efile Public Visual Render ObjectId: 202421179349301747 - Submission: 2024-04-26 TIN: 94-1692171 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

	nent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the	latest ir	nformation.		Open to Public Inspection
A F	or the 2022 c	alendar year, or tax year beginning 07-01-2022 , and ending 06-3	0-2023			
O Ad	ck if applicable: dress change me change tial return	C Name of organization East Bay Center for the Performing Arts Doing business as		D Employ 94-169		ification number
_	al return/terminated					
☐ Am	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephon		
ОАр	olication pending	339 11th Street		(510) 2	34-262	4
		City or town, state or province, country, and ZIP or foreign postal code Richmond, CA 94801		G Gross re	ceipts \$ (5,378,047
		F Name and address of principal officer: Ruth Esther Dineen	H(a)	Is this a group re	turn for	
		339 11th Street		subordinates?		☐Yes <a>V No
		Richmond, CA 94801	H(b)	Are all subordinat included?	tes	☐ Yes ☐No
I Tax	e-exempt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527		If "No," attach a l		
J W	ebsite: 🕨 ww	w.eastbaycenter.org	H(c)	Group exemption	numbe	r▶
			I Vanua	f f 1000	M Charle	e of legal domicile: CA
K Forn	n of organization:	Corporation	L Year o	f formation: 1968	M State	e or legal domicile: CA
Pa	ırt I Sum	mary			l .	
Activities & Governance		THE CENTER HAS PROVIDED AN ENVIRONMENT WHERE YOUNG ARTISTS D NS AND THE ARTS TO EMERGE AS CHAMPIONS OF CREATIVITY, SOCIAL JU S box				TRAINING IN WORLE
5	_	of voting members of the governing body (Part VI, line 1a)			3	13
SS	4 Number of	of independent voting members of the governing body (Part VI, line 1b) $$.			4	12
ğ	5 Total num	nber of individuals employed in calendar year 2022 (Part V, line 2a)			5	80
CE)	6 Total num	nber of volunteers (estimate if necessary)			6	24
⋖	7a Total unre	elated business revenue from Part VIII, column (C), line 12			7a	75,802
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	74,802
				Prior Year		Current Year
9	8 Contribut	ions and grants (Part VIII, line 1h)		5,209,0)22	5,415,944
enueve	9 Program	service revenue (Part VIII, line 2g)		246,6	535	295,342
æ	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		-246,3	349	259,805
	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		416,3		382,020
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,625,6	524	6,353,111
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)				0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)				0
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,248,6	580	2,352,416
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		52,4	140	97,626
ď	b Total fundr	aising expenses (Part IX, column (D), line 25) ▶ 521,277				
ш	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		987,6	662	1,206,548
	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,288,7	782	3,656,590
	19 Revenue	less expenses. Subtract line 18 from line 12		2,336,8	_	2,696,521
Net Assets or Fund Balances			Begii	nning of Current Yo	ear	End of Year
set	20 Total asse	ets (Part X, line 16)		20,025,8	323	23,092,519
d B		ilities (Part X, line 26)		227,7		223,125
ŠĒ		s or fund balances. Subtract line 21 from line 20		19,798,0	_	22,869,394

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 7/31/25, 5:52 PM any knowledge.

	I.				2024-04-26	
Sign	Sig	nature of officer			Date	
Here	Rut	th Esther Dineen Executive Dir.				
		e or print name and title				•
	,	Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid	ı	4 /h : h : h : s : s : s	.,		Check if self-employed	P00533689
	arer	Firm's name HEALY AND ASSOC	I IATES	<u> </u>	Firm's EIN > 8	1-1489821
	Only					
036	Offiny	Firm's address 1200 CONCORD AVI	E STE 250		Phone no. (925) 603-0800
		CONCORD, CA 945	20			
May th	ne IRS discu	uss this return with the preparer s	hown above? See Instructions.			. 🔽 Yes 🗆 No
For P	aperwork	Reduction Act Notice, see the s	separate instructions.	Cat.	No. 11282Y	Form 990 (2022)
						, ,
			Page 2 —			
			- 3			
Form	990 (2022)					Page 2
Par	∷∥ Sta	tement of Program Service	Accomplishments			
	Che	eck if Schedule O contains a respor	nse or note to any line in this Pa	tIII		
1	Briefly des	cribe the organization's mission:				
		i-ethnic youth and young adults d				
		ition of original performance works community development movemer				
		im of support for Place-based action				
2	Did the org	ganization undertake any significar	nt program services during the ye	ear which were not	listed on	
	the prior Fo	orm 990 or 990-EZ?				🗆 Yes 🔽 No
	If "Yes," de	escribe these new services on Sche	edule O.			
3	Did the org	ganization cease conducting, or ma	ake significant changes in how it	conducts, any progi	ram	
	services?					. 🗆 Yes 🛂 No
	If "Yes," de	escribe these changes on Schedule	Ο.			
4	Section 50	ne organization's program service a 1(c)(3) and 501(c)(4) organization ue, if any, for each program service	ns are required to report the amo			
		.e, a,, .e. eac p. eg. a eee.				
4a	(Code:) (Expenses \$	2,536,223 including grants of	\$) (Revenue \$	295,342)
	7 resident er 200-hour Su music, dance 2023, instrurepertoire tr in April and document es students suc Music and D. December 2i Downtown Hexpressions project focus from the Co California Ar ownership. V Support: To Artists Diplo year scholars	we served approximately 300 students nsemble rehearsals per week, and prodummer Intensive immersion session. The e, and contemporary theater forms and ction for all 100 Diploma students avera aditions and East Bay Centers Deep Roo December. TheCenters Program Leaders sisting and create new instructional plan creates. Resident Companies: Our seven your accept enroll 60 advanced Center studen 022, four Resident Companies - Voices cololiday Festival: A Richmond Nutcracker. of social justice, commissioned by the head on commissions with five Young Artivid-19 pandemic and the lockdown on or ts Council. Youth Leadership: The Center We convened a focus group of Diploma support our older students to develop the ma Program graduates. The scholarship ships (approx \$10,000/year) recognizing graduates will continue to receive coach	uced over 20 performances.Summer Intensive requires cross-cu culminates with three evenings of stu gged 6-8 hours per week of instruction its Wide World Curriculum. Students pihip team worked alongside faculty to s, with a focus on clear, explicit youth outh resident companies, focusing on the toreach local audiences of 10,000 of Reason, Iron Triangle Theater Comp. We also produced Hogbetsotso, a We dewlett Foundation and created and dist Diploma Program alumni over the rur community. This project is supported to the continued to offer opportunities for a ctudents to solicit their input on our cureir full artistic, academic and social p funded two full, renewable scholarship perseveranceand motivation, and \$1	ntensive: In July-Augustural and cross-discipil dent presentations. You consisting of lessons, rarticipated in individua articulate learning goal development outcome celebrating cultural artichrough presentations any, Son de laTierra art African music and deveted by CK Ladzepko ext several months, wild by a grant from San ur students to connect rriculum development, otential, the Center cops for students who pla,000 renewable schola	sit 2023, 85 YADP st mary training, as wing Artist Diploma P classes, and ensem I recitals in March as s for all seven progs s and strategies thioms (i.e. West Afrat up to 50 commund ance piece that inco, long time faculty no arecreating perfi Francisco Foundati to their community as well as Youth D thiuded our college an to pursue the perships for all other	rudents completed our five-week, all as technical instruction in rorgam: From July - December ables based on both specific and November and group recitals gram pathways, as well as at are the foundation of our rican Music and Dance, Mexican mity gatherings annually. In ber Ensemble, participated in the proporates traditional ritual with member. We began working on a ormances about how we can heal on Bay Area Creative Corps and y, while building a strong sense of evelopment outcomes. Student scholarship program for Young rforming arts in college, two four
4b	offer a unique school culture and ensemb on average reweekly musice each schooletc.).In addition, Drummer professional dance, and i) (Expenses \$ 13, East Bay Center, in partnership with the approach to teaching fundamental must e and climate. The curriculum and contelle performance techniques at Grant, Kin receive 30 weeks of class instruction, who classes of 30 minutes each 4th throuse Community performances happen through the continued our novening, Mexican Music and Dance, and Persartists and introducing students to new instrumental coaching/private lessons at paraged 135 hours of classes per week in	usic skills about global traditions while int for our In School Arts Program foct g, Obama, Nystrom, Peres, Valley Vie hich includes access to appropriate mu. igh 6th grade receive 45 minutes of cl ughout the year in alignment with the el Rotations program for grades 4-6 at sian Dance. We also produced several cultural art forms. East Bay Center pro four middle and high schools. All tead	rict, delivered program increasing equitable aused on music fundame w, and Stege Elementa sical instruments and sass per week- Students school calendar(i.e., B three schools, which in assemblies for Hispani ovided after school programs.	ccess to arts educa entals, hands-on ins ry Schools. Across supplies Kindergal s perform in at leas ack to School Night ncluded three 10 w c Heritage Month a grams at an additio	tion and positively impacting struction, global music repertoire, these seven campuses:- Students reten through 3rd grade receive it two presentations each year at it, holiday festivals, Cinco de Mayo, eek courses for students in Hip and Black History Month, featuring anal six schools, with a focus on

including grants of \$

) (Revenue \$

https://projects.propublica.org/nonprofits/organizations/941692171/202421179349301747/full

