

FOR PUBLIC DISCLOSURE

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning 7/01, 2011, and ending 6/30, 2012**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** YERBA BUENA CENTER FOR THE ARTS  
701 MISSION STREET  
SAN FRANCISCO, CA 94103

**D** Employer Identification Number  
94-3042571

**E** Telephone number  
(415) 321-1360

**G** Gross receipts \$ 15,584,964.

**F** Name and address of principal officer: KENNETH FOSTER  
SAME AS C ABOVE

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.YBCA.ORG **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of Formation: 1986 **M** State of legal domicile: CA

**Summary**

**1** Briefly describe the organization's mission or most significant activities: YBCA REVOLUTIONIZES HOW THE WORLD ENGAGES WITH CONTEMPORARY ART AND IDEAS.

**2** Check this box  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)	3	23
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	23
<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	565
<b>6</b> Total number of volunteers (estimate if necessary)	6	287
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,855,056.	4,314,370.
<b>9</b> Program service revenue (Part VIII, line 2g)	4,900,019.	4,604,538.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,756.	53,414.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,159,859.	1,696,329.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,016,690.	10,668,651.
<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)	3,931,381.	6,919,712.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 681,157.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,241,792.	3,410,164.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,173,173.	10,329,876.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	843,517.	338,775.
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 12,649,158.	End of Year 10,552,838.
<b>21</b> Total liabilities (Part X, line 26)	3,114,667.	2,232,664.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	9,534,491.	8,320,174.

**Signature Block**

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

**Sign Here** Signature of officer: Kenneth Foster Date: 2-13-13  
 KENNETH FOSTER EXECUTIVE DIRECTOR

**Paid Preparer Use Only** Print/Type preparer's name: Lisa Doran, CPA Preparer's signature: Lisa Doran, CPA Date: 2/11/13 Check  if self-employed PTIN: 800791709  
 Firm's name: ▶ DORAN & ASSOCIATES Firm's EIN: ▶ 262769279  
 Firm's address: ▶ 55 MITCHELL BOULEVARD, STE. 3 Phone no.: (415) 491-1130  
SAN RAFAEL, CA 94903

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

**Application for Extension of Time To File an Exempt Organization Return**

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)  **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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

• The books are in the 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 20 11, and ending 6/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>3a</b> \$	0.
<b>b</b> If this application is for Form 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. ....	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b> \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 \$ 2,280,954. including grants of \$ [ ]) (Revenue \$ 2,758,881.)

COMMERCIAL RENTAL PROGRAM - YBCA'S LANDMARK STATE-OF-THE-ART FACILITIES ARE VALUABLE RESOURCES FOR BAY AREA COMMUNITIES. THROUGH ITS COMMERCIAL RENTALS PROGRAM, THE ARTS AND CREATIVITY CHARACTERIZING YBCA BECOME A COMPELLING BACKDROP FOR VARIOUS EVENTS HELD EACH YEAR IN YBCA'S GRAND LOBBY, THEATER, FORUM, AND OTHER AVAILABLE VENUES. THIS PROGRAM INCREASES YBCA'S VISIBILITY IN THE COMMUNITY, INTRODUCING EVENT ATTENDEES TO YBCA AND ITS MISSION, AND PROVIDES A CRITICAL SOURCE OF EARNED INCOME TO SUPPORT YBCA'S MULTIDISCIPLINARY ARTISTIC PROGRAMMING.

4b (Code: [ ]) (Expenses \$ 1,944,039. including grants of \$ [ ]) (Revenue \$ 177,013.)

VISUAL ARTS - YBCA'S EXHIBITIONS FEATURE WORKS THAT TAP INTO TIMELY IDEAS AND TOPICS, ARE UNABASHEDLY INDIVIDUALISTIC, AND EMPOWER THE VIEWER TO FEEL AND EXPERIENCE THE WORLD MORE FULLY. THROUGH A SCHEDULE OF ROTATING TEMPORARY EXHIBITIONS, YBCA SHOWCASES CONTEMPORARY AND EMERGING ARTISTS FROM THE BAY AREA AND BEYOND, COMMUNITY-BASED WORK, AND THE INTERSECTION BETWEEN FINE ART AND POPULAR CULTURE.

4c (Code: [ ]) (Expenses \$ 1,487,448. including grants of \$ [ ]) (Revenue \$ 1,153,786.)

SUBSIDIZED COMMUNITY PROGRAMS - AS AN ESSENTIAL PART OF YBCA'S COMMITMENT TO THE ENHANCEMENT OF THE LOCAL ARTS COMMUNITY, YBCA ENSURES LOCAL PERFORMING ARTS ORGANIZATIONS HAVE ACCESS TO A PROFESSIONAL PERFORMANCE VENUE IN WHICH TO SHOWCASE THEIR WORK. YBCA'S COMMUNITY PARTNERS BENEFIT FROM MARKETING, BOX OFFICE, AND ADMINISTRATIVE SERVICES, PLUS DRAMATICALLY DISCOUNTED RATES TO USE YBCA'S THEATER AND FORUM. THROUGH THIS PROGRAM, YBCA ALSO OFFERS SUBSIDIZED RATES TO OTHER NONPROFIT ORGANIZATIONS SO THEY MAY HAVE THEIR MEETINGS AND EVENTS SURROUNDED BY THE ART AT YBCA.

