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Form 990-1	r (2 01)B	EAST BAY CENTER FOR THE PERFORMING ARTS	94-169	2171		Page 2
Part I	и́П.	Total Unrelated Business Taxable Income				
33/	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	. [33	187,2	<u> 197.</u>
34	Amo	ints paid for disallowed fringes		34		
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		111	100 (
		33 and 34	Ac	36	187,2	
37	١.	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	(3)8	' 27 1	1,(000.
38	,	lated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	11 20		186,2	207
D-4		the smaller of zero or line 36 Fax Computation	- N B	1 48 1	100,2	231.
$\overline{}$		nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	10A	1301	39 1	122.
39/ 40	-	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	THUE		337.	
40	II U 3	Tax rate schedule or Schedule D (Form 1041)	•	40		
41	Prox	v tax. See instructions		4	· ·	
42		native minimum tax (trusts only)		42		
43	1	n Noncompliant Facility Income. See Instructions	6	43		
44	,	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	145	1	39,1	22.
Part X		Tax and Payments	7			
45/a	Forei	n tax credit (corporations attach Form 1118; trusts attach Form 1116)				
/ b	Other	credits (see instructions) 45b		1 11		
		al business credit. Attach Form 3800		1 11		
		t for prior year minimum tax (attach Form 8801 or 8827)		4 .11		
		credits. Add lines 45a through 45d		450	39,1	22
46		act line 45e from line 44 taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a)		46	39,1	. 44.
47		taxes Check in from: Form 4255 Form 8617 Form 8697 Form 8606 Other (at	ttach schedules 49	12/1	39,1	22
48 49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	M	1 49	35,3	0.
		ents: A 2017 overpayment credited to 2018		 	·	
	-		39,462.	111		
		eposited with Form 8868		111		
		n organizations; Tax paid or withheld at source (see instructions) 500		111		
е	Backi	ip withholding (see instructions) 50e]] [
t	Credi	for small employer health insurance premiums (attach Form 8941) 50f]		
g	$\overline{}$	credits, adjustments, and payments: Form 2439		111		
		Form 4136 Other Total ▶		↓ 	20	
51		payments. Add lines 50a through 50g	· 473	51	39,4	
52		ated tax penalty (see instructions). Check if Form 2220 is attached	V (53	53		340.
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		54	<u> </u>	
54 1 1_58		eayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid the amount of line 54 you want: Credited to 2019 estimated tax	nded 🕨	55		
Part \		Statements Regarding Certain Activities and Other Information (see instruct		1 33 1 -		
56		time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		· · · · · · · · · · · · · · · · · · ·	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here	>				X
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?			X
	If "Ye	s," see instructions for other forms the organization may have to file.			Ţ]
58		the amount of tax-exempt interest received or accrued during the tax year >\$				
0:	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledg	e best of my kno e	wledge and t	belief, it is true,	
Sign	I.	May 14 2020	M	ay the IRS di	scuss this return	with
Here		ARTISTIC DIRECT			nown below (see	¬ l
		Signature of officer Date Title		structions)?	X Yes	No
				f PTIN		
Paid		KEVIN T. WILSON 5/12/2020 S	elf- employed	POT	1313212)
Prepa			Firm's EIN		-310825	
Use C	nly	2033 N. MAIN STREET, SUITE 400	5		323023	-
			Phone no. (925)	949-42	152
			`			

Schedule A - Cost of Good	s Sold. Enter method of invent	tory valuation N/A	······································	
1 Inventory at beginning of year	1	6 Inventory at end of year	6	
2 Purchases	2	7 Cost of goods sold. Su	ubtract line 6	
3 Cost of labor	3	from line 5 Enter here	and in Part I,	
4a Additional section 263A costs		line 2		7
(attach schedule)	4a	8 Do the rules of section	Yes No	
b Other costs (attach schedule)	4b	property produced or a	acquired for resale) apply to	
5 Total Add lines 1 through 4b	5	the organization?		
Schedule C - Rent Income (see instructions)	(From Real Property and	Personal Property	Leased With Real Pro	pperty)
Description of property				
(1)		······································	· · · · · · · · · · · · · · · · · · ·	
(2)				
(3)				
(4)				
	2. Rent received or accrued		2/a \ Dadustions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than 'of rent for pe	nd personal property (if the percenta arsonal property exceeds 50% or if is based on profit or income)	198 (columns 2/s) ar	nd 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
Total	0 . Total		0.	
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column	(A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. 0.
Schedule E - Unrelated Det	ot-Financed Income (see I	nstructions)		
		2. Gross income from	 Deductions directly conto debt-finance 	
1. Description of debt-fir	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) PRESIDIO INTERNE	T CENTER	187,297.	·	
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 1	5. Average adjusted basis of or allocable to debt-financed property STATEMENTE 2	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 10,500,000.	7,722,328.	100.00%	187,297	•
(2)		%		
(3)		%		
(4)		%		
· 			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		>	187,297	. 0.
Total dividends-received deductions in	cluded in column 8	•		0.
	cidded in coldfill o		<u> </u>	1

Schedule F - Interes	t, Annuitie	es, Royal	ties, an		S From Controlled O			atio	ns (see in:	structio	ons)	
1 Name of controlled orga	nization			3. Net un	Net unrelated income sss) (see instructions) 4. T		stal of specified 5. P.		. Part of column 4 that is cluded in the controlling panization's gross income		6. Deductions directly connected with income in column 5	
(1)							•	-		_		
(2)											-	
(3)												
(4)												
Nonexempt Controlled Org	anızatıons											
7. Taxable Income		inrelated incom see instructions		9. Total	of specified pays made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgai income	nization's		Deductions directly connecte ith Income in column 10	
(1)		·										
(2)												
(3)												
(4)												
		,					Add colum Enter here and line 8, c	on page	1, Part I,		Add columns 6 and 11 rhere and on page 1, Part I, line 8, column (B)	
Totals						▶			0.		0	
Schedule G - Investi		me of a S	Section	501(c)(7), (9), or	(17) Or	ganization)				
(see ii	nstructions)		<u>.</u>									
1. 0	escription of inco	me			2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)					<u> </u>							
					Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)	
Totals				>		0.					0	
Schedule I - Exploite	ed Exempt structions)	Activity	Income	e, Othe	r Than Ad	vertisi	ng Income					
Description of exploited activity	2. G unrelated income trade or b	business from	3. Expedirectly co with prod of unre- business	nnected duction lated	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross Incor from activity the ls not unrelated business Incor	nat ed	6. Explaitment column	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)						T T						
(2)												
(3)												
(4) Totals	Enter here page 1, line 10, o	Parti,	Enter here page 1, i line 10, c	Part I,							Enter here and on page 1, Part II, line 26	
Schedule J - Adverti	sing Incor	ne (see in	structions									
Part I Income Fron	n Periodic	als Repo	rted on	a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income		Direct lising costs	4. Advertis or (loss) (col col 3) If a gal cols 5 thr	2 minus n, compute	5. Circulation income	on	6. Reader costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)]	
(3)]]	
(4)												
Totals (carry to Part II, line (5))	•	0		0	•						0	
											Form 990-T (2018	

Form 990-T (2018) EAST BAY CENTER FOR THE PERFORMING ARTS 94-16921 Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising Income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							1
(3)							
(4)							
Totals from Part I	. •	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.				0.
Schedule K - Compe	nsatio	n of Officers,	Directors, and	Trustees (see in	structions)		
					7 Doron	at at	

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		. %	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ACQUISITION INDEBTEDNESS JANUARY 1, 2018		10,500,000.	
ACQUISITION INDEBTEDNESS DECEMBER 31, 2018 LESS: HALF OF AVG INDEBTEDNESS		10,500,000. -10,500,000.	
- SUBTOTAL -	1	10,500,000	10,500,000.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		10,500,000.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-F		STATEMENT 2	2	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
BASIS OF PROPERTY JANUARY 1, 2018 BASIS OF PROPERTY DECEMBER 31, 2018 LESS: HALF OF AVG PROPERTY - SUBTOTAL	- 1	7,853,732. 7,590,924. -7,722,328.	7,722,32	28.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		7,722,32	8.