) (Expenses \$

(Code:

)

14a Did the organization maintain an office, employees, or agents outside of the United States?

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 School 16 F. Parts I and IV

No

Nο

14a

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

No

No

33

34

35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Yes	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
_	Did the examination comply with backup withholding rules for reportable appropriate to venders and reportable gaming			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Page 5 Form 990 (2022) Page 5 Part \ Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 2a 80 2b Yes b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? . За Yes If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . 3b Yes 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Nο financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a No **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b **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 No solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes ${f b}$ If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No **d** If "Yes," indicate the number of Forms 8282 filed during the year . 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g No h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h No Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9b 10 Section 501(c)(7) organizations. 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

	200 Day Comer to the Comming the Temporar Employer Treatment	_	i	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2022
	Page 6 ———————————————————————————————————			
Form	990 (2022)			Page 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" rest	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			✓
	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
	ection A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
	Did the appropriation have been been born by 1000 to 2000 to 2		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	4.5		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	

7/31/25	5, 5:52 PM	East Bay Center	r For Th	e Per	form	ing A	Arts - F	ull l	Filing - Nonprofit Exp	lorer - ProPubli	ca		
b	Were officers, directors, or trustees, and conflicts?										12b	Yes	
c	Did the organization regularly and consist Schedule O how this was done									lescribe on	12c	Yes	
13	Did the organization have a written whist	leblower policy?									13	Yes	
14	Did the organization have a written docur										14	Yes	
15	Did the process for determining compens persons, comparability data, and contemp	ation of the follo	wina pe	erson	ns in	clud	e a re	viev	v and approval by ir				
а	The organization's CEO, Executive Director	or, or top manag	ement o	officia	al .						15a	Yes	
ь	Other officers or key employees of the or	ganization .									15b	Yes	
	If "Yes" to line 15a or 15b, describe the p												
16a	Did the organization invest in, contribute taxable entity during the year?										16a		No
b	If "Yes," did the organization follow a writ in joint venture arrangements under appl status with respect to such arrangements	icable federal ta	x law, a	nd ta	ake	step	s to s	afeg	uard the organizati		16b		
	ation C. Disalogues										100		
<u>Se</u>	ction C. Disclosure List the states with which a copy of this F	form 990 is requ	ired to 1	ha fil	ed b								
/	List the states with which a copy of this i	omi 550 is requ	ii eu to i	DC III	cu		CA						
18 19 20	Section 6104 requires an organization to 501(c)(3)s only) available for public inspet Own website Another's website Describe in Schedule O whether (and if spolicy, and financial statements available State the name, address, and telephone	ection. Indicate he Upon rec b, how) the orga to the public du	now you quest inizatior ring the	made tax	de tl Othe de it yea	hese er (e ts go r.	e availa explain	able in S	c. Check all that app Schedule O) locuments, conflict	ly. of interest			
	East Bay Center for the Perfor 339 11th	Street Richm	nond, CA	948	301	(510) 234	-262	24	a records.			
												Form 99 0	0 (2022
				Page	e 7	_							
Form	990 (2022)												Da
	t VII Compensation of Officers,	Directors Tru	stoos	V o	v E	mn	lovos		Highest Compa	nested Emr	love	96	Page 7
Fal	and Independent Contractor		istees,	, RE	у∟	шр	ioyee	:5,	nighest compe	iisateu Eiiip	noye	es,	
	Check if Schedule O contains a res		o any lir	ne in	this	: Par	t VII	_					
Se	ction A. Officers, Directors, Trust										•		
	omplete this table for all persons required								_	_	e orga	nization	's tax
year.				-							_		J tux
	List all of the organization's current office mpensation. Enter -0- in columns (D), (E),							or	organizations), rega	ardless of amo	unt		
	ist all of the organization's current key er							ofin	ition of "key employ	/oo "			
	ist the organization's five current highest										ee)		
who r	received reportable compensation (box 5 organization and any related organizations.	f Form W-2, box	6 of Fo	orm 1	1099	-MI	SC, ar	nd/o	r box 1 of Form 109	99-NEC) of mo	re tha	n \$100,0	00 from
of rep	ist all of the organization's former officers oortable compensation from the organization	on and any relate	ed orga	nizat	ions	· S.			. ,			000	
organ	ist all of the organization's former direct ization, more than \$10,000 of reportable of the contraction of	compensation fro	om the								the		
	he instructions for the order in which to lis	•											
	Check this box if neither the organization n	1	rganızat	tion (•	sated	any	1	,	. T	_	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	more pers and	than on is I a di	one bot rect	not e bo h ar or/ti	check x, unlo n office rustee Highest o	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	Reportable compensation from relate organization (W-2/1099 MISC/1099 NEC)	on d ns	Estima Estima amount of compen from organizat relat organiz	ated of other sation the tion and
		line)	Individual trustae or director	Institutional trustee	¥	Key employee	Highest compensated employee	ier		·			
(1) Ru	ith Esther Dineen	40.00)										
Execu	tive Dir.	0.00			Х				125,187		0		(
		0.00	_		Х				125,187		0		(

7/31/25, 5:52 PM	East Bay Center	For The	e Perf	orm	ing A	Arts - F	ull I	Filing - Nonprofit Exp	olorer - ProPublica	
(3) Susan Lindheim	1.00]
President	0.00	Х		Х				0	0	0
(4) Tamina Alon	1.00									
(+) Iulilliu Aloli		Х		Х				0	0	0
Secretary	0.00									
(5) Mayra Padilla	1.00	.,		,,						
Vice President	0.00	Х		Х				0	0	0
(6) Richard Zhu	1.00									
Treasurer		X		Х				0	0	0
-	0.00									
(7) John Clawson	1.00	Х						0	0	0
Director	0.00	^								
(8) Gail Covington	1.00									
Nine share		X						0	0	0
Director	0.00									
(9) Monica Pressley	1.00	х						0	0	0
Director	0.00	^							0	
(10) Joel Ramirez	1.00									
Di velo		Х						0	0	0
Director	0.00									
(11) Timothy Thompson-Cook	1.00	х						0	0	0
Director	0.00	^							0	0
(12) Vanessa Whang	1.00									
Director	0.00	Х						0	0	0
(13) Nicole Barnett	1.00									
``		Х						0	0	0
Director	0.00									
(14) Charlie Bullock	1.00									
Director	0.00	Х						0	0	0
	0.00		\vdash							
				\dashv						

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ne b	ox, un of tor/t	t che unles ficer truste	s pers	son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations