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

(Expenses \$ 2,944,299. including grants of \$ [ ]) (Revenue \$ 185,212.)

4e Total program service expenses ▶ 8,656,740.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule C, Part II.....		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? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	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? If 'Yes,' complete Schedule D, Part VI.....	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? If 'Yes,' complete Schedule D, Part VII.....		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? If 'Yes,' complete Schedule D, Part VIII.....		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? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	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)? If 'Yes,' complete Schedule D, Part X.....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		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? If 'Yes,' complete Schedule F, Parts I and IV.....	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....	X	
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' 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 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>		X
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 11 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 to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. ....	1a	167
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....	1b	42
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. ....	2a	565
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. ....	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
6a	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? .....	6a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
<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? .....	7a	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7c	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	7h	
8	<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	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? .....	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? .....	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. ....	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders. ....	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....	12b	
13	<b>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? .....	13a	
<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. ....	13b	
c	Enter the amount of reserves on hand. ....	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. ....	14b	

Part VII 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 to any question in this Part VII. [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-1b, 2-6, 7a-7b, 8a-8b, and 9.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a-10b, 11a-11b, 12a-12c, 13-14, 15a-15b, 16a-16b.

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.
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.
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 to any question 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 (describe hours for related organizations in Schedule O)	(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	X					0.	0.	0.	
(2) SABRINA RIDDLE MEMBER	1	X					0.	0.	0.	
(3) BRUCE MCDOUGAL V.P., TREASURER	2	X		X			0.	0.	0.	
(4) DIANA COHN PRESIDENT	3	X		X			0.	0.	0.	
(5) JD BELTRAN MEMBER	1	X					0.	0.	0.	
(6) JEFF FILIMON MEMBER	1	X					0.	0.	0.	
(7) SAMIRA RAHMATULLAH MEMBER	1	X					0.	0.	0.	
(8) ELNA HALL, PH.D. MEMBER	1	X					0.	0.	0.	
(9) ROB EPSTEIN MEMBER	1	X					0.	0.	0.	
(10) NEIL GRIMMER MEMBER	1	X					0.	0.	0.	
(11) ERIK MAYO MEMBER	1	X					0.	0.	0.	
(12) BERIT ASHLA V.P., SECRETARY	2	X		X			0.	0.	0.	
(13) MARGARET JENKINS MEMBER	1	X					0.	0.	0.	
(14) KEVIN KING MEMBER	1	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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) CHUCK BETLACH MEMBER	1	X						0.	0.	0.
(16) REKHA PATEL MEMBER	1	X						0.	0.	0.
(17) JESSIE CHAMBERLIN MEMBER	1	X						0.	0.	0.
(18) D.J. KURTZE MEMBER	1	X						0.	0.	0.
(19) RAMAN FREY EXEC. COMM.	2	X		X				0.	0.	0.
(20) BROOKE WATERHOUSE MEMBER	1	X						0.	0.	0.
(21) VICKI SHIPKOWITZ EXEC. COMM.	2	X		X				0.	0.	0.
(22) SUZANNE GREISCHEL MEMBER	1	X						0.	0.	0.
(23) JOHANN ZIMMERN VICE PRESIDENT	2	X		X				0.	0.	0.
(24) KENNETH FOSTER EXECUTIVE DIREC	38			X				230,260.	0.	20,994.
(25) SCOTT ROWITZ MANAGING DIREC.	38			X				136,061.	0.	11,598.
<b>1 b Sub-total</b>								366,321.	0.	32,592.
<b>c Total from continuation sheets to Part VII, Section A</b>								994,856.	0.	25,958.
<b>d Total (add lines 1b and 1c)</b>								1,361,177.	0.	58,550.

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 ▶ 5

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		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? <i>If 'Yes' complete Schedule J for such individual.</i>	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? <i>If 'Yes,' complete Schedule J for such person.</i>		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
SAN FRANCISCO CHRONICLE P.O. BOX 80070 PRESCOTT, AZ 86304	ADVERTISING	253,525.
CALIFORNIA CHOICE BENEFIT ADMINISTRATORS P.O. BOX 7088 ORANGE, CA 92	HEALTH BENEFITS	370,159.
MERCURY NEWS P.O. BOX 513120 LOS ANGELES, CA 90051	ADVERTISING	419,161.
CYPRESS INSURANCE COMPANY 525 MARKET STREET, STE. 3110 SAN FRANCISCO	INSURANCE	198,361.
LEWIS AND TAYLOR 440 BRYANT STREET SAN FRANCISCO, CA 94107	JANITORIAL	196,902.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 9

Continuation Sheet for Form 990

Department of the Treasury  
Internal Revenue Service

2011

Name of the Organization

YERBA BUENA CENTER FOR THE ARTS

Employer Identification number

94-3042571

Part III Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
NEAL MARTIN ZEAVY DIR. HOUSE RAFFLE	38				X		645,026.	0.	0.	
CHARLES WARD SR DIR EXT AFFAIRS	38				X		144,750.	0.	0.	
KATHY BUDAS MARKETING DIR.	38				X		105,080.	0.	11,348.	
BETTI-SUE HERTZ VISUAL ARTS DIR.	38				X		100,000.	0.	14,610.	

