	Form S	99 0	I							I	OMB No. 1545-0047
	FOITI			~	•	Exempt F					2018
5		-				Internal Revenue C ers on this form as			uations)		Open to Public
Dep: Inter	artment of th nal Revenue	e Treasury Service	► Go to	www.irs.go	v/Form990 for in	structions and t	he latest info	rmation.			Inspection
Α	For the 2		year, or tax year be	ginning	7/01	, 2018,	and ending	6/3			, 2019
В	Check if app	olicable: C									ification number
	Addres		AST BAY PERF					ļ		3081	
	Name of		BA OAKLAND SY 440 BROADWAY						E Telepho		
	Initial r	OP OF	AKLAND, CA 94						510	-444	-0801
		urn/terminated	,						•		* • • • • • • • •
		ed return	N				LI/	(a) la thia a	G Gross re group return		, , , , , , , , , , , , , , , , , , ,
	Applica	ation pending	Name and address of pr	incipal officer	JAMES A.	HASLER		•••			100
<u> </u>			AME AS C ABO 501(c)(3) 501(c)) < (insert no.)	4947(a)(1) or	527	If "No,"	subordinates attach a list	. (see ir	istructions)
<u>+</u>	Websit		OAKLANDSYMPH			4347(a)(1) 01		(a) Crown o	exemption nu	imbor	•
ĸ			Corporation Trust	Assoc		· I.	ہم) Year of formation		· · ·		legal domicile: CA
-		Summary	Corporation	A3300	Other	-		. 1900			
	1 Brie	efly describe	the organization's n	nission or i	nost significan	t activities: OAK	LAND SYN	MPHON	Z. YOU	тн с	RCHESTRA AND
đ			NG TOGETHER								
ŭ			THE OAKLAND								
Governance			ATION FOR LI								LINE 1)
ove	2 Che	eck this box 🕨	 if the organiz 	ation disco	ontinued its op	erations or dispo	sed of more	than 259	% of its ne	et ass	ets.
			g members of the g							3	18
80 80			endent voting mem							4	18
ritie			individuals employe		-					5	223
Activities &			volunteers (estimat		5.					6	75
Ā			ousiness revenue fre siness taxable inco							7a 7b	0.
	DINE				0111 990-1, 1116	5 30		1	rior Year	70	Current Year
	8 Cor	atributions an	d grants (Part VIII,	line 1h)					,405,9	0.4	
ne			revenue (Part VIII,						<u>,405,9</u> ,081,8		<u>1,418,126.</u> 848,941.
Revenue		0	ne (Part VIII, colum	0,				1	<u>,081,8</u> 66,6		140,318.
Be			Part VIII, column (A						125,8		64,377.
		•	add lines 8 through					2	,680,1		2,471,762.
	13 Gra	ants and simil	ar amounts paid (P	art IX, colu	umn (A), lines	1-3)			, ,		, ,
	14 Ber	nefits paid to	or for members (Pa	rt IX, colu	mn (A), line 4)						
	15 Sal	aries, other c	ompensation, empl	oyee bene	fits (Part IX, c	olumn (A), lines	5-10)	1	,345,8	46.	1,473,413.
ses	16a Pro	fessional fund	draising fees (Part	X, column	(A), line 11e).				, ,		, ,
Expense	b Tot		expenses (Part IX)				6,231.				
ŭ	17 Oth		(Part IX, column (A					1	100 2	25	1 440 514
		•	Add lines 13-17 (m	-	-				<u>,498,2</u> ,844,0		<u>1,449,514.</u> 2,922,927.
		•	penses. Subtract lin	•					<u>,044,0</u> -163,9		-451,165.
- %					IIIIC 12				g of Curren		End of Year
ets o ance	20 Tot	al assets (Pa	rt X, line 16)						,886,4		3,004,701.
Asse Ials	21 Tot		Part X, line 26)					2	408,8		967,287.
Net Assets or Fund Balances	22 Net		nd balances. Subtra					2	,477,6		2,037,414.
		Signature I						Z	,4//,0	.00	2,037,414.
		0		turn including	accompanying sche	fules and statements	and to the hest of r	my knowled	ne and balief	it is true	e correct and
com	plete. Declar	ation of preparer	hat I have examined this re (other than officer) is bas	ed on all infor	mation of which pro	eparer has any knowle	edge.	y KIOWICU	30 ana Denel,		5, 5511660, unlu
Sig	ŋn	Signature of	f officer					Dat	e		
He	re	MIEKO	HATANO					EXECU	JTIVE I	DIRE	CTOR
			nt name and title								
		Print/Type prepa	arer's name	Prepa	rer's signature		Date		Check	if	PTIN
Ра	id	DOUGLAS	REGALIA	DOU	GLAS REGA	LIA			self-employe		P00186389
	eparer	Firm's name			ATES, CPA						

Preparer		
Use Only	Firm's address • 103 TOWN & COUNTRY DR., STE. K	Firm's EIN ► 68-0260103
	DANVILLE, CA 94526	Phone no. 925-314-0390
May the IRS	liscuss this return with the preparer shown above? (see instructions)	X Yes No
BAA For Pap	erwork Reduction Act Notice, see the separate instructions. TEEA0101L 08	/20/18 Form 990 (2018)