Sub-Total Sub-Total Total from continuation sheets to Part VII, Section A Partial (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 7 Form 990 (2022) Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a 7 if Yes, "complete Schedule 1 for such individual." For any individual is stand on line 1a receive or accurace compensation from one any unrelated organization or individual for such individual. Did any person listed on line 1a receive or accurace compensation from any unrelated organization or individual for services individual. Section B. Independent Contractors Complete this table for your five highest compensation from any unrelated organization or individual for services individual. That number of independent Contractors Complete this table for your five highest compensation from any unrelated organization or individual for services. The partial individual for services individual for services organization. Seport complemation from any unrelated organization or individual for services individual for services. Section B. Independent Contractors Complete this table for your five highest compensation from any unrelated organization or individual for services. The properties of the organization for services organization from the organization for services. The properties of the organization for services organization from the organization for services. The properties of the organization for services or services. The properties of the organization for services or serv	31/25, 5:52 PM	East Ba	y Center For	The Per	formi	ng Arts -	Full Filing -	Nonprofit I	Explorer - ProPublic	a		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 2 In a contract of the organization is any former office, director or trustee, key employee, or highest compensated employee on limited 2 II "res," complete Schedule 3 for such individual is. For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization side is as the sum of reportable compensation from the organization and related organization greater than \$150,000 If "res," complete Schedule 3 for such individual for services rendered to the organization? If "Yes," complete Schedule 3 for such individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person Section B. Independent Contractors Complete this table for your five highest compensation from any unrelated organization is tax year. (A) Rame and business address Complete this table for your five highest compensation for the calendar year ending with or within the organization is tax year. (A) Rame and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ≥ 0 Form 990 (2022) Page 9 Page 9 In Juntal Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ≥ 0 Form 990 (2022) Page 9 In Juntal Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ≥ 0 Form 990 (2022) Page 9 In Juntal Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ≥ 0 Form 990 (2022) Page 9 In Juntal Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organi					\Box	<u> </u>	1			+		
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A Name and business address Description of services Compensation	Complete this table for your fi	ve highest compensa								npensati	ion	
Name and business address Description of services Compensation	from the organization. Report	•	e calendar y	ear en	ding v	with or v	vithin the c	rganizatioi 	•		(C	`
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Page 9 m 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
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function revenue tax under section revenue 512 - 514 iderated campaigns 1a improvement grants (contributions) 1				То			Rela	ted or	Unrelated		Rever	nue
revenue 512 - 514								•				
Individual sing events											512 -	514
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g Noncash contributions included in		1f										
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		1g										

8,999 h Total . Add lines 1a-1f	. b 5,415,944				
	Business Code				
2a Performance Fees	711130	6,150	6,150		
) Program Fees	711130	268,173	268,173		
Program Fees Rental Income	531120	9,801	9,801		
Tuition	611600	11,218	11,218		
	-				
	-				
f All other program service revenue.					
g Total. Add lines 2a–2f b 3 Investment income (including dividends, in	295,342 interest, and other	<u> </u>			
similar amounts)	-	259,805			259,80
4 Income from investment of tax-exempt be	ond proceeds	0			
5 Royalties	•	0			
(i) Real	(ii) Personal				
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c					
	(ii) Othor	0			
(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory					
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) Gross income from fundraising events					
Gain or (loss) 7c					
d Net gain or (loss)	•	0			
(not including \$ of contributions reported on line 1c).					
See Part IV, line 18 8a b Less: direct expenses 8b	266,073 24,936				
c Net income or (loss) from fundraising ev	ents	241,137			
9a Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activit	ies	0			R.
10aGross sales of inventory, less returns and allowances 10a					
b Less: cost of goods sold 10b					
c Net income or (loss) from sales of invent		0			
11a _{Other} Revenue	Business Code 900099	65,081	65,081		
b RENTAL INCOME		75,802		75,802	
rerRevenueMiscAmt					

d All other revenue				
e Total. Add lines 11a-11d	140,883			
12 Total revenue. See instructions	6.353.111	360,423	75,802	259,805

Form **990** (2022)

— Page 10 —

Form 990 (2022) Page **10**

Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organization	ms must complete con	лин (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			\square
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	·		·
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	125,187	90,292	15,402	19,49
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			
7 Other salaries and wages	1,915,203	1,381,355	235,633	298,21
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	142,718	77,215	51,722	13,78
0 Payroll taxes	169,308	123,997	19,454	25,85
1 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	97,626			97,62
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	317,188	152,662	114,758	49,76
2 Advertising and promotion	18,721	250	13,800	4,67
3 Office expenses	26,303	19,314	5,412	1,57
4 Information technology	40,228	29,728	9,062	1,43
5 Royalties	0			
6 Occupancy	129,304	126,276	2,391	63
7 Travel	6,609	5,057	1,543	
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
9 Conferences, conventions, and meetings	30,929	10,910	15,364	4,65
10 Interest	22,343	106	22,237	
1 Payments to affiliates	0			
2 Depreciation, depletion, and amortization	367,427	367,427		
3 Insurance	31,845		31,845	
4 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 Scholarship	57,551	51,438	6,113	
b Provision for tax UBIT	39,986	39,986		

L'. 000 00				-, -
d Payroll fees	23,572	388	23,184	
e All other expenses	64,555	48,086	16,059	410
25 Total functional expenses. Add lines 1 through 24e	3,656,590	2,536,223	599,090	521,277
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2022)

Page 11 -Form 990 (2022) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part IX. (A) (B) Beginning of year End of year 1,021,248 2.536.754 Cash-non-interest-bearing 1 3.318.453 2 3.147.616 2 Savings and temporary cash investments 2,850,218 4,294,139 3 Pledges and grants receivable, net . 3 55,366 169,875 4 Accounts receivable, net . 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 0 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 6 0 7 Notes and loans receivable, net . 0 8 Inventories for sale or use Prepaid expenses and deferred charges . 3,673 9 32,437 10a Land, buildings, and equipment: cost or other 10a 14,029,699 basis. Complete Part VI of Schedule D 4,792,864 9,601,062 Less: accumulated depreciation 10b **10**c 9,236,835 3.248.636 11 Investments—publicly traded securities . 11 1,645,364 1,930,000 12 Investments—other securities. See Part IV, line 11 . 12 13 0 13 Investments—program-related. See Part IV, line 11 . 14 Intangible assets . . . 14.933 14 11.733 0 15 15 Other assets. See Part IV, line 11 . **Total assets.** Add lines 1 through 15 (must equal line 33) 20,025,823 16 23,092,519 16 17 72.583 17 78 593 Accounts payable and accrued expenses 18 18 Grants payable . . 19 19 Deferred revenue . 20 20 Tax-exempt bond liabilities . 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D iabilities Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties . Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 155,165 25 144,532 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 227,748 223,125 26 **Total liabilities.** Add lines 17 through 25 . 26 Balances Organizations that follow FASB ASC 958, check here complete lines 27, 28, 32, and 33. 13.488.567 14.402.114 27 Net assets without donor restrictions 27 6.309.508 8.467.280 Net assets with donor restrictions 28 Fund Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 5 29 Capital stock or trust principal, or current funds 29

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

30

E C	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	32		22	,869,39
	33 Total liabilities and net assets/fund balances	33		23	3,092,51
			F	orm 99	0 (202
	Page 12 —				
rm 🤉	990 (2022)				Page :
Part	XI Reconcilliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				V
ι .	Total revenue (must equal Part VIII, column (A), line 12)	1		6	,353,1
	Total expenses (must equal Part IX, column (A), line 25)	2			,656,5
	Revenue less expenses. Subtract line 2 from line 1	3			,696,5
	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,798,0
5	Net unrealized gains (losses) on investments	5			16,1
5	Donated services and use of facilities	6			
7	Investment expenses	7			-1
3	Prior period adjustments	8			284,6
•	Other changes in net assets or fund balances (explain in Schedule O)	9			74,1
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		22	,869,3
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or	on a			
	separate basis, consolidated basis, or both:				
	50pa. a.c. 545.5, 651.651.441.65 545.5, 61. 5641.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
		basis,	2b	Yes	
	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	2b	Yes	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	basis,	2b	Yes	
c	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	2b 2c	Yes	
c	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: ☑ Separate basis □ Consolidated basis □ Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	·			
c 3a	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: ☑ Separate basis □ Consolidated basis □ Both consolidated and separate basis 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?	dule O.			No
c 3a	Separate basis	dule O. niform	2c 3a		No
c 3a	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: ☑ Separate basis □ Consolidated basis □ Both consolidated and separate basis 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 Scherocka a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	dule O. niform	2c 3a 3b	Yes	
c 3a b	Separate basis	dule O. niform	2c 3a 3b		
c 3a	Separate basis	dule O. niform	2c 3a 3b	Yes	
c 3a b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 Schen As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F? 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.	dule O. niform	2c 3a 3b	Yes	
c 3a b	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: ☑ Separate basis □ Consolidated basis □ Both consolidated and separate basis 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 Schein Schein and Schein	dule O. niform ired	2c 3a 3b	Yes	0 (202
c 3a b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 Schen As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F? 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.	dule O. niform ired	2c 3a 3b	Yes Form 99	0 (202