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b> 72,403.					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 3,333,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 908,967.					
	<b>g</b> Noncash contributions included in lns 1a-1f: \$						
<b>h Total.</b> Add lines 1a-1f. ....>		<b>4,314,370.</b>					
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>COMMERCIAL RENTALS</u>		<b>Business Code</b> 711300	2,697,991.	2,697,991.		
	<b>b</b> <u>SUBSIDIZED COMM. PROGRAMS</u>		711300	1,153,786.	1,153,786.		
	<b>c</b> <u>BOX OFFICE TICKET SALES</u>		711300	235,218.	235,218.		
	<b>d</b> <u>TRAVELING EXHIBITION FEES</u>		711300	135,000.	135,000.		
	<b>e</b> <u>BOX OFFICE SERVICE CHARGE</u>		711300	124,256.	124,256.		
	<b>f</b> All other program service revenue...			258,287.	258,287.		
	<b>g Total.</b> Add lines 2a-2f. ....>			<b>4,604,538.</b>			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....			109,805.		109,805.	
	<b>4</b> Income from investment of tax-exempt bond proceeds. ....>						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss) ...					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory.	(i) Securities	(ii) Other				
		529,820.					
		<b>b</b> Less: cost or other basis and sales expenses .....	48,801.				
		537,410.	-48,801.				
	<b>c</b> Gain or (loss) .....	-7,590.					
	<b>d</b> Net gain or (loss) .....			-56,391.	-7,590.	-48,801.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>				
	<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b> 6,019,150.					
<b>b</b> Less: direct expenses .....		<b>b</b> 4,330,102.					
<b>c</b> Net income or (loss) from gaming activities .....			1,689,048.	1,689,048.			
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>					
<b>b</b> Less: cost of goods sold .....		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>11 a</b> <u>OTHER INCOME</u>		<b>Business Code</b> 711300	7,281.	7,281.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d. ....>			7,281.				
<b>12 Total revenue.</b> See instructions .....			<b>10,668,651.</b>	<b>6,293,277.</b>	<b>0.</b>	<b>61,004.</b>	

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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.	367,247.	175,673.	149,549.	42,025.
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.	5,066,241.	4,355,226.	303,012.	408,003.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	185,097.	167,812.	11,653.	5,632.
9 Other employee benefits.	909,392.	788,303.	81,271.	39,818.
10 Payroll taxes.	391,735.	333,069.	29,212.	29,454.
11 Fees for services (non-employees):				
a Management.				
b Legal.	23,317.	11,154.	9,495.	2,668.
c Accounting.	27,635.	13,219.	11,254.	3,162.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	41,014.	19,619.	16,702.	4,693.
g Other.	35,970.	17,206.	14,648.	4,116.
12 Advertising and promotion.	174,609.	160,677.	11,227.	2,705.
13 Office expenses.	475,961.	421,219.	26,762.	27,980.
14 Information technology.	146,899.	79,804.	39,126.	27,969.
15 Royalties.				
16 Occupancy.	438,205.	376,243.	61,153.	809.
17 Travel.	72,220.	60,756.	7,492.	3,972.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	12,809.	10,641.	1,714.	454.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	234,389.	112,120.	95,447.	26,822.
23 Insurance.	90,902.	44,787.	35,999.	10,116.
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 <b>PROGRAM AND PRODUCTION EXPENSE</b>	912,468.	842,602.	44,089.	25,777.
b <b>ARTIST FEES AND EXPENSES</b>	487,762.	477,370.	889.	9,503.
c <b>EQUIPMENT MAINT. &amp; SUPPLIES</b>	236,004.	189,240.	41,285.	5,479.
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	10,329,876.	8,656,740.	991,979.	681,157.
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**