	n 990 (2018) EAST BAY PERFORMING ARTS rt III Statement of Program Service Accomplishment	94-3081554	
	Check if Schedule O contains a response or note to any line in		
1	Briefly describe the organization's mission:		
•		, AND THE PERMANENT LEGACY OF THE	
		IS PROVIDED IN SCHEDULE O.	
	PERFORMING ARIS. ADDITIONAL INFORMATION	12 PROVIDED IN SCHEDOLE O.	
2	Did the organization undertake any significant program services durin	og the year which were not listed on the prior	
2	Form 990 or 990-EZ?		v
	If "Yes," describe these new services on Schedule O.		Λ
3		n how it conducts, any program services? Yes	v
3	If "Yes," describe these changes on Schedule O.		n N
4	Describe the organization's program service accomplishments for ea	ab of its three largest pregram convises, as measured by a	NDOD
4	Section 501(c)(3) and 501(c)(4) organizations are required to report t	he amount of grants and allocations to others, the total ex	pense
	and revenue, if any, for each program service reported.		
-			40
4 a	a (Code:) (Expenses \$ 1,571,870. including gr		40,1
	SYMPHONIC PERFORMANCES AND ARTISTIC COLLAB		,
	IN FOSTERING DEVELOPMENT OF THE PERFORMING		
	OTHER ARTS ORGANIZATIONS AND SHOWCASES NEW		THE
	SYMPHONY HAS PARTNERED WITH SEVERAL ORGANI		
	COMMISSIONING AND PERFORMANCE PROGRAM FOR	NEW_WORKS_BY_AMERICAN_COMPOSERS	
4 t	b (Code:) (Expenses \$ 585,000. including gr	ants of \$) (Revenue \$1)	09,3
	EDUCATION AND OUTREACH		
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	UNDER THE LEADERSHIP OF MAESTRO MORGAN, OA AND STUDENTS EACH YEAR, WITH SIGNIFICANT R	ESOURCES DEDICATED TO EDUCATION AND	
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	UNDER THE LEADERSHIP OF MAESTRO MORGAN, OA AND STUDENTS EACH YEAR, WITH SIGNIFICANT R OUTREACH. THESE PROGRAMS INCLUDE ACCLAIME MUSE (MUSIC FOR EXCELLENCE), COMPRISED OF ENSEMBLES, IN-SCHOOL MUSIC LESSONS AND MEN MUSICIANS. OAKLAND SYMPHONY YOUTH ORCHEST PRACTICES WEEKLY, BRIDGE PROGRAM PROVIDES MUSE ORCHESTRA TO YOUTHORCHESTRA. THE SYM OVER 21,000 YOUNG PEOPLE EACH YEAR. c (Code:)(Expenses \$	ESOURCES DEDICATED TO EDUCATION AND D EDUCATION PROGRAMS COLLECTIVELY KN YOUNG PEOPLE'S CONCERTS, ORCHESTRA TORING, AND REGULAR SCHOOL VISITS BY RA PERFORMS 4 CONCERTS EACH SEASON A PRIVATE LESSONS FOR STUDENTS ADVANCI PHONY'S VARIOUS EDUCATION PROGRAMS S Ants of \$ (Revenue \$ ND RESOURCES OF DIVERSE ARTISTIC GRO S, JOINING TOGETHER TO PROMOTE A LIV AUDIENCES. H MIX OF CULTURAL, RACIAL AND ECONOM OAKLAND AND THE EAST BAY, CONTRIBUTI HE COMMUNITY. IT PROVIDES A FORUM F SPHERE OF UNDERSTANDING AND CREATIVI	NOWN NG SERVI

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 Part IV
 Checklist of Required Schedules

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

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гa				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	• A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.			No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48		.03	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		r	1
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
I	ments, filed for the calendar year ending with or within the year covered by this return 2a	223	V	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a 4a		Х
	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 (FB	-		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			Λ
	-			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on 6a	Х	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts w not tax deductible?	ere 6 b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t			Х
	Form 8282?	7c		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.		Х
	Did the organization receive any fullius, directly of indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
				Л
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponso	ring		
(organization have excess business holdings at any time during the year?	8		
9 :	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10 a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11 a			
b (Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12 a 🗄	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
I	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

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		Х
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		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 a	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?	7 a		Х
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue		,
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	mu		
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE. O	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management officialSEE.SCHEDULE.0	15 a	Х	
b	Other officers or key employees of the organization SEE . SCHEDULE . O	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
t	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(available for public inspection. Indicate how you made these available. Check all that apply.	c)(3)s	only)	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availab the public during the tax year. SEE SCHEDULE O	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
	DONNA WILLIAMS 1440 BROADWAY, SUITE 405 OAKLAND CA 94612 510-444-0801			
BAA	TEEA0106L 12/31/18	Form	990 (2018)

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Section A. Governing Body and Management

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

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

1 a Enter the number of voting members of the governing body at the end of the tax year 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.... 94-3081554

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18

1 a

1 b

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Yes No

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Part VII Compensation of Officers, Directors Independent Contractors	s, Truste	es,	Key	y Ei	mp	loye	es,	Highest Comp	ensated Employ	ees, and
Check if Schedule O contains a response of	r note to	anv l	ine i	n th	nis P	art ∖	/11			
Section A. Officers, Directors, Trustees, K										<u> </u>
1 a Complete this table for all persons required to be lis	ted. Repo	ort co	mpe	ensa	ation	for	the	calendar year end	ing with or within th	e
 organization's tax year. List all of the organization's current officers, direct compensation. Enter -0- in columns (D), (E), and (F) if 							uals	s or organizations)	, regardless of amo	unt of
List all of the organization's current key employed							defi	nition of 'key emp	loyee.'	
 List the organization's five current highest compe- who received reportable compensation (Box 5 of Form organization and any related organizations. 										oyee)
• List all of the organization's former officers, key e of reportable compensation from the organization and a						mpe	ensa	ted employees wh	no received more that	an \$100,000
 List all of the organization's former directors or to organization, more than \$10,000 of reportable compension 										he
List persons in the following order: individual trustees o employees; and former such persons.			-							ensated
Check this box if neither the organization nor any re	elated org	aniza				nsate	ed a	ny current officer,	director, or trustee	
		_		(C)						
(A) Name and Title	(B) Average hours	thar	i one Ì i both	box, an o	unles		son a	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list anv	or d	Insti	Officer	Key	emp	Fon	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	(list any hours for related organiza-	Individual trustee or director	tution	cer	r employee	Highest c employee	ner			and related organizations
	organiza- tions below	or trus	1al tr		loyee	omp				
	dotted line)	stee	Institutional trustee			ensat	Former			
	2					č				
(1) JAMES A. HASLER PRESIDENT	<u>3</u>	х		Х				0.	0.	0.
(2) BETTE EPSTEIN	3	Λ		Λ				0.	0.	0.
VICE-PRESIDENT	0	Х		Х				0.	0.	0.
(3) MONIQUE STEVENSON	8									
SECRETARY	0	Х		Х				0.	0.	0.
(4) DONNA M. WILLIAMS	<u>10</u>									
TREASURER	0	Х		Х				0.	0.	0.
STEVE_DEVETTER	3	v		v				0	0	0
TREASURER (6) CHRISTOPHER DANN	0	Х		Х				0.	0.	0.
DIRECTOR	0	х						0.	0.	0.
(7) DAN ASHLEY	1									<u>0.</u>
DIRECTOR	0	Х						0.	0.	0.
(8) CHARLES CRANE	1									
DIRECTOR	0	Х						0.	0.	0.
(9) JOSEPH FRANK, SR.	1									
DIRECTOR	0	Х						0.	0.	0.
(10) CAROL HENRI	$-\frac{1}{0}$	v						0	0	0
DIRECTOR (11) HARRY HOWE	1	Х						0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(12) CONWAY B. JONES, JR.	1									<u>0.</u>
DIRECTOR	0	Х						0.	0.	0.
(13) ROBERT F. KIDD	1									
DIRECTOR	0	Х						0.	0.	0.
(14) MICHELLE KWON		, ,,						_		~
DIRECTOR	0	Х						0.	0.	0.