https://projects.propublica.org/nonprofits/organizations/941692171/202421179349301747/full

efile Public Visual Render

ObjectId: 202421179349301747 - Submission: 2024-04-26

TIN: 94-1692171

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

									Inspection
		he organiza ter for the Perf						Employer identific 94-1692171	ation number
	rt I				us (All organization				
The c	rganiz	zation is not	a private fou	ndation because	e it is: (For lines 1 thro	ough 12, check	only one box.)		
1		A church, c	onvention of	churches, or as	sociation of churches	described in se	ection 170(b)(1)	(A)(i).	
2		A school de	scribed in s e	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital of	or a cooperat	tive hospital ser	vice organization descr	ribed in sectio	n 170(b)(1)(A)((iii).	
4		A medical r name, city,		anization operat	ed in conjunction with	a hospital desc	cribed in section	170(b)(1)(A)(iii). E	nter the hospital's
5				ed for the benefi omplete Part II.)	t of a college or unive	rsity owned or	operated by a gov	vernmental unit descri	oed in section
6		A federal, s	tate, or loca	l government or	governmental unit de	scribed in sect	tion 170(b)(1)(A)(v).	
7	✓	section 17	'0(b)(1)(A)	(vi). (Complete	•			unit or from the genera	al public described in
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi).	(Complete Part	: II.)		
9		non-land g	rant college	of agriculture. S	escribed in 170(b)(1) ee instructions. Enter	the name, city,	and state of the	college or university:	
10		from activition	ies related t income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (learn) are part III.)	tain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organiza	ation organiz	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).	
12		more public	cly supported	d organizations (d exclusively for the be described in section 5 Is the type of supportin	09(a)(1) or s	ection 509(a)(2). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, or coappoint or elect a majo				
b		manageme	nt of the sup		ervised or controlled in the sand C.				
С					supporting organizatio ions). You must com				ted with, its
d		functionally	integrated.	The organizatio	d. A supporting organin generally must satist IV, Sections A and	fy a distributio	n requirement and		
е					ved a written determir integrated supporting		IRS that it is a Ty	pe I, Type II, Type III	functionally
f			• • •	d organizations				· · · · · · · · - <u>-</u>	
<u>g</u>		ide the follow Name of supp organization	orted	(ii) EIN	upported organization((iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				1					
Tota				-					
For F	Paperv	work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 112	85F	Schedule Schedule	 A (Form 990) 2022
					Pa	ge 2 ———			
Sche	dule A	(Form 990)	2022						Page 2
Pa	rt II				rations Described ne box on line 5, 7,				

If the organization failed to qualify under the tests listed below, please complete Part III.)

	25, 5:52 PM	East Bay Ce	enter For The Perform	ning Arts - Full Filir	ng - Nonprofit Explo	rer - ProPublica	
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	3,194,217	3,261,351	3,335,706	5,209,022	5,415,944	20,416,240
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid						0
3	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	3,194,217	3,261,351	3,335,706	5,209,022	5,415,944	20,416,240
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						4,086,090
	line 1 that exceeds 2% of the						4,000,030
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						16,330,150
	Section B. Total Support						
	llendar year r fiscal year beginning in) 🟲	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,194,217	3,261,351	3,335,706	5,209,022	5,415,944	20,416,240
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,507	46,923	147,394		259,805	462,629
9	Net income from unrelated business activities, whether or not the business is regularly carried on	187,297	142,701	137,341	134,968	75,802	678,109
10						65,081	65,081
11	Total support. Add lines 7 through 10						21,622,059
12		etc. (see instructi	ons)			12	541,977
13	· · · · · · · · · · · · · · · · · · ·	-			•		ization, check
_	this box and stop here					▶∪	
	Section C. Computation of Public			anluman (f))		1441	75 520 0
14 15						14	75.530 % 75.650 %
	a 33 1/3% support test—2022. If the						
	and stop here. The organization quali 33 1/3% support test—2021. If the	ifies as a publicly	supported organiz	ation			🕨 🗹
17	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "fact	t-2022. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances" t		•	•			
Ŀ	10%-facts-and-circumstances tes	st—2021. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
	more, and if the organization meets t meets the "facts-and-circumstances"						
18							• 0
	instructions						▶□
						Schedule A (Form 990) 2022
			Page 3				
Sch	nedule A (Form 990) 2022						Page 3
_	Part III Support Schedule for	or Organizatio	ns Described i	n Section 509	(a)(2)		
	(Complete only if you the organization fails						er Part II. If
_	Section A. Public Support	to quality under	the tests listed	below, please o	complete Fart II	•)	_
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 1	membership fees received. (Do not	(4) 2010	(3) 2013	(6) 2020	(4) 2021	(6) 2322	(1) Total
2	include any "unusual grants.") . Gross receipts from admissions,	-	+	+	+	+	
_	merchandise sold or services performed, or facilities furnished in				1	1	
	any activity that is related to the				1	1	
3	organization's tax-exempt purpose Gross receipts from activities that are	e	1		+	+	
4	not an unrelated trade or business under section 513						
•	and the bank the and the and	. I	1	ļ	I	I	1

7/31/2	5, 5:52 PM	East Bay Cent	ter For The Perform	ning Arts - Full Filir	ng - Nonprofit Explo	er - ProPublica			
	organization's penerit and either paid to or expended on its behalf	ĺ							
5	The value of services or facilities								
	furnished by a governmental unit to								
•	the organization without charge Total. Add lines 1 through 5								
6 7a	Amounts included on lines 1, 2, and						-		
<i>,</i> a	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.								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ection B. Total Support	L	I	L	I.	l			
	endar year	() 2010	(1) 2010	() 2020	(D 2024	() 2022	(6)	-	
	fiscal year beginning in) 🟲	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1)	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,	1							
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12									
	loss from the sale of capital assets								
4.0	(Explain in Part VI.)						-		
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) org	aniza	tion, cl	neck
	this box and stop here								ightharpoons
Se	ection C. Computation of Public								
15	Public support percentage for 2022 (lin	ne 8, column (f) d	livided by line 13	, column (f))		15			
16	Public support percentage from 2021 S					16			
	ection D. Computation of Invest					1 1			
17	Investment income percentage for 20:			line 13. column ((f))	17			
18	Investment income percentage from 2	•				18			
	33 1/3% support tests-2022. If the						na 17	is not	
19a								► □	
	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the								1Q ic
D	• •	-							10 13
20	not more than 33 1/3%, check this box							_	
20	Private foundation. If the organization	on did not check a	a box on line 14,	19a, or 19b, chec	k this box and see				
						Schedule A (Form	990)	2022
			Page 4						
Cobo	dula A (Form 000) 2022							_	
	dule A (Form 990) 2022							ŀ	age 4
Par	t IV Supporting Organization								
	(Complete only if you checked abox 12b, of Part I, complete Se								
	12d, of Part I, complete Section			x 12c, 01 Fait 1, co	implete Sections A	, D, and L. II you	CHEC	Keu Do	^
Se	ction A. All Supporting Organiz		•						
								Yes	No
1	Are all of the organization's supported	organizations list	ad by nama in th	o organization's a	overning decumen	_{+c2} [
•	If "No," describe in Part VI how the si								
	describe the designation. If historic an				. b) class c. pa.pc	-	1		
_	B: 1.11			*DO .					
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F								
	described in section 509(a)(1) or (2).	art vi now the o	i gariizatiori dete	Tillinea tilat tile sa	pporteu organizati	-			
	2000200 m 2000 200(a)(1) 0. (2).						2		
3a	Did the organization have a supported	organization desc	cribed in section	501(c)(4), (5), or	(6)? If "Yes," answ	ver lines 3b and			
	3c below.						3a		
b	Did the organization confirm that each	supported organi	ization qualified	under section 501	(c)(4), (5), or (6)	and satisfied			
-	the public support tests under section								
	determination.					<u> </u>	3b		
С	Did the organization ensure that all su	pport to such orga	anizations was u	sed exclusively for	section 170(c)(2)	(B) purposes?			