		(A)		(B)		
		Beginning of year		End of year		
ASSETS	1	Cash — non-interest-bearing	976,513.	1	344,303.	
	2	Savings and temporary cash investments	4,994,992.	2	3,663,335.	
	3	Pledges and grants receivable, net	2,021,181.	3	600,889.	
	4	Accounts receivable, net	62,152.	4	142,026.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	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)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	200,470.	9	166,375.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,127,646.		
	b Less: accumulated depreciation	10b	1,408,306.			
			642,776.	10c	719,340.	
11	Investments — publicly traded securities		3,709,171.	11	4,892,240.	
12	Investments — other securities. See Part IV, line 11			12		
13	Investments — program-related. See Part IV, line 11			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		41,903.	15	24,330.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		12,649,158.	16	10,552,838.	
LIABILITIES	17	Accounts payable and accrued expenses	2,322,702.	17	1,770,310.	
	18	Grants payable		18		
	19	Deferred revenue		40,000.	19	8,506.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		751,965.	25	453,848.
	26	<b>Total liabilities.</b> Add lines 17 through 25		3,114,667.	26	2,232,664.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>					
	27	Unrestricted net assets				
	28	Temporarily restricted net assets		3,631,570.	27	4,741,334.
	29	Permanently restricted net assets		4,041,706.	28	1,717,625.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds			29	1,861,215.
	31	Paid-in or capital surplus, or land, building, or equipment fund			30	
	32	Retained earnings, endowment, accumulated income, or other funds			31	
33	Total net assets or fund balances		9,534,491.	32	8,320,174.	
34	<b>Total liabilities and net assets/fund balances.</b>		12,649,158.	33	10,552,838.	

BAA

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,668,651.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,329,876.
3	Revenue less expenses. Subtract line 2 from line 1	3	338,775.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,534,491.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O.	5	-1,553,092.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,320,174.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	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	
2d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

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 – Other
- 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?

- (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? .....

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

**h** Provide the following information about the supported organization(s).

(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 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) 2011

**Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,344,377.	4,543,361.	4,470,139.	4,855,056.	4,314,370.	20,527,303.
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 <b>Total.</b> Add lines 1 through 3.	2,344,377.	4,543,361.	4,470,139.	4,855,056.	4,314,370.	20,527,303.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						20,527,303.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	2,344,377.	4,543,361.	4,470,139.	4,855,056.	4,314,370.	20,527,303.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	200,954.	137,107.	91,108.	99,134.	109,805.	638,108.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	1,924.	2,888.	-1,977.	794.		3,629.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV.	35,514.	19,456.	39,159.	113,746.	7,281.	215,156.
11 <b>Total support.</b> Add lines 7 through 10.						21,384,196.
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 **stop here**.

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	95.99%
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	95.18%

16a **33-1/3% support test – 2011.** 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 – 2010.** 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 – 2011.** 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 – 2010.** 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.

BAA



**Part II 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.

## PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
MISCELLANEOUS	7,281.	113,746.	39,159.	19,456.	35,514.
TOTAL	<u>\$ 7,281.</u>	<u>\$ 113,746.</u>	<u>\$ 39,159.</u>	<u>\$ 19,456.</u>	<u>\$ 35,514.</u>

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

Department of the Treasury  
Internal Revenue Service

**PUBLIC DISCLOSURE COPY**  
**Schedule of Contributors**

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

**2011**

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 Part I, line 2, of its Form 990-PF, 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, or 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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		\$ 3,333,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YERBA BUENA CENTER FOR THE ARTS

94-3042571

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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 cols (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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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

Name of the organization

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

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).
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  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 XIV, 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 XIV, 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 XIV.

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.

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIV.

**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
1a Beginning of year balance	2,100,649.	1,772,360.	1,652,451.	1,943,396.	
b Contributions					
c Net investment earnings, gains, and losses	-58,636.	408,289.	169,909.	-211,532.	
d Grants or scholarships					
e Other expenditures for facilities and programs	80,000.	80,000.	50,000.	79,413.	
f Administrative expenses					
g End of year balance	1,962,013.	2,100,649.	1,772,360.	1,652,451.	

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%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		
3b		

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		684,574.	423,907.	260,667.
d Equipment		1,324,132.	909,578.	414,554.
e Other		118,940.	74,821.	44,119.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				719,340.

**Part II Investments – Other Securities.** See Form 990, Part X, line 12. N/A

(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 III Investments – Program Related.** See Form 990, Part X, line 13. N/A

(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 IV Other Assets.** See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

**Total.** (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶

**Part V Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS AND REFUNDABLE ADVANCES	453,848.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	453,848.

2 FIN 48 (ASC 740) Footnote. In Part XIV, 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). SEE PART XIV

**Part III Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		10,668,651.
2	Total expenses (Form 990, Part IX, column (A), line 25)		10,329,876.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		338,775.
4	Net unrealized gains (losses) on investments		-131,538.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.) SEE PART XIV		-1,421,554.
9	Total adjustments (net). Add lines 4 through 8		-1,553,092.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-1,214,317.

**Part IV Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	13,502,381.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-131,538.
b	Donated services and use of facilities	2b	7,921.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.) SEE PART XIV	2d	4,378,901.
e	Add lines 2a through 2d	2e	4,255,284.
3	Subtract line 2e from line 1	3	9,247,097.
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 XIV.) SEE PART XIV	4b	1,421,554.
c	Add lines 4a and 4b	4c	1,421,554.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,668,651.