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Form 990 (2018)

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Part VII Section A. Officers, Directors, Tr	ustees,	Key	Em	plo	bye	es, a	nnc	l Highest Cor	npensated Em	ployees (continued)
	(B)			(C)	-					
(A) Name and title	Average hours per	box.	unless	s pers	son is	than on s both a r/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours	lndi or c	Inst	Officer	Key	Highest		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	for related	Individual trustee or director	nstitutional trustee		Key employee	nest c	mer			and related organizations
	organiza - tions below	il trus or	nal tru	ŝ	loyee	ompe				-
	dotted line)	tee	Istee			r orrror Highest compensated employee				
						ä				
(15) ANDREA PLESNARSKI DIRECTOR	$\frac{1}{0}$	х						0.	0.	0.
(16) DEBORAH SPANGLER	1	Λ						0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(17) DELIDA COSTIN								0	0	0
DIRECTOR (18) KATRINE GRAY	0	Х			_		_	0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(19) MIEKO HATANO	40									
EXEC DIRECTOR	0			Х				80,865.	0.	0.
(20) MICHAEL MORGAN MUSIC DIRECTOR	$\frac{40}{0}$	-		х				109,340.	0.	12,150.
(21)	<u> </u>			Λ				109,340.	0.	12,130.
(22)		-								
(23)										
(24)		-								
(25)				_	_		-			
(23)		-								
1 b Sub-total							· _	190,205.	0.	
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							. –	0.	0.	0.
2 Total number of individuals (including but not limi							ecei	190,205. ved more than \$		12,150. le compensation
from the organization 1					,					·
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										. 3 X
4 For any individual listed on line 1a, is the sum of										
the organization and related organizations greate such individual	r than \$15	50,00	j? If	'Yes	s,' c	omple	ete	Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue										
for services rendered to the organization? <i>If 'Yes</i> , Section B. Independent Contractors	' complet	e Scl	nedul	e J	for s	such p	pers	son		. 5 X
1 Complete this table for your five highest compens	ated inde	pend	ent co	ontr	racto	ors tha	at r	eceived more that	an \$100,000 of	
compensation from the organization. Report comp	pensation	for th	ne ca	lenc	dar y	/ear e	endi			-
(A) Name and business addr	ess							(B) Description o		(C) Compensation
							-			
							\neg			
2 Total number of independent contractors (includin	5	limite	ed to	thos	se li	sted a	abo	ove) who received	I more than	
\$100,000 of compensation from the organization	• 0									

Form 990 (2018) EAST BAY PERFORMING ARTS Part VIII Statement of Revenue

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	Statement of Revenue Check if Schedule O contains a response or note to any	line in this Part VIII	l		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
2 1	a Federated campaigns 1 a				
	b Membership dues 1 b				
ξ, '	c Fundraising events 1 c d Related organizations 1 d				
a					
5	557050.				
5	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,318,476.				
5	g Noncash contributions included in lines 1a-1f: \$ 130,497.				
alig	h Total. Add lines 1a-1f.	1,418,126.			
	Business Code				
	a <u>TICKET SALES & FEES 711130</u>	849,498.	849,498.		
	b <u>OTHER_EARNED_INCOME711130</u>	-557.	-557.		
	c				
	۵				
	f All other program service revenue				
	g Total. Add lines 2a-2f.	848,941.			
3					
	other similar amounts).	140,318.			140,31
4	Income from investment of tax-exempt bond proceeds >				
5	Royalties				
6	a Gross rents				
-	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)►				
7	a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)►				
8	a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c). See Part IV, line 18 a 1.61, 762				
	See Part IV, line 18 a 161,762. b Less: direct expenses b 97,385.				
	c Net income or (loss) from fundraising events.	64,377.			64,37
	a Gross income from gaming activities. See Part IV, line 19 a	04,377.			04,31
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities►				
10	a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
_	c Net income or (loss) from sales of inventory				
11	Miscellaneous Revenue Business Code				
	a b				
	 c				
	d All other revenue				
	e Total. Add lines 11a-11d.				
12	Total revenue. See instructions.	2,471,762.	848,941.	0.	204,69

Forr	n 990 (2018) EAST BAY PERFORMING A	ARTS		94-3081	554 Page 10
	rt IX Statement of Functional Expense	ses			
Sec	tion 501(c)(3) and 501(c)(4) organizations must c				
	Check if Schedule O contains a re	· · ·			
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	05.6 41.0	1.00, 41.0	50.000	
_	trustees, and key employees	256,412.	169,412.	58,000.	29,000.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	1,009,219.	864,507.	27,538.	117,174.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)			27,330.	
	employer contributions)	37,700.	37,700.		
9	Other employee benefits	76,952.	64,220.	5,488.	7,244.
10	Payroll taxes	93,130.	76,080.	6,294.	10,756.
11	Fees for services (non-employees):				·
i	a Management				
	b Legal				
	c Accounting	133,948.		133,948.	
	d Lobbying	100,040.		100,040.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees.				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0.)	227,562.	68,994.	43,987.	114,581.
12	Advertising and promotion	74,475.	74,475.		
13	Office expenses	13,187.	3,826.	5,677.	3,684.
14	Information technology	20,230.	6,068.	7,715.	6,447.
15	Royalties				
16	Occupancy	204,605.	152,189.	25,162.	27,254.
	Travel	51,420.	25,929.	12,797.	12,694.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	02,1200			
19	Conferences, conventions, and meetings	14,918.	1,937.	11,778.	1,203.
20	Interest.	7,378.	±,	7,378.	1,200.
21	Payments to affiliates	, •		,	
22	Depreciation, depletion, and amortization	18,612.	9,679.	4,472.	4,461.
23	Insurance.	13,522.	5,015.	13,522.	7,701.
24		13,322.		13, 322.	
i	a <u>CONCERT PRODUCTION COSTS</u>	314,833.	314,833.		
	ARTIST CONTRACTS AND HONORARIA	84,250.	84,250.		
	^c <u>CREDIT CARD AND TICKETING FEES</u>	60,958.	34,355.		26,603.
	d <u>PUBLIC RELATIONS</u>	39,075.	39,075.		
	e All other expenses	170,541.	129,341.	26,070.	15,130.
	Total functional expenses. Add lines 1 through 24e	2,922,927.	2,156,870.	389,826.	376,231.
	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)	_,,.	_,,		
BAA		TEE 401101 08/			Form 990 (2018)