	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
5a	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A	(Form	990)	2022
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990) 2022		P	age 5
Par	Supporting Organizations (continued)			<u></u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations		1	
_			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of	ı l		

each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
Se	ction D. All Type III Supporting Organizations			<u>l</u>			
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the		Yes	No	
	documents in effect on the date of notification, to the extent not previously provided?			1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "lorganization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the				
_		-	. ,	2	ļ		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	ncome or assets at all times	3			
Se	ction E. Type III Functionally-Integrated Supporting Organizations			ı			
1	Check the box next to the method that the organization used to satisfy the Integral Pa	rt Tes	t during the year (see instruct	ions):			
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.						
С	The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (see	e instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted						
b	substantially all of its activities. b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more						
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the						
	organization's involvement.			2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			3a	<u> </u>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .							
b	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in Part VI. the role played by the organizations?			3b			
			Schedule A		n 990)	2022	
	Page 6						
Sche	dule A (Form 990) 2022				F	Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				e		
		LIOIIS I	(A) Prior Year		rent Yea	ır	
	Section A - Adjusted Net Income		()		onal)		
_1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	7 Other expenses (see instructions) 7						
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8							
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
a	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	d Total (add lines 1a, 1b, and 1c)						

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e Discount claimed for blockage or other factors

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~	(explain in detail in Part VI):		1	1		
2	: <u>` ' </u>	a accets	2			
	Acquisition indebtedness applicable to non-exempt use	e assets	3			
3 4	Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line	3 (for greater amount, see	4			
_	instructions).	1: 2)				
	Net value of non-exempt-use assets (subtract line 4 fr	om line 3)	5			
<u>-6</u>	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			0
	Section C - Distributable Amount					Current Year
	Adjusted net income for prior year (from Section A, lin	e 8, Column A)	1			
	Enter 85% of line 1	" • • • • • • • • • • • • • • • • • • •	2			
	Minimum asset amount for prior year (from Section B,	line 8, Column A)	3			
4	Enter greater of line 2 or line 3		4			
- 5 - 6	Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, u	nless subject to emergency	6			
7	check here if the current year is the organization	n's first as a non-functionally-	integrate	ed Type III sup	porting	organization (see
	instructions)				Sc	hedule A (Form 990) 2022
Sche	dule A (Form 990) 2022	——— Page 7 ————				Page 7
Pa	rt V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organi	zations (cor	ntinued	
Sec	tion D - Distributions	. , , ,				Current Year
_	Amounts paid to supported organizations to assemblish	overnt nurneces			1	
	Amounts paid to supported organizations to accomplish				1	
	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				2	
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructio	ns			6	
7 1	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>pro</i>	ovide	8	
	Distributable amount for 2022 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) derdistributio Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2022 reasonable cause required explain in Part VI). iee instructions.					
	ee instructions. excess distributions carryover, if any, to 2022:					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Di	stributions for 2022 from Section D, line 7:					
	A 1: 1 1 1: 1: 1 1: C 1:					

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dditional Data					Return to Form
				So	chedule A (Form 990) 2
Return Reference			Explanation		
	Facts	s And Circumsta	nces Test		
Section A, lines 1, 2, 3b, 3d Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8 instructions).	ind 3; Part IV, Section E	E, lines 1c, 2a, 2b	3a and 3b; Part V, li	ne 1; Part V, Secti	ion B, line 1e; Part V
edule A (Form 990) 2022 art VI Supplemental Informati	on. Provide the explana	ations required by	Part II. line 10: Part	II. line 17a or 17b	Paç b: Part III. line 12: Part IV
		Page 8			leddie A (Form 330) (2)
Excess from 2022				Sch	nedule A (Form 990) (2
Excess from 2021					
Excess from 2019 Excess from 2020					
Excess from 2018				-	
Breakdown of line 7:					
Excess distributions carryover to 3j and 4c.	2023. Add lines				
Remaining underdistributions for 202 lines 3h and 4b from line 1. If the a than zero, explain in Part VI . See i	mount is greater				
If the amount is greater than zero, See instructions.					
Remaining underdistributions for year 2022, if any. Subtract lines 3g and					

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Schedule B	ObjectId: 202421179349301747 - Submission: 2024-04-20	6	TIN: 94-1692171			
	Schedule of Contributor	'S	OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-F ► Go to <u>www.irs.gov/Form990</u> for the latest inf	2022				
Name of the organization East Bay Center for the Perfor	ming Arts	Employ 94-1692	er identification number			
Organization type (check o	ne):	94-1092	1/1			
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (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					
Special Rules						
For an organization under sections 509(a	described in section 501(c)(3) filing Form 990 or 990-EZ that a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 ne contributor, during the year, total contributions of the grea	90 or 990-EZ), Part II, line				
000 D41/III 1: 41	n, or (ii) Form 990-EZ, line 1. Complete Parts I and II.		13, 16a, or 16b, and that			
990, Part VIII, line 1h		000 57 11 1 1 1 1 1	13, 16a, or 16b, and that of the amount on (i) Form			
990, Part VIII, line 1l For an organization of during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or contributions of more than \$1,000 exclusively for religious, or prevention of cruelty to children or animals. Complete Parts	charitable, scientific, litera	13, 16a, or 16b, and that of the amount on (i) Forn any one contributor,			
990, Part VIII, line 18 For an organization of during the year, total purposes, or for the For an organization of during the year, contif this box is checked purpose. Don't comp	contributions of more than \$1,000 exclusively for religious,	charitable, scientific, litera I, II, and III. 990-EZ that received from but no such contributions the year for an exclusive organization because it received it received.	13, 16a, or 16b, and that of the amount on (i) Form any one contributor, ry, or educational any one contributor, totaled more than \$1,000 by religious, charitable, etcevived nonexclusively			
990, Part VIII, line 18 For an organization of during the year, total purposes, or for the For an organization of during the year, contif this box is checked purpose. Don't compreligious, charitable, Caution: An organization the 1990-EZ, or 990-PF), but it mor on its Form 990PF, Part I.	contributions of more than \$1,000 exclusively for religious, operevention of cruelty to children or animals. Complete Parts described in section 501(c)(7), (8), or (10) filing Form 990 or ributions exclusively for religious, charitable, etc., purposes, d, enter here the total contributions that were received during elete any of the parts unless the General Rule applies to this	charitable, scientific, litera I, II, and III. 990-EZ that received from but no such contributions the year for an exclusive organization because it received it received from the second seco	13, 16a, or 16b, and that of the amount on (i) Form any one contributor, ry, or educational any one contributor, totaled more than \$1,000. It religious, charitable, etceevived nonexclusively (Form 990,			
990, Part VIII, line 18 For an organization of during the year, total purposes, or for the For an organization of during the year, contification of the year, continuous of year of	contributions of more than \$1,000 exclusively for religious, opervention of cruelty to children or animals. Complete Parts described in section 501(c)(7), (8), or (10) filing Form 990 or ributions exclusively for religious, charitable, etc., purposes, it, enter here the total contributions that were received during elete any of the parts unless the General Rule applies to this etc., contributions totaling \$5,000 or more during the year. at isn't covered by the General Rule and/or the Special Rule sust answer "No" on Part IV, line 2, of its Form 990; or check line 2, to certify that it doesn't meet the filing requirements of the special	charitable, scientific, litera I, II, and III. 990-EZ that received from but no such contributions the year for an exclusive organization because it received it received from the second seco	13, 16a, or 16b, and that of the amount on (i) Form any one contributor, ry, or educational any one contributor, totaled more than \$1,000. It religious, charitable, etc. ecceived nonexclusively (Form 990,			
990, Part VIII, line 18 For an organization of during the year, total purposes, or for the For an organization of during the year, contile this box is checked purpose. Don't compreligious, charitable, Caution: An organization the 990-EZ, or 990-PF), but it me	contributions of more than \$1,000 exclusively for religious, opervention of cruelty to children or animals. Complete Parts described in section 501(c)(7), (8), or (10) filing Form 990 or ributions exclusively for religious, charitable, etc., purposes, it, enter here the total contributions that were received during elete any of the parts unless the General Rule applies to this etc., contributions totaling \$5,000 or more during the year. at isn't covered by the General Rule and/or the Special Rule sust answer "No" on Part IV, line 2, of its Form 990; or check line 2, to certify that it doesn't meet the filing requirements of the special	charitable, scientific, litera I, II, and III. 990-EZ that received from but no such contributions the year for an exclusive organization because it received from the science of Schedule B (Form 990,	13, 16a, or 16b, and that of the amount on (i) Form any one contributor, ry, or educational any one contributor, totaled more than \$1,000. It religious, charitable, etcecived nonexclusively \$			

Schedule B (Form 990) (2022)

Name of organization

East Ray Conton for the Performing Arts

Employer identification number

94 -	TΩ	72	1	,	T

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spa		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		A DECTRICTED	Payroll
	- , 	\$ RESTRICTED	Noncash
	, ,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			☐ Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			☐ Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			☐ Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			☐ Payroll
		\$	☐ Noncash
			(Complete Part II for noncash
			contributions.) Schedule B (Form 990) (2022)
			, , ,
	Page 3 ————		
Schedule B	(Form 990) (2022)		Page 3
Name of org	anization ter for the Performing Arts	Employer identificati	on number
		94-1692171	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	1
No. from	(b) Description of noncash property given	(C) FMV (or estimate)	(d) Date received

-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) ostructions)	(d) Date received
				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) ostructions)	(d) Date received
-				\$_	
Schedule	B (Form 990) (2022)	Page 4			Schedule B (Form 990) (2022)
Name of o	rganization Center for the Performing Arts			Employer ider 94-1692171	tification number
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See insulated the second of the property	ntributor. Complete columns (a) the total of exclusively religious, characteristics.) \$	rough (e) a	tion 501(c)(7), (and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship	o of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship	of transferor to	o transferee
(a)					
\\ <u>\</u> \'	(1) D	1 () 11 () 6 (6)		/ N B .	

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Part I	(b) Fulpose of glit	(c) USE OF GIT	iit (u) Description of now grit is
		; 	
	Transferee's name, address, and	(e) Transfer of g	f gift Relationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	ift (d) Description of how gift is
	Transferee's name, address, and	(e) Transfer of g	f gift Relationship of transferor to transferee
			Schedule B (Form 990)
Additiona	l Data		Return to

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 Software Version:
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efile Public Visual Render

ObjectId: 202421179349301747 - Submission: 2024-04-26

TIN: 94-1692171

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

		of the latest info	rmatio	n.	-	spection
	me of the organization			loyer iden		
Eas	t Bay Center for the Performing Arts		04.1	(02171		
D	ut I Ourseinstiens Meinteining Daney Advise	d Francis on Other Circiles Francis		692171		
Pa	organizations Maintaining Donor Advise Complete if the organization answered "Yes"		or Acc	ounts.		
	complete if the organization answered Tes	(a) Donor advised funds		(b) Funds a	and other	accounts
1	Total number at end of year			(-, -		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
	,					
5	Did the organization inform all donors and donor advisors organization's property, subject to the organization's exclusive control or the organization or the organiza			unds are th	_	Yes \square No
6	Did the organization inform all grantees, donors, and dono charitable purposes and not for the benefit of the donor or private benefit?	donor advisor, or for any other purpose of				Yes 🗆 No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (e.g., recreation or		n histori	cally import	ant land a	area
				, ,		
	Protection of natural habitat	☐ Preservation of a	certifie	i nistoric st	ructure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a que easement on the last day of the tax year.	alified conservation contribution in the fo	rm of a			of the Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic si	tructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired historic structure listed in the National Register	d after July 25, 2006, and not on a	2d			
3	Number of conservation easements modified, transferred, tax year	released, extinguished, or terminated by	the org	janization d	uring the	
4	Number of states where property subject to conservation e	easement is located 🕨				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds? .		of viola	,	Yes	□ No
	Staff and volunteer hours devoted to monitoring, inspectin	a handling of violations, and onforcing o	onconv			
6		g, nanding of violations, and emorting t	onsei va	ition easem	ents duni	ig the year
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conser	vation	easements	during the	e year
8	Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)?		70(h)(\neg	
9	In Part XIII, describe how the organization reports conserv		nse sta		J Yes d	∪ No
	balance sheet, and include, if applicable, the text of the for the organization's accounting for conservation easements.		ements	that descri	bes	
Pa	t III Organizations Maintaining Collections of Complete if the organization answered "Yes"		ner Sii	milar Ass	ets.	
1a	If the organization elected, as permitted under FASB ASC 9 historical treasures, or other similar assets held for public Part XIII, the text of the footnote to its financial statement	exhibition, education, or research in furth				
b	If the organization elected, as permitted under FASB ASC shistorical treasures, or other similar assets held for public following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
	ii)Assets included in Form 990, Part X			· 		
2	If the organization received or held works of art, historical following amounts required to be reported under FASB ASC		ncial g	ain, provide	the	
а	Revenue included on Form 990, Part VIII, line 1			. > \$		
b	Assets included in Form 990, Part X			▶ \$		

Cat. No. 52283D

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

Schedule D (Form 990) 2022

—— Page 2 ————

Sche	dule D	(Form 990) 2022									Page 2
Part	III	Organizations Ma	intaining Col	lections of Art,	Historical Trea	asures,	or Other S	Similar Ass	ets (conti	nued)	
3		the organization's acque (check all that apply):	uisition, accessior	, and other records		e following	that are a s	significant use	e of its coll	ection	
а		Public exhibition			d L	oan or exc	change progr	rams			
b		Scholarly research			e	ther					
C		Preservation for future	generations								
4	Provid	de a description of the c	organization's coll	ections and explain	how they further	the organ	nization's exe	empt purpose	in		
5		g the year, did the orga s to be sold to raise fun							Yes	□ N	0
Par	t IV	Escrow and Custo Complete if the org line 21.			rm 990, Part IV	, line 9, d	or reported	l an amount	on Form	990,	Part X,
1a		e organization an agent, led on Form 990, Part X							Yes		0
b	If "Ye	s," explain the arrange	ment in Part XIII	and complete the fo	ollowing table:			Am	ount		_
c		ning balance		·			1c				_
d		ions during the year					1d				<u> </u>
e		butions during the year					1e				_
f		g balance					1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990 Part X line	21 for escrow or	r custodial	account liab	hility?	Voc		_
b		s," explain the arranger			•				_		Ū
	rt V	Endowment Fund		Check here ii the e	xpianation has be	eri provid	led III I dit X.				
1 (1)		Complete if the org	-	ered "Yes" on Fo	rm 990, Part IV	, line 10.					
				(a) Current year	(b) Prior year	(c) Two	years back	(d) Three years		Four yea	
1a	Beginn	ing of year balance .		1,808,133	1,786,40)7	1,569,775	1,53	2,021		500,000
b	Contrib	outions		630,000	270,00					1,	028,074
С	Net inv	estment earnings, gain	s, and losses	235,147	-248,27	74		3	7,754		3,947
d	Grants	or scholarships	•								
		expenditures for facilitie ograms	es .								
f.	Admini	strative expenses .									
g	End of	year balance		2,673,280	1,808,13	33	1,569,775	1,56	9,775	1,	532,021
2 a	Board	de the estimated percer I designated or quasi-er	_	ent year end balance	e (line 1g, column	(a)) held	as:				
b		anent endowment 🕨									
С		endowment		ld agual 1000/							
3a		ercentages on lines 2a, nere endowment funds	•	•	tion that are held	and adm	inistered for	the			
Ju		ization by:	not in the posses	oron or the organiza	cion chac are nera	ana aam	inistered for	tile		Yes	No
	(i) U	nrelated organizations							3a(i)		No
		elated organizations .							3a(ii)		No
b		s" on 3a(ii), are the rela	•	•					3b		No
4		ibe in Part XIII the inte			wment funds.						
Par	t VI	Land, Buildings, a Complete if the ord			rm 990 Part IV	line 11a	See Forn	n 990 Part	Χ line 10	1	
	Descri	ption of property	(a) Cost or oth (investme	er basis (b) Cos	t or other basis (other		ccumulated de			ook value	e
1a	Land				306,0	000					306,000
		gs			13,723,6			4,792,864			,930,835
		old improvements			20,. 20,0	-		, -=,==,			,
		nent									
-		lines 1a through 1e. (Co	olumn (d) must e	gual Form 990. Par	t X. column (B) I	ine 10(c))	•		۵	,236,835
		(O	(4)	,	,	(-/-,	, '		lule D (Fo		