**Part V Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	14,716,698.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,921.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.) SEE PART XIV	2d	4,378,901.
e	Add lines 2a through 2d	2e	4,386,822.
3	Subtract line 2e from line 1	3	10,329,876.
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 XIV.)	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	10,329,876.

**Part VI Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, 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

**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.

**Part III** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

2011

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4**

YERBA BUENA CENTER FOR THE ARTS

94-3042571

**SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

LOSS ON WRITE-OFF OF PLEDGES..... \$ -1,421,554.  
TOTAL \$ -1,421,554.

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

LOSS ON DISPOSAL OF FIXED ASSETS..... \$ 48,799.  
RAFFLE EXPENSES SHOWN NET OF REV..... 4,330,102.  
TOTAL \$ 4,378,901.

**SCHEDULE D, PART XII, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

LOSS ON WRITE-OFF OF PLEDGES..... \$ 1,421,554.  
TOTAL \$ 1,421,554.

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

LOSS ON DISPOSAL OF FIXED ASSET..... \$ 48,799.  
RAFFLE EXPENSES SHOWN NET OF REV..... 4,330,102.  
TOTAL \$ 4,378,901.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

Name of the organization

**YERBA BUENA CENTER FOR THE ARTS**

Employer identification number

**94-3042571**

**General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to 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			INVESTMENTS		177,438.
(2) NORTH AMERICA			INVESTMENTS		27,743.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b> .....					205,181.
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals (add lines 3a and 3b)</b> ...	0	0			205,181.

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

Schedule F (Form 990) 2011





**Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to 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

**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 V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

Name of the organization

**YERBA BUENA CENTER FOR THE ARTS**

Employer identification number

**94-3042571**

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part III 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)	(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. Combine line 3, column (d), and line 10 .....				

**Part IV 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 .....		6,019,150.	6,019,150.
	2	Cash prizes .....		1,427,244.	1,427,244.
	3	Non-cash prizes .....			
	4	Rent/facility costs .....		134,000.	134,000.
	5	Other direct expenses .....		2,768,858.	2,768,858.
EXPENSES	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ 0% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ 0% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ 0% <input checked="" type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....			4,330,102.
	8	Net gaming income summary. Combine lines 1, column (d) and line 7 .....			

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: \_\_\_\_\_

10a 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 ▶ CHARLES WARD

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 ▶ NEAL MARTIN ZEAVY

Gaming manager compensation ▶ \$ 645,026.

Description of services provided ▶ DIR. HOUSE RAFFLE

- 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 ▶ \$ \_\_\_\_\_

**Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2011**

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**YERBA BUENA CENTER FOR THE ARTS**

Employer identification number

**94-3042571**

**Questions Regarding Compensation**

**1 a** 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?.....

**3** 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. Explain in Part III.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?.....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?.....

**c** Participate in, or receive payment from, an equity-based compensation arrangement?.....

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** 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:

**a** The organization?.....

**b** Any related organization?.....

If 'Yes' to line 5a or 5b, describe in Part III.

**PART III**

**6** 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:

**a** The organization?.....

**b** Any related organization?.....

If 'Yes' to line 6a or 6b, describe in Part III.

**7** 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.....

**8** 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.....

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

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a	X	
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

**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	(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	KENNETH FOSTER	(i) 230,260. (ii) 0.	0. 0.	0. 0.	0. 0.	20,994. 0.	251,254. 0.	0. 0.
2	NEAL MARTIN ZEAY	(i) 31,115. (ii) 0.	613,911. 0.	0. 0.	0. 0.	0. 0.	645,026. 0.	0. 0.
3		(i) --- (ii) ---	---	---	---	---	---	---
4		(i) --- (ii) ---	---	---	---	---	---	---
5		(i) --- (ii) ---	---	---	---	---	---	---
6		(i) --- (ii) ---	---	---	---	---	---	---
7		(i) --- (ii) ---	---	---	---	---	---	---
8		(i) --- (ii) ---	---	---	---	---	---	---
9		(i) --- (ii) ---	---	---	---	---	---	---
10		(i) --- (ii) ---	---	---	---	---	---	---
11		(i) --- (ii) ---	---	---	---	---	---	---
12		(i) --- (ii) ---	---	---	---	---	---	---
13		(i) --- (ii) ---	---	---	---	---	---	---
14		(i) --- (ii) ---	---	---	---	---	---	---
15		(i) --- (ii) ---	---	---	---	---	---	---
16		(i) --- (ii) ---	---	---	---	---	---	---



**Supplemental Information**

Complete this part to 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.