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28,906

408,803

315,609

523,104

638,887

2,477,600

2,886,403

1

X and complete

TEEA01111 08/03/18

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(B) End of year

164,191

35,776.

6,850.

495,051.

25,073.

7,746.

174,760

662,459.

100,000.

30,068.

967,287.

-87,824

478,990.

646,248

2,037,414

3,004,701

Form 990 (2018)

701.

2,270,014.

3 004,

Form 990 (2018) EAST BAY PERFORMING ARTS Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year Cash – non-interest-bearing.... 1 146,786 2 Savings and temporary cash investments. Pledges and grants receivable, net 3 129,465 4 Accounts receivable, net. 8,839 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing 6 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L...... Notes and loans receivable, net 7 Assets 8 Inventories for sale or use Prepaid expenses and deferred charges. 9 88,669 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 10 a 207,318 **b** Less: accumulated depreciation 10b 182,245. 43,685 Investments – publicly traded securities. 11 **12** Investments – other securities. See Part IV, line 11..... 461,213 2. Investments – program-related. See Part IV, line 11..... 13 14 Intangible assets. 15 Other assets. See Part IV, line 11..... 7. 746 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 2,886,403. 17 Accounts payable and accrued expenses..... 75,179. 18 Grants payable 19 Deferred revenue 304,718. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Labilitie 22 Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....

Total liabilities. Add lines 17 through 25.....

lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

Organizations that follow SFAS 117 (ASC 958), check here ►

Unrestricted net assets

23 24

25

26

27

28

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31 32

33

34

Balances

Fund 29

6

ø

Net Asse

BAA

Secured mortgages and notes payable to unrelated third parties.....

Unsecured notes and loans payable to unrelated third parties.

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. .

Temporarily restricted net assets

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

Retained earnings, endowment, accumulated income, or other funds.....

Total net assets or fund balances.

Total liabilities and net assets/fund balances.....

Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here >

Capital stock or trust principal, or current funds

Forn	990 (2018) EAST BAY PERFORMING ARTS 94-3	081554		Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,47	71,7	62.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,92	22,9	27.
3	Revenue less expenses. Subtract line 2 from line 1.	3	-45	51,1	65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	2,47	17,6	00.
5	Net unrealized gains (losses) on investments	5	1	.0,9	79.
6	Donated services and use of facilities.	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	2,03	37.4	14.
Pa	t XII Financial Statements and Reporting	Į	_/ • •	<u>, , -</u>	
	Check if Schedule O contains a response or note to any line in this Part XII.				Π
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
1	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?		3 a		Х
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
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	DULE A 90 or 990-EZ)	Со	nplete if the organiza	ty Status and P tion is a section 501(c)(a)(1) nonexempt charita	3) orgar	ization		OMB No. 1545-0047		
			•	ach to Form 990 or Form				Onen te Bublie		
Departmen Internal Re	t of the Treasury venue Service	►	Go to www.irs.gov/Fo	orm990 for instructions	and the	latest in	formation.	Open to Public Inspection		
Name of th	e organization F	AST BAY PI	ERFORMING ARTS	5			Employer identifica	tion number		
	D	BA OAKLANI	D SYMPHONY				94-308155			
Part I				anizations must co			-	ns.		
The orga	7	•	•	or lines 1 through 12, c of churches described in			,			
2				ach Schedule E (Form 9			, I)(A)(I).			
3				zation described in sect			(iii).			
4		•		nction with a hospital de				er the hospital's		
L	name, city, ar	nd state:								
5		on operated for)(1)(A)(iv). (Cor		ge or university owned o	or opera	ted by a	governmental unit des	cribed in		
6	A federal, sta	te, or local gove	ernment or governme	ntal unit described in se	ction 17	′0(b)(1)(A)(v).			
7 🕅	An organization in section 170	on that normally (b)(1)(A)(vi). (0	v receives a substantia Complete Part II.)	al part of its support fro	m a gov	ernment	tal unit or from the gene	eral public described		
8				(Complete Part II.						
9				section 170(b)(1)(A)(ix) ture (see instructions). I						
10	from activities investment in	related to its e come and unrel	xempt functions-sub	nan 33-1/3% of its supp ject to certain exception income (less section 5 art III.)	is, and (2) no m	ore than 33-1/3% of its	support from gross		
11	An organizatio	on organized ar	nd operated exclusive	ly to test for public safe	ty. See s	section	509(a)(4).			
12	or more public	cly supported or	rganizations described	ly for the benefit of, to p d in section 509(a)(1) or upporting organization a	section	509(a)(2	2). See section 509(a)(3	the purposes of one). Check the box in		
а	Type I. A support	orting organiza	ition operated, superv regularly appoint or e	vised, or controlled by it lect a majority of the dir	oqquz z	rted ora	anization(s), typically by	giving the supported anization. You must		
b	management	porting organization of the supporting Part IV, Section	ng organization vested	ontrolled in connection v I in the same persons t	vith its s nat cont	upporte rol or ma	d organization(s), by ha anage the supported or	ving control or ganization(s). You		
с				nization operated in con			d functionally integrated	d with, its supported		
d	Type III non-fi functionally in	unctionally inter tegrated. The o	grated. A supporting or rganization generally	lete Part IV, Sections A, organization operated ir must satisfy a distributi	connec	tion with	n its supported organiza and an attentiveness re	ition(s) that is not quirement (see		
e	- <i>í</i>	•	olete Part IV, Sections ation received a writte	A and D, and Part V.	e IRS th	nat it is a	a Type I. Type II. Type	II functionally		
	integrated, or	Type III non-fu	nctionally integrated s	supporting organization.			51 51 51	-		
			about the supported	organization(s).						
	ame of supported of	5	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other		
				(described on lines 1-10 above (see instructions))	in your g	ion listed	support (see instructions)	support (see instructions)		
					Yes	nent?				
(A)										
(B)										
(C)										
(D)										
(E)										

Total

Schedule A (Form 990 or 990-EZ) 2018 EAST BAY PERFORMING ARTS

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calo	ndar year (or fiscal year						
begi	nning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,384,128.	1,334,236.	1,599,246.	1,405,903.	1,383,126.	7,106,639.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,384,128.	1,334,236.	1,599,246.	1,405,903.	1,383,126.	7,106,639.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						994,222.
6	Public support. Subtract line 5 from line 4.						6,112,417.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,384,128.	1,334,236.	1,599,246.	1,405,903.	1,383,126.	7,106,639.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,544.	63,729.	54,517.	66,607.	65,825.	306,222.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						7,412,861.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	5,745,118.
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶□
Sec	tion C. Computation of Pu	Iblic Support	Percentage				
	Public support percentage for 20						82.46%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14			15	86.00%
16a	33-1/3% support test-2018. If the and stop here. The organization	ne organization dic qualifies as a pub	I not check the bo licly supported or	ox on line 13, and ganization	line 14 is 33-1/3%	or more, check t	his box ► X
b	33-1/3% support test — 2017. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this b	box and stop here	. Explain in Part \	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	' test, check this b	box and stop here	. Explain in Part \	/I how the
18	Private foundation. If the organiz	zation did not cheo	ck a box on line 13	3, 16a, 16b, 17a, o	or 17b, check this	box and see instr	uctions 🕨

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				-	-		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	8	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501	(c)(3)	►
	tion C. Computation of Pu		•	- 10 (*)			4-	0
15	Public support percentage for 20		••••••				15	00
16	Public support percentage from 2						16	0/0
	tion D. Computation of Inv		•					
17	Investment income percentage for	-		-			17	00 0
18	Investment income percentage fr						18	0\0
	33-1/3% support tests—2018. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organiza	ation	ト
	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported of	organiza	ation 🕨 📘
20	Private foundation. If the organiz	ation did not chec	ck a box on line 14	1, 19a, or 19b, ch	eck this box and s	ee instructio	ons	····· ►

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

Section A. All Supporting Organizations

BAA

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ł	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ł	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		
C	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).	5a		
Ł	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		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	a 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		
ł	Did one or more disqualified persons (as defined in 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		
C	: Did a disqualified person (as defined in 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		
10 <i>a</i>	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)? <i>If 'Yes,' answer 10b below.</i>	10a		
Ł	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.)	10b		

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

- Yes Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint 1 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.

Section C. Type II Supporting Organizations

			163	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 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).	1		

Section D. All Type III Supporting Organizations

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

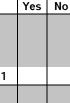
Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

b



Voc No

No

Yes

2a

2b

3a

3h

2

Schedule A (Form 990 or 990-EZ) 2018 EAST BAY PERFORMING ARTS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

94-3081554

Page 6

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for shor tax year or assets held for part of year):	t		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a pap functionally in	tograted T	upo III cupporting area	anization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2018

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Sup		ns (continued)	<u>, 1994</u>
Sec	tion D – Distributions	-		Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity	oses of supported organ	izations,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations in Part VI). See instructions.	nization is responsive (p	provide details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
ć	a From 2013			
ŀ	• From 2014			
	C From 2015			
	J From 2016			
-	e From 2017			
	f Total of lines 3a through e			
9	g Applied to underdistributions of prior years			
ł	n Applied to 2018 distributable amount			
	i Carryover from 2013 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
	a Applied to underdistributions of prior years			
	• Applied to 2018 distributable amount			
	c Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
ä	Excess from 2014			
-	• Excess from 2015			
(Excess from 2016			
	Excess from 2017			
	e Excess from 2018			

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Schedule A (Form 990 or 990-EZ) 2018

 Part VI
 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
 Page

SCI	SCHEDULE D Supplemental Financial Statements						OMB No.	1545-0	047
	rm 990)	► Comple	te if the organization answer	ed 'Yes' on Form 990,			20	18	8
Depar	tment of the Treasury	,	6, 7, 8, 9, 10, 11a, 11b, 11c, 11 ► Attach to Form 9 s.gov/Form990 for instruction	90.		ľ	Open to		olic
	al Revenue Service of the organization	40 10 11 11.11	siger in an action			Employer id	Inspection entification number		
	EAST BAY	PERFORMING ARTS AND SYMPHONY							
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						1554		
i ui	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.								
			(a) Donor advised	l funds	(b) Fu	inds and c	other accou	ints	
1		end of year							
2		ntributions to (during year)							
3 4		at end of year							
5	00 0	2	Left for advisors in writing that the	assets held in donor	advised fur	nds			
Ū	are the organizati	on's property, subject to the	organization's exclusive legal	control?		· · · · · · ·	Yes	ı []	No
6	Did the organizati	on inform all grantees, donor	rs, and donor advisors in writ of the donor or donor adviso	ing that grant funds ca	n be used	only			
	impermissible priv	vate benefit?					Yes		No
Par		tion Easements.							
•			swered 'Yes' on Form 9		7.				
1			/ the organization (check all t						
		of land for public use (e.g., r	ecreation or education)	Preservation of a	-	•		1	
		natural habitat		Preservation of a	certified hi	istoric stru	icture		
		of open space							
2	Complete lines 2a last day of the tax		on held a qualified conservation	on contribution in the f					
	Total number of a	opportation accomenta				eld at the	End of the	Tax Y	Year
			ments		2 a 2 b				
	0		fied historic structure included		20 2c				
					20				
C	structure listed in	the National Register	n (c) acquired after 7/25/06, a		2 d				
3	Number of conser tax year ►	rvation easements modified,	transferred, released, extingu	iished, or terminated b	by the orga	nization d	uring the		
4		1 1 2 2	nservation easement is locat						
5	Does the organization and enforcement	ation have a written policy reg of the conservation easemer	garding the periodic monitorir	ng, inspection, handlin	g of violatio	ons,	Yes		No
6	Staff and voluntee ►	er hours devoted to monitorin	ng, inspecting, handling of vic	lations, and enforcing	conservati	on easem	ents during	g the	year
7	Amount of expens ►\$	ses incurred in monitoring, in	specting, handling of violation	ns, and enforcing cons	servation ea	asements	during the	year	
8	Does each conser and section 170(h	rvation easement reported or ı)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section	n 170(h)(4)((B)(i)	Yes		No
9	In Part XIII, descr include, if applica conservation ease	ble, the text of the footnote t	orts conservation easements o the organization's financial	in its revenue and exp statements that descri	pense state ibes the org	ement, an ganizatior	d balance s l's account	sheet ing fo	, and or
Par	t III Organizat Complete	ions Maintaining Collect if the organization and	tions of Art, Historical T swered 'Yes' on Form 9	reasures, or Other 190, Part IV, line 8	Similar A 3.	Assets.			
1:	art, historical trea	sures, or other similar assets	SFAS 116 (ASC 958), not to s held for public exhibition, ec cial statements that describes	lucation, or research i	statement a n furtheran	and balan ice of pub	ce sheet w lic service,	orks prov	of ide,
ł	historical treasure following amounts	es, or other similar assets hel s relating to these items:	r SFAS 116 (ASC 958), to rep ld for public exhibition, educa	tion, or research in fur	rtherance o	of public s	heet works ervice, pro	s of a vide t	rt, the
			line 1						
						-			
2	If the organization amounts required	n received or held works of a to be reported under SFAS	rt, historical treasures, or oth 116 (ASC 958) relating to the	er similar assets for fir se items:	nancial gair	n, provide	the followi	ng	
	Revenue included	I on Form 990, Part VIII, line	1						
			In star stiens for Esame 000				ula D (C		0010
ваа	For Paperwork R	eduction Act Notice, see the	instructions for Form 990.	TEEA3301L 10	/10/18	Sched	ule D (Forn	u aan	J Z018

Schedule D (Form 990) 2018 EAST	BAY PERFORMIN	NG ARTS		94-3081	.554	Page 2
Part III Organizations Maintair	ning Collections of	of Art, Historical	Treasures, or Othe	r Similar Assets (d	continued)	
3 Using the organization's acquisition items (check all that apply):	on, accession, and ot	her records, check	any of the following that	at are a significant use	of its collec	tion
a Public exhibition		d Loan or e	exchange programs			
b Scholarly research		e Other				
c Preservation for future generation	ations					
4 Provide a description of the organ Part XIII.	nization's collections	and explain how the	ey further the organizat	ion's exempt purpose	in	
5 During the year, did the organizat to be sold to raise funds rather the	tion solicit or receive	donations of art, hi	storical treasures, or of	ther similar assets	Yes	No
Part IV Escrow and Custodial A						
line 9, or reported an					r arc rv,	
1 a Is the organization an agent, trus	tee, custodian or oth	er intermediary for	contributions or other a	ssets not included		
on Form 990, Part X?					Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and comp	plete the following t	able:	· · · · · ·		
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year				1e		
f Ending balance.				l f		
2 a Did the organization include an a	mount on Form 990,	Part X, line 21, for	escrow or custodial acc	count liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Check he	ere if the explanation	on has been provided o	n Part XIII	<u>.</u>	
Part V Endowment Funds. Co	mplete if the orga	anization answe	red 'Yes' on Form	990, Part IV, line	10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance	2,402,272.	2,178,446	5. 2,102,392.	2,156,600.	2,073	3,307.
b Contributions	7,362.	160,150).	4,500.	91	1,000.
c Net investment earnings, gains, and losses	151,297.	157,956	5. 169,044.	38,105.	58	8,742.
d Grants or scholarships						
e Other expenditures for facilities						
and programs	-97,109.	-94,280)92,990.	-96,813.	-66	5,449.
f Administrative expenses	-200,000.					
g End of year balance	2,263,822.	2,402,272		2,102,392.	2,156	5,600.
2 Provide the estimated percentage	e of the current year e	end balance (line 1	g, column (a)) held as:			
a Board designated or quasi-endow	vment ► 14	1.30 [%]				
b Permanent endowment	72.70 [%]					
c Temporarily restricted endowmen	t► 13.0	0 %				
The percentages on lines 2a, 2b,	and 2c should equal	100%.				
3 a Are there endowment funds not in	n the nossession of th	ne organization that	t are held and administ	ered for the		
organization by:					Yes	No
(i) unrelated organizations					3a(i)	Х
(ii) related organizations					3a(ii)	Х
b If 'Yes' on line 3a(ii), are the relation	ted organizations liste	ed as required on S	chedule R?		3b	
4 Describe in Part XIII the intended	uses of the organiza	ition's endowment f	unds. SEE PART	XIII	II	
Part VI Land, Buildings, and	Equipment.					
Complete if the organi		'Yes' on Form 9	90, Part IV, line 1	1a. See Form 990,	Part X, li	ne 10.
Description of property	(a) Cos	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1 a Land		,				
b Buildings						
c Leasehold improvements						
d Equipment.						
e Other.			207,318.	182,245.	2	5,073.
Total. Add lines 1a through 1e. (Column		n 990. Part X colu				<u>5,073.</u> 5,073.
BAA					le D (Form	

Schedule D (Form 990) 2018 EAST BAY PERFORMIN	IG ARTS	9	4-3081554	Page 3
Part VII Investments – Other Securities.		Dart IV/ Line 11h Cas Fr		line 10
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	, Part IV, IINE IID. See Fo		
(1) Financial derivatives.	(b) Dook value	(C) Method of Valuation. Cos	t of end-of-year market v	aiue
(2) Closely-held equity interests				
(3) Other CASH AND CASH EQUIVALENTS	55,561.	END OF YEAR MARKET	VALUE	
(A) MUTUAL FUNDS-CORPORATE BONDS	862,983.		VALUE	
(B) MUTUAL FUNDS-CORP EQUITY SECURITIES	1,262,325.	END OF YEAR MARKET	VALUE	
(C) EXCHANGE TRADED FUNDS AND OTHER	89,145.	END OF YEAR MARKET	VALUE	
(D)				
(E)				
(F) (G)				
(H)				
()				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►	2,270,014.			
Part VIII Investments – Program Related.		N/A		1. 10
Complete if the organization answered		, Part IV, line TTC. See Fo		
(a) Description of investment	(b) Book value		or enu-or-year mar	ket value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►				
Part IX Other Assets. Complete if the organization answered 'Y		·		
	es' on Form 990, Pa scription	art IV, line 11d. See Form 9	990, Part X, line (b) Bool	
(1) (1)	scription		(b) B001	k value
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.) line 15.)			
Part X Other Liabilities. Complete if the organization answered 'Yes' on	Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.	
(a) Description of liability	(b) Book value		,	
(1) Federal income taxes				
(2) ACCRUED PAYROLL LIABILITIES (3)		<u></u>		
(4)		-		
(5)				
(6)				
(7)				
(8)				
(9) (10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 30,06	8.		

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).... 🕨 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Schedule D (Form 990) 2018 EAST BAY PERFORMING ARTS	94-308155	4 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	turn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,331,444.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	2,331,444.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) SEE PART XIII 4b 140,31	L8.	
c Add lines 4a and 4b.		140,318.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,471,762.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	leturn.	<u> </u>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,922,927.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1		2,922,927.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2/522/52/.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		2,922,927.
Part XIII Supplemental Information.		

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

ENDOWMENT FUNDS, CLASSIFIED AS PERMANENTLY RESTRICTED NET ASSETS, REPRESENT CASH CONTRIBUTIONS THAT ARE SUBJECT TO RESTRICTIONS OF GIFT INSTRUMENTS REQUIRING THAT THE PRINCIPAL BE INVESTED IN PERPETUITY. EARNINGS FROM INVESTMENTS MAY BE USED FOR GENERAL OPERATING PURPOSES AND TRANSFERRED TO UNRESTRICTED NET ASSETS THROUGH APPROPRIATION UNDER UPMIFA GUIDELINES.

Schedule D (Form 990) 2018

INCOME TAXES

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME TAXES. UNDER ASC 740, OAKLAND SYMPHONY IS REQUIRED TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY EBPA AND REQUIRES A TWO-STEP PROCESS THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DETERMINING WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP IS MEASURING A TAX POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT BELIEVES THAT OAKLAND SYMPHONY HAS ADEOUATELY EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2019, OAKLAND SYMPHONY DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE NECESSARY. OAKLAND SYMPHONY HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT OUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT OAKLAND SYMPHONY CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS. OAKLAND SYMPHONY MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME REQUIRING OAKLAND SYMPHONY TO FILE SEPARATE TAX RETURNS UNDER FEDERAL AND STATE STATUTES. UNDER SUCH CONDITIONS, OAKLAND SYMPHONY CALCULATES AND ACCRUES THE APPLICABLE TAXES PAYABLE.

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

INVESTMENT INCOME	\$ 65,825.
NET REALIZED GAINS	 74,493.
TOTAL	\$ 140,318.

		Suppleme	ental Informat	tion Rega	arding Fu	Indraising or Gaming	g Activities	OMB No. 1545-0047
	OULE G 90 or 990-EZ)	Comple	2018					
Departmen Internal Re	t of the Treasury venue Service	► (Open to Public Inspection					
Name of th	ame of the organization EAST BAY PERFORMING ARTS DBA OAKLAND SYMPHONY 94-30815							
Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.							14	
 Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, truster employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b I 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the 					government grants rnment grants events lirectors, trustees, or ke ervices?	Yes X No		
	mpensated at le me and addres or entity (fund		e organization. (ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
				Yes	No		column (i)	organization
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
3 Lis	t all states in w licensing.	hich the organiza	ition is registere	ed or licen	sed to soli	icit contributions or has	been notified it is exen	0. npt from registration

Schedule G (Form 990 or 990-EZ) 2018 EAST BAY PERFORMING ARTS

94-3081554 Page 2

Part II	Fundraising Events.						
	more than \$15,000	of fundraising	event contri	butions and g	gross income o	n Form 990-EZ	, lines 1 and 6b
	List events with are	oss receipts are	eater than \$5	5.000.			

		List events with gross receipts gr				1
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPECIAL EVENTS		NONE	(add column (a) through column (c))
R			(event type)	(event type)	(total number)	
E			(eron gpo)	(orone gpo)		
R E V E N U E	1	Gross receipts	161 762			161 762
N U	1		161,762.			161,762.
Ĕ	2	Less: Contributions				
	2					
	2	Crease income (line 1 minus line 2)	1 (1 7 (0			1 61 7 60
	3	Gross income (line 1 minus line 2)	161,762.			161,762.
		Cook prizes				
	4	Cash prizes				
		Nonooch prizes				
	5	Noncash prizes				
D	~		50.000			50.000
R	6	Rent/facility costs	52,202.			52,202.
R E C T	-	F 1 1	10.000			10.000
1	/	Food and beverages	18,000.			18,000.
E	-		1 1 1 0 5			
P	8	Entertainment	14,125.			14,125.
E N	-					
EXPENSES	9	Other direct expenses	13,058.			13,058.
Ŝ						
	10	Direct expense summary. Add lines 4 thro	ough 9 in column (d)			97,385.
	11	Net income summary. Subtract line 10 fro				
Dee						
Par	t III			Form 990, Part IV,	line 19, or reported	more than
		\$15,000 on Form 990-EZ, line 6a	•			
				(b) Pull tabs/instant		(d) Total gaming
P			(a) Bingo	bingo/progressive	(c) Other gaming	(add column (a)
v				bingo		through column (c)
REVENUE						
Ŭ						
E	1	Gross revenue				
	2	Cash prizes				
F						
EXPENSES						
RE	3	Noncash prizes				
EN						
ŤĔ	4	Rent/facility costs				
S						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 thro	wah E in column (d)		•	
	7	Direct expense summary. Aud lines 2 line				
	8	Net gaming income summary. Subtract lir	ne 7 from line 1, columr	ו (d)	••••••	
						•
9	Ent	er the state(s) in which the organization cor	aducte camina activition			
		ne organization licensed to conduct gaming	activities in each of the	ese states?		Yes No
ł) If 'N	lo,' explain:				
10	<u> \ \ / -</u>	re any of the organization's gaming licenses		or torminated during U		
			s revokeu, suspended,	or terminated during the	: lax yeal (Tes NO
ł	b If 'Y	′es,' explain:				

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 EAST BAY PERFORMING ARTS	4-3081554	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity fo administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:a The organization's facility.	. 13a	00
b An outside facility.		00
14 Enter the name and address of the person who prepares the organization's gaming/special events books and		
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party: 	e?Yes	No
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation 🕨 \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	ain the	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the	
organization's own exempt activities during the tax year \$		(,),
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, of and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	any additional	(v);

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 2	29 or 30.
► Attach to Form 990.	

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	EAST	BAY	PEF	RFORMING	ARTS
				SYMPHON	

Employer identification number
94-3081554

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) lethod of determin ash contribution a	
1	Art – Works of art						
2	Art – Historical treasures.						
3	Art – Fractional interests.						
4	Books and publications.						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes.						
, 8	Intellectual property.						
9	Securities – Publicly traded	Х	9	130,497.	FMV		
10	Securities – Closely held stock		<u> </u>	130,437.	1 111		
11	Securities – Partnership, LLC, or trust interests.						
12	Securities – Miscellaneous						
13	Qualified conservation contribution –						
	Historic structures						
14	Qualified conservation contribution – Other						
15	Real estate – Residential						
6	Real estate – Commercial.						
7	Real estate – Other.						
8	Collectibles						
9	Food inventory						
20	Drugs and medical supplies.						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts.						
25	Other► ()						
26	Other► ()						
27	Other► ()						
28	Other► ()						
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done				29		
	•				L	Yes	No
~~	Devices the second distance of the second second	a talla a t			NO ''		
sua	During the year, did the organization receive by co it must hold for at least three years from the date					τ	
	for exempt purposes for the entire holding period?					30 a	Х

b) If 'Yes,' describe the arrangement in Part II.
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
~~	

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2018

Х

Х

31

32 a

94-3081554 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Department of the Treasury Internal Revenue Service

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 www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EAST BAY PERFORMING ARTS	Employer identification number
DBA OAKLAND SYMPHONY	94-3081554

ORGANIZATION'S MISSIONS

OAKLAND SYMPHONY HAS GAINED REGIONAL AND NATIONAL RECOGNITION FOR ITS UNIQUE CONVERGENCE OF ARTISTIC EXCELLENCE AND COMMUNITY SERVICE. THE ORGANIZATION IS COMPRISED OF OAKLAND SYMPHONY, OAKLAND SYMPHONY YOUTH ORCHESTRA AND OAKLAND SYMPHONY CHORUS.

MISSION OF OAKLAND SYMPHONY:

1) TO PRESENT LIVE SYMPHONIC AND COLLABORATIVE ARTISTIC PERFORMANCES TO DIVERSE AUDIENCES IN OAKLAND AND EAST BAY COMMUNITIES.

2) TO SERVE THE COMMUNITY BY OFFERING EDUCATION, PERFORMANCES AND OUTREACH TO SCHOOLS AND COMMUNITY, INTRODUCING NEW AUDIENCES OF ADULTS AND CHILDREN TO CLASSICAL MUSIC.

3) TO PROMOTE THE FUTURE OF SYMPHONIC MUSIC THROUGH COMMISSION AND PERFORMANCE OF NEW WORKS BY AMERICAN COMPOSERS.

4) TO PROVIDE LEADERSHIP IN THE COMMUNITY BY FOSTERING UNITY AND COLLABORATION AMONG EAST BAY ARTS ORGANIZATIONS.

MISSION OF OAKLAND SYMPHONY YOUTH ORCHESTRA:

THE YOUTH ORCHESTRA IS RECOGNIZED AS AN IMPORTANT BAY AREA MUSICAL ORGANIZATION, COMPRISED OF TALENTED MUSIC STUDENTS OF AGES 12 TO 22 FROM THROUGHOUT THE BAY AREA. THE ORCHESTRA MAINTAINS A COMMITMENT TO CULTURAL EXCHANGE AND HAS TOURED EXTENSIVELY THROUGHOUT THE WORLD.

MISSION OF OAKLAND SYMPHONY CHORUS:

THE CHORUS OF VOLUNTEER SINGERS ENRICHES THE COMMUNITY THROUGH HIGH QUALITY MUSICAL PERFORMANCES AND EDUCATIONAL WORKSHOPS THAT RAISE UNDERSTANDING AND APPRECIATION OF BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901L 10/10/18 Schedule O (Form 990 or 990-EZ) (2018) CHORAL MUSIC, WHILE PROVIDING OPPORTUNITIES FOR PEOPLE WHO LOVE TO SING.

FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

IN ACCORDANCE WITH COMMON PRACTICE IN THE NONPROFIT COMMUNITY, THE BOARD DELEGATES CERTAIN MATTERS TO THE EXECUTIVE COMMITTEE, WHICH IS EMPOWERED TO ACT BETWEEN BOARD MEETINGS IF NECESSARY, AND SOMETIMES WITH SPECIFICALLY DELEGATED AUTHORITY TO ACT IN PARTICULAR AREAS ON BEHALF OF THE FULL BOARD. THE COMPOSITION OF THE EXECUTIVE COMMITTEE INCLUDES CERTAIN MEMBERS OF THE BOARD.

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

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THIS FORM IS THEN REVIEWED BY THE ORGANIZATION'S TREASURER, WHO THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT AUTHORIZES THE FINAL FORM 990 WHICH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CONTINU THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES COMPENSATION OF OTHER PERSONNEL AND KEY EMPLOYEES IS REVIEWED PERIODICALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

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

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.ORG AND ARE AVAILABLE FOR INSPECTION AT THE ORGANIZATION'S OFFICE IN OAKLAND, CALIFORNIA.

CLIENT 23007

REGALIA & ASSOCIATES, CPAS 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526 925-314-0390

May 4, 2020

Donna M. Williams EAST BAY PERFORMING ARTS dba OAKLAND SYMPHONY 1440 Broadway Suite 405 OAKLAND, CA 94612

Dear Donna:

Enclosed for your review:

Form 990	2018 Return of Organization Exempt from Income Tax
Form 199	2018 California Exempt Organization Return
Form RRF-1	2019 Registration/Renