNREALIZED GAIN ON INVESTMENTS.....	\$	853,072.
	TOTAL \$	<u>853,072.</u>