**PART I. LINE 5 - COMPENSATION CONTINGENT ON REVENUES OR RELATED ORGANIZATION**

NEAL MARTIN ZEAVY, DIRECTOR OF HOUSE RAFFLE, WAS PAID BASED ON A PERCENTAGE OF THE

GROSS EARNINGS OF THE "DREAM HOUSE RAFFLE"

Series of horizontal dashed lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Name of the organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

**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) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on 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..... ▶ \$

**Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total..... ▶ \$

**Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

**Part III 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	35,000.	ARTIST FEE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SUPPLEMENTAL INFORMATION**

DURING THE YEAR ENDED JUNE 30, 2012, YBCA PAID \$35,000 TO MARGARET JENKINS DANCE COMPANY, A NOT-FOR-PROFIT ORGANIZATION, FOR COMMISSION AND PERFORMANCE FEES FOR "LIGHT MOVES", 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 ARTISITIC DIRECTOR OF MARGARET JENKINS DANCE COMPANY.

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

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

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

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

YBCA IS AN INTEGRATED SITE FOR CREATIVE ENDEAVOR; A UNIQUE FUSION OF ART, INNOVATION, AND IDEAS IN A SOCIAL ENVIRONMENT. IT SERVES AS A CURATED PLATFORM FOR THE DYNAMIC CONVERGENCE OF ARTISTS, INVENTORS, THINKERS, PRODUCERS, AND THE COMMUNITY WORKING TOGETHER TO SUSTAIN MULTIPLE LEVELS OF PARTICIPATION, PROPEL SHORT- AND LONG-TERM SOCIAL CHANGE, AND ENSURE THAT CONTEMPORARY ARTS AND LIVING ARTISTS ARE VITAL TO OUR SOCIETY.

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

PERFORMING ARTS - PERFORMING ARTS AT YBCA PRESENTS AN EXTRAORDINARY LINEUP OF LOCAL, NATIONAL, AND INTERNATIONAL ARTISTS YOU WON'T SEE ANYWHERE ELSE--ARTISTS WHO ARE TAKING RISKS, EXPERIMENTING WITH THE BOUNDARIES OF THEIR FORM, AND COMMITTED TO COLLABORATION. EACH YEAR THE CURATED 'YBCA PRESENTS' PERFORMANCE SERIES FEATURES NEW WORK BY BAY AREA ARTISTS ALONG WITH TEN TO FIFTEEN OF THE MOST COMPELLING, CONTEMPORARY NATIONAL AND INTERNATIONAL DANCE AND THEATER COMPANIES.

COMMUNITY ENGAGEMENT - YBCA'S PUBLIC PROGRAMS ARE DEDICATED TO ESTABLISHING A DEEPER UNDERSTANDING AND APPRECIATION OF CONTEMPORARY ART, ARTISTS, AND YBCA'S BIG IDEAS.

OFFERINGS INCLUDE EDUCATIONAL, EXPERIENTIAL, PARTICIPATORY ENGAGEMENT, FROM THE NEW, INNOVATIVE ADULT EDUCATION PROGRAM 'YBCA:YOU' TO YBCA'S AWARD-WINNING YOUTH ARTS PROGRAM 'YOUNG ARTISTS AT WORK.' PUBLIC PROGRAMS AT YBCA FOCUS ON INCREASING EQUITY AND ACCESS TO DIVERSE COMMUNITIES AND ENABLING CRITICAL DIALOGUE AND CIVIC PARTICIPATION IN THE DISCUSSION OF CONTEMPORARY ART AND IDEAS.

FILM/VIDEO - IN THE SCREENING ROOM YBCA HIGHLIGHTS 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. FILMS

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**

SHOWN AT YBCA OFTEN CELEBRATE THE UNSUNG, THE UNDER-APPRECIATED, THE UNUSUAL, AND THE DOWNRIGHT UNBELIEVABLE. YBCA'S FILM/VIDEO PROGRAM HAS DEVELOPED A STRONG FOLLOWING WITH BAY AREA FILMGOERS AND RECEIVED CRITICAL ACCLAIM FOR ITS ADVENTUROUS AND COMPELLING PROGRAMMING.

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

THE BY LAWS WERE CHANGED IN 2012 TO BETTER REFLECT THE ROLES AND RESPONSIBILITIES OF THE BOARD COMMITTEES AND BOARD OFFICERS.

**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, MANAGING DIRECTOR, AND EXECUTIVE DIRECTOR).

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.

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

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

Name of the organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

**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.

FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

LOSS ON WRITE-OFF OF PLEDGES.....	\$ -1,421,554.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	-131,538.
TOTAL	<u>\$ -1,553,092.</u>

TAXABLE YEAR **2011** **California Exempt Organization Annual Information Return**

FORM **199**

Calendar Year 2011 or fiscal year beginning month 07 day 01 year 2011, and ending month 06 day 30 year 2012

Corporation/Organization Name <b>YERBA BUENA CENTER FOR THE ARTS</b> Address (suite, room, or PMB no.) <b>701 MISSION STREET</b> City <b>SAN FRANCISCO, CA 94103</b>	California corporation number <b>1192629</b> FEIN <b>94-3042571</b>
---	--

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Return  Yes  No

Dissolved     Surrendered (Withdrawn)  
 Merged/Reorganized Enter date: \_\_\_\_\_