chedule D (Form 990) 2022

Schedule D (Form 990) 2022 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 99	00, Part IV,	line 11b.See For	m 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of or end-of-yea	valuation: r market value
1) Financial derivatives			,	
2) Closely-held equity interests				
3)Other				
A)				
3)				
=)				
3)				
1)				
	1,930,00	0		
Investments - Program Related. Complete if the organization answered 'Yes' on Form 99	O Part IV	lino 11c Soo For	m 000 Part	V line 13
(a) Description of investment	70, Pait IV,	(b) Book value	(c) Me	ethod of valuation:
1)			Cost or en	d-of-year market value
2)				
3)				
4)				
5)				
5)				
7)				
3)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	>			
Other Assets. Complete if the organization answered 'Yes' on Form 990	0, Part IV, I	ine 11d. See For	m 990, Part	
(a) Description				(b) Book value
2)				
3)				
4)				
5)				
5)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				>
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 999	0, Part IV, I	ine 11e or 11f.Se	ee Form 990,	
. (a) Description of liability	•			(b) Book value

Additional Data Return to Form

Software ID: 22015553 **Software Version:** 2022v5.0

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ObjectId: 202421179349301747 - Submission: 2024-04-26

TIN: 94-1692171

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

Department of the Tre		organizati		h to Form	Open to Public Inspection						
Name of the org East Bay Center		ming Arts					Employer identification number				
							94-1692171				
	_	Activities. Complete if	_			orm 990,	Part IV, line 1	7.			
		lers are not required to									
_		ganization raised funds th	rough any			-					
_	olicitations			е			•				
b Intern	et and email s	olicitations		f	Solicitation of gov	ernment g	ırants				
c Phone	solicitations			g	Special fundraising	g events					
d In-per	son solicitatio	าร									
or key em	ployees listed	ve a written or oral agreer in Form 990, Part VII) or	entity in	connectio	n with professional fundr	aising ser	vices? 🗸 Ye	s 🗆 No			
		est paid individuals or ent east \$5,000 by the organiz		draisers)	pursuant to agreements	under whi	ch the fundraise	ris			
(i) Name and a or entity	ddress of indiv (fundraiser)	vidual (ii) Activity	fundrais custo cont	Did ser have ody or rol of	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in tol. (i)	(vi) Amount paid to (or retained by) organization			
			contrib Yes	outions?							
Partnership 838 Mission	s Resource Gr Avenue	Consultant p		No			63,250				
San Rafael,	CA 94901										
Stephanie F 1205 Alvara	Parry Consultir ado Terrace	Grant Writer		No			17,938				
Walla Walla	, WA 99362										
Winslow and 746 Hayes	d Associates St	Consultant		No			8,269				
San Francis	co, CA 94102	0 1 1 11 11									
Susan Klein 29 Hillcrest	man Wallis Co Ct	Grant Writer on		No			8,169				
San Anselm	o, CA 94960										
							_				
Total				•			97,626				
3 List all state	s in which the	organization is registered	l or licens	ed to soli	cit contributions or has b	een notifi	ed it is exempt fi	rom registration or			

CA

licensing.

Cat. No. 50083H

Schedule G (Form 990) 2022

	Page 2	
Schedule G (Form 990) 2022		Page 2

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

		(a)Event #1 (b) Event #2 Gala Event					
Revenue		(event type)	(event type)	(total number)	col. (c))		
	1 Gross receipts	266,073			266,073		
3	2 Less: Contributions	266,073			266,073		
Expenses	Rent/facility costs						
Direct		24,936			24,936		
1	LO Direct expense summary. Add lines 4 thr	rough 9 in column (d)			24,936		
1	11 Net income summary. Subtract line 10 fr	om line 3, column (d)			241,137		

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))						
Re	1 Gross revenue										
Ses	2 Cash prizes										
Expenses	3 Noncash prizes										
Direct B	4 Rent/facility costs										
ត់	5 Other direct expenses										
			☐ Yes %	☐ Yes %							
	6 Volunteer labor	☐ No	☐ No	□ No							
	7 Direct expense summary. Add lines 2 through 5 in column (d)										
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)								
9	Enter the state(s) in which the organization	on conducts gaming activ	ities:								

If "No," explain: ___

☐ Yes ☐ No

b	If "Yes," explain:				
				Schedule G (Form 99	90) 20
		Р	age 3 ———————————————————————————————————		
he	dule G (Form 990) 2022				Pag
1	Does the organization conduct gami	ng activities with nonmembers		· 🗆 Yes 🗆 N	0
2			member of a partnership or other entity		
3	Indicate the percentage of gaming a	activity conducted in:			
а	-		<u>1</u>	.За	
b			<u> </u>	.3b	
4			nization's gaming/special events books and reco		
	Name				
	Addie33 F				
5a				· 🗌 Yes 🔲 N	0
b	If "Yes," enter the amount of gamin amount of gaming revenue retained		anization 🕨 \$ and the		
С	If "Yes," enter name and address of	the third party:			
	Name Name				
	Address				
6	Gaming manager information:				
	Name Name				
	Gaming manager compensation ▶ \$	S			
	Description of services provided				
	☐ Director/officer	Employee	☐ Independent contractor		
7	Mandatory distributions:				
а	_	tate law to make charitable dis	stributions from the gaming proceeds to		
	retain the state gaming license? .			· 🗌 Yes 🗌 No)
b	in the organization's own exempt ac		ted to other exempt organizations or spent \$		
Par	t IV Supplemental Informa	tion. Provide the explanat	ions required by Part I, line 2b, columns (i icable. Also provide any additional informa		
	Return Reference		Explanation		
	f, Line 2b - Fundraiser Additional mation	6265Consultant \$63,250W \$8,269Stephanie Parry Cor	oup838 Mission Ave, San Rafael CA 94901Eliott I inslow & Associates, Inc.746 Hayes St, San Fran Insulting1205 Alvarado Terrace, Walla Walla, WA allis Consulting, LLC29 Hillcrest Ct., San Anselm	ncisco CA 94102Consu 99362Grant Writer	
		140,±03	Schedule	G (Form 990) 2022	
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Software ID: 22015553

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East Bay Center for the Performing Arts

ObjectId: 202421179349301747 - Submission: 2024-04-26

TIN: 94-1692171

OMB No. 1545-0047

Inspection

Open to Public

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number

<u>, </u>		94-1692171
Return Reference	Explanation	
Form 990, Part VI, Section B, Line 11b	The review of the form 990 is conducted during the audit and tax return approval pr group for accuracy and timeliness.	rocessing by a member of the management
Form 990, Part VI, Section B, Line 12c	The ethical standards, to which each EBCPA must strictly adhere to, includes an obpersonal and professional activities at all times so as to avoid any actual or potential conflict of interest between such employee's obligations and duties to the EBCPA as he may have. The EBCPA recognizes, however, that this is largely a matter of perspolicy is to offer guidance and general direction and is not intended to provide a conformation or party is adversely impacted by such participation. If, in addition to his or her employed by, associate with, promotes, sponsors or supports in any way any progreber and one party is adversely impacted by such participation. If, in addition to his or her employed by, associate with, promotes, sponsors or supports in any way any progreber and the community or funders actually or potentially conflicts with the interests of such othe the employee must, if at all possible, avoid any appearance of such a conflict of integroposes or considers recommending or introducing an existing or prior student of or organization, by making such recommendation or introduction directly to the student employee must notify and seek prior approval from the Executive Director, or his is to ensure that EBCPA employees demonstrate interest in the well being and eduent the collective goals of the institution. This rule, as to avoidance of conflict of interest Director or his or her designate, applies equally to an EBCPA employee's own active considers involving an existing or prior student of the EBCPA in non-EBCPA activities he conducts that are similar in type to activities offered or available to such student teaching, instruction, or participation in lessons, classes, workshops, ensembles or EBCPA), the employee must notify and seek prior approval from the Executive Director or his or her designate. Prior to committing to an engagement which includ the engagement and receive approval from the Executive Director or his/her design determine that written approval is required. Any employee who violates this pol	all conflict of interest, or the appearance of a and any other obligations and duties which he or sonal judgment; accordingly, the purpose of this imprehensive list of all situations that may arise. In between all parties so that all parties benefit work for the EBCPA, an EBCPA employee is am, institution or organization other than the EBCPA towards its students, programs, institution or organization. Moreover, perest. Therefore, if an EBCPA employee the EBCPA to any such other program institution dent or through his or her parent or other mentor, is or her designate. The intent of this disclosure cation of all of its students as well as to support and seeking prior approval from the Executive vities. Thus, if an EBCPA employee proposes or it at the EBCPA, (including, for instance, performances apart from such activities at the exector, or his or her designate. It is the its as long as such promotion mutually benefits g, providing or making available to any other esigns, plans, ideas, and data) video or audio aculty employees, or its students while rized by the prior approval of the Executive les EBCPA students, an employee must disclose nee. In some cases, the Executive Director may whether he or she gains personally as a result,
Form 990, Part VI, Section B, Line 15a	The board of directos review and approve executive compensation	
Form 990, Part VI, Section C, Line 19	The organization's governing documents, conflicts of interest policy and financial st	atements are available upon request.
Form 990, Part XI, Line 9	Current Year K-1 Rental Income Book to tax adj = -\$75802	
Form 990, Part XI, Line 9	Distribution Income from Audit = \$150000	
	stian Act Nation and the Instructions for Form 000 or 000 E7	Cahadula O (Farm 000) 2022

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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Software ID: 22015553 **Software Version:** 2022v5.0

efile Public Visual Render ObjectId: 202421179349301747 - Submission: 2024-04-26

TIN: 94-1692171

OMB No. 1545-0047

Open to Public

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Internal Revenue			►G	io to <u>ww</u> ı	v.irs.gov/	Form990 for	instructio	ns and t	he late	est info	rmation					Open to Inspec		С
Name of the	organization er for the Performing	Arts										Em	ployer ide	entificat	ion numb	oer		
Last bay Cent	er for the Performing I	-11.5										94	1692171					
Part I	Identification	n of Disregarded E	ntities. Co	mplete if	the orga	nization answ	ered "Yes	s" on Fo	rm 99	0, Part	IV, line	33.						
	Name, address, and	(a) d EIN (if applicable) of disre	garded entity			(b) Primary activity Legal domicile (state or foreign country)			(d) (d) Total income End-of-ye		f-year assets Direct		(f) Direct cont entity					
Part II		of Related Tax-Exempt organizations du			is. Compl				ed "Ye), Part		4 becau				
	Name, address, ar	(a) nd EIN of related organization	on		Prim	(b) ary activity	Legal dom	c) nicile (state n country)	e Exe	(d) empt Code	e section		(e) charity stati tion 501(c)(3		(f) Direct conf entit	trolling	Section (13) co	s 512(b) ontrolled city?
For Paperw	ork Reduction A	ct Notice, see the Ins	tructions fo	or Form 9	90.		Ca	t. No. 50	135Y					s	chedule I	R (Form 9	90) 20	022
	/=\			— Page	2 —													
		of Related Organiz ated organizations tr						e organi	izatior	n answe	ered "Ye	s" on F	orm 990,	Part IV	, line 34,	because		je 2 I
		(a) (b) dress, and EIN of Primar		(b) Primary activity	(c) Legal domicil (state of foreign country	e controlling or entity	Predom income(r unrela excluded t under se 512-5	related, ited, from tax ections	total income		re of -of- ar ets	(h) Disproprtionate allocations?		(i) Code V-U amount i box 20 o Schedule F (Form 106	n ma of pa K-1	managing partner?		k) entage ership
												Yes	No		Yes	No		
										-								
																		-
Part IV		of Related Organiz									ion ans	wered	"Yes" on F	orm 99	0, Part I	V, line 34	<u> </u>	
1	(a) Name, address, and E related organizatio		(b) Primary a) activity	(stat	(c) Legal domicile e or foreign	Direct c	d) ontrolling ntity	Type ((e) of entity corp, S orp,	(f) Share of incom	total :	(g) Share of end of-year assets	- Per ow	(h) rcentage mership	contro	(i) n 512(b) olled ent	ity?
					· c	country)				trust)						Yes		No

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				t							_		
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				l						Schedu	le R (Forn	n 99	0) 2022
	Page 3										•		,
	. 490 0												
nedule R (Form 990) 2022													Page 3
Part V Transactions With Related Organization	ons. Complete if	the organ	nization ans	were	ed "Yes" on I	Form 990, P	art IV, line	34, 35b, o	r 36.				
Note. Complete line 1 if any entity is listed in Parts II,											_	١,	es No
During the tax year, did the organization engage in any								?			_		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or									•		1		No
b Gift, grant, or capital contribution to related organizat									•		1		No
 Gift, grant, or capital contribution from related organization Loans or loan guarantees to or for related organization 									•		1		No
Loans or loan guarantees by related organization(s)											1		No
${f f}$ Dividends from related organization(s)											1	.f	No
\boldsymbol{g} Sale of assets to related organization(s)											1	g	No
\boldsymbol{h} $\;$ Purchase of assets from related organization(s) . $\;$.											1		No
\boldsymbol{i} $\;$ Exchange of assets with related organization(s) . $\;$.											1		No
j Lease of facilities, equipment, or other assets to relate	d organization(s)			٠					•		1	J	No
k Lease of facilities, equipment, or other assets from rel	ated organization(-1									1	k	No
Performance of services or membership or fundraising										· 	1		No
m Performance of services or membership or fundraising		_									1	m	No
n Sharing of facilities, equipment, mailing lists, or other											1	.n	No
o Sharing of paid employees with related organization(s)										1	0	No
p Reimbursement paid to related organization(s) for exp									٠		1	_	No
q Reimbursement paid by related organization(s) for ex	penses								•		1	q	No
r Other transfer of cash or property to related organizat	on(s)										1	-	No
s Other transfer of cash or property to related organizations.											1		No
2 If the answer to any of the above is "Yes," see the inst													
(a)			-			(b)	(c				(d)		
Name of related organ	ization					Transaction type (a-s)	Amount i	nvolved	М	ethod of determ	nining amour	nt inv	olved
										Schodu	le R (Forn	n 00	0) 2022
	D 4									Scriedu	ile K (FOIII	11 99	0) 2022
	Page 4												
L L L D (F													_
hedule R (Form 990) 2022													Page 4
Part VI Unrelated Organizations Taxable as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a provide the following information for each entity taxed as a province taxed as a prov										hy total accet	e or aross	rovo	nue) that
s not a related organization. See instructions regarding ex					iucteu more ti	iaii iive perce	in or its act	vicies (illeas	ureu	by total asset	.5 01 g1033	ieve	nue) tha
(a) Name, address, and EIN of entity	(b) Primary	(c)	(d) Predominant	Δ,	(e) re all partners	(f) Share of total	(g) Share of	(h) Disproprtion	nato	(i) Code V-UBI	(j) General d	or.	(k) Percenta
Name, address, and Lin or endry	activity	Legal domicile	income	A	section	income	end-of-year	allocation	s?	amount in	managin	g	ownersh
		(state or foreign	(related, unrelated,		501(c)(3) organizations?		assets			box 20 of Schedule	partner?	?	
		country)	excluded from tax under							K-1 (Form 1065)			
			sections 512- 514)			4			-	`/			
			514)	Yes				Yes	No		Yes	No	
Presidio Internet Center LLC	Rental Income	CA			No	150,000			No]		No	25.000 %
Box 29585San Francisco, CA 94129 -3364526													
		1	1										
									L				
			1			1		i					

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Schedule R (Form 990) 2022								Page 5	
Part VII Supplemental Information									
	responses to questions on Schedule	R. See instruction							
Return Reference			Ехр	lanation					
							Schedule R (F	Form 990) 2022	
Additional Data							Peturi	n to Form	

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