**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.

**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

**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. ....	1	11,270,594.
	2 Gross dues and assessments from members and affiliates. ....	2	
	3 Gross contributions, gifts, grants, and similar amounts received. .... SEE SCH. B	3	4,314,370.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B. ....	4	15,584,964.
5 Cost of goods sold. ....	5		
6 Cost or other basis, and sales expenses of assets sold. ....	6	586,211.	
7 Total costs. Add line 5 and line 6. ....	7	586,211.	
8 Total gross income. Subtract line 7 from line 4. ....	8	14,998,753.	
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18. ....	9	14,659,978.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ....	10	338,775.
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F. ....	11	
	12 Total payments. ....	12	
	13 Penalties and interest. See General Instruction J. ....	13	
	14 Use tax. See General Instruction K. ....	14	
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result. ....	15	

**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	<b>COPY</b>	Title	Date
		EXECUTIVE DIRECTOR	

Telephone (415) 321-1360

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>
Firm's name (or yours, if self-employed) and address		
DORAN & ASSOCIATES 55 MITCHELL BOULEVARD, STE. 3 SAN RAFAEL, CA 94903	7/11/13	700791709
		262769279
		Telephone (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 \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	•	1	
	2	Interest.	•	2	109,805.
	3	Dividends.	•	3	
	4	Gross rents.	•	4	
	5	Gross royalties.	•	5	
	6	Gross amount received from sale of assets (See instructions).	•	6	529,820.
	7	Other income. Attach schedule. SEE STATEMENT. 2	•	7	10,630,969.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	11,270,594.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	•	9	
	10	Disbursements to or for members.	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT. 3	•	11	1,012,273.
	12	Other salaries and wages.	•	12	4,421,215.
	13	Interest.	•	13	
	14	Taxes.	•	14	391,735.
	15	Rents.	•	15	438,205.
	16	Depreciation and depletion (See instructions).	•	16	234,389.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT. 4	•	17	8,162,161.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	14,659,978.

**Schedule L Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		5,971,505.		4,007,638.
2 Net accounts receivable		2,083,333.		742,915.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations		291,087.		247,684.
6 Investments in other bonds. STMT. 5		788,637.		846,082.
7 Investments in stock. STMT. 6		2,629,447.		3,798,474.
8 Mortgage loans				
9 Other investments Attach schedule				
10a Depreciable assets	1,939,672.		2,127,646.	
b Less accumulated depreciation	1,296,896.	642,776.	1,408,306.	719,340.
11 Land				
12 Other assets. Attach schedule. STM. 7		242,373.		190,705.
13 Total assets		12,649,158.		10,552,838.
<b>Liabilities and net worth</b>				
14 Accounts payable		2,322,702.		1,770,310.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule. STM. 8		791,965.		462,354.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		9,534,491.		8,320,174.
22 Total liabilities and net worth		12,649,158.		10,552,838.

**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 \$25,000

1	Net income per books.	•	-1,214,317.	7	Income recorded on books this year not included in this return. Attach schedule. SEE ST. 9	•	-1,553,092.
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.	•	-1,553,092.
4	Income not recorded on books this year. Attach schedule.	•		10	Net income per return. Subtract line 9 from line 6.	•	338,775.
5	Expenses recorded on books this year not deducted in this return. Attach schedule.	•					
6	Total. Add line 1 through line 5.	•	-1,214,317.				

**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

OMB No. 1545-0047

**2011**

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 Part I, line 2, of its Form 990-PF, 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, or 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

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	CITY AND COUNTY OF SAN FRANCISCO ONE SOUTH VAN NESS AVE 5TH FL SAN FRANCISCO, CA 94103	\$ 3,333,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

YERBA BUENA CENTER FOR THE ARTS

Employer identification number

94-3042571

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

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 cols (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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

## YERBA BUENA CENTER FOR THE ARTS

94-3042571

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

THE BY LAWS WERE CHANGED IN 2012 TO BETTER REFLECT THE ROLES AND RESPONSIBILITIES OF THE BOARD COMMITTEES AND BOARD OFFICERS.

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

INCOME FROM SPECIAL EVENTS.....	\$	6,019,150.
OTHER INCOME.....		7,281.
PROGRAM SERVICE REVENUE.....		4,604,538.
<b>TOTAL</b>	<b>\$</b>	<b>10,630,969.</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>
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.
BRUCE MCDUGAL 701 MISSION STREET SAN FRANCISCO, CA 94103	V.P., TREASURER 2.00	0.	0.	0.
DIANA COHN 701 MISSION STREET SAN FRANCISCO, CA 94103	PRESIDENT 3.00	0.	0.	0.
JD BELTRAN 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
JEFF FILIMON 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:**

<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>
ELNA HALL, PH.D. 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
ROB EPSTEIN 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
NEIL GRIMMER 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	0.	0.	0.
ERIK MAYO 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	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	MEMBER 1.00	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.
RAMAN FREY 701 MISSION STREET SAN FRANCISCO, CA 94103	EXEC. COMM. 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
BROOKE WATERHOUSE 701 MISSION STREET SAN FRANCISCO, CA 94103	MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
VICKI SHIPKOWITZ 701 MISSION STREET SAN FRANCISCO, CA 94103	EXEC. COMM. 2.00	0.	0.	0.
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	223,565.	6,521.	13,086.
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	MANAGING DIREC. 38.00	143,682.	3,861.	6,765.
TOTAL		\$ 367,247.	\$ 10,382.	\$ 19,851.

## KEY EMPLOYEES:

NAME	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NEAL MARTIN ZEAVY	DIR. HOUSE RAFFLE 38	645,026.	0.	0.
TOTAL		\$ 645,026.	\$ 0.	\$ 0.

## STATEMENT 4

FORM 199, PART II, LINE 17

## OTHER EXPENSES

ACCOUNTING FEES.....	\$ 27,635.
ADVERTISING AND PROMOTION.....	174,609.
ARTIST FEES AND EXPENSES.....	487,762.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	12,809.
EQUIPMENT MAINT. & SUPPLIES.....	236,004.
INFORMATION TECHNOLOGY.....	146,899.
INSURANCE.....	90,902.
INVESTMENT MANAGEMENT FEES.....	41,014.



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

LEGAL FEES.....	\$	23,317.
OFFICE EXPENSES.....		475,961.
OTHER EMPLOYEE BENEFIT.....		909,392.
OTHER FEES.....		35,970.
PENSION PLAN CONTRIBUTIONS.....		185,097.
PROGRAM AND PRODUCTION EXPENSE.....		912,468.
SPECIAL EVENT EXPENSES.....		4,330,102.
TRAVEL.....		72,220.
TOTAL	\$	<u>8,162,161.</u>

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

ACCRUED INTEREST ON BONDS.....	\$	17,596.
CORPORATE BONDS.....		828,486.
TOTAL	\$	<u>846,082.</u>

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

MUTUAL FUNDS.....	\$	2,108,598.
OTHER PUBLICLY TRADED SECURITIES.....		1,689,876.
TOTAL	\$	<u>3,798,474.</u>

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

DEPOSITS.....		24,330.
PREPAID EXPENSES AND DEFERRED CHARGES.....		166,375.
TOTAL	\$	<u>190,705.</u>

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

DEFERRED REVENUE.....		8,506.
DEPOSITS AND REFUNDABLE ADVANCES.....		453,848.
TOTAL	\$	<u>462,354.</u>

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

LOSS ON WRITE-OFF OF PLEDGES.....	\$ -1,421,554.
UNREALIZED GAIN ON INVESTMENTS.....	-131,538.
TOTAL	<u>\$ -1,553,092.</u>

COPY



IN MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

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

WEBSITE ADDRESS: http://ag.ca.gov/charities/

State Charity Registration Number 65789

Check if:

- Change of address
Amended report

YERBA BUENA CENTER FOR THE ARTS

Name of Organization

701 MISSION STREET

Address (Number and Street)

SAN FRANCISCO, CA 94103

City or Town

State ZIP Code

Corporate or Organization No. 1192629

Federal Employer ID No. 94-3042571

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Table with 6 columns: Gross Annual Revenue, Fee, Gross Annual Revenue, Fee, Gross Annual Revenue, Fee. Rows include categories like 'Less than \$25,000', 'Between \$25,000 and \$100,000', etc.

PART A - ACTIVITIES

For your most recent full accounting period (beginning 7/01/11 ending 6/30/12) list: Gross annual revenue \$ 10,668,651. Total assets \$ 10,552,838.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

- 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 1
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 2
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 3
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?

Organization's area code and telephone number (415) 321-1360

Organization's e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

COPY

KENNETH FOSTER Printed Name

EXECUTIVE DIRECTOR Title

Signature of authorized officer

Date

2011

**CALIFORNIA STATEMENTS**

**PAGE 1**

**YERBA BUENA CENTER FOR THE ARTS**

**94-3042571**

**STATEMENT 1  
FORM RRF-1, PART B, LINE 1  
FINANCIAL TRANSACTIONS**

DURING THE YEAR ENDED JUNE 30, 2012, YBCA PAID \$35,000 TO MARGARET JENKINS DANCE COMPANY, A NOT-FOR-PROFIT ORGANIZATION, FOR COMMISSION AND PERFORMANCE FEES FOR "LIGHT MOVES", 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 ARTISITIC DIRECTOR OF MARGARET JENKINS DANCE COMPANY.

**STATEMENT 2  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

CITY AND COUNTY OF SAN FRANCISCO

**STATEMENT 3  
FORM RRF-1, PART B, LINE 7  
NUMBER AND DATES OF RAFFLES**

2 RAFFLES: 1/21/12 AND 7/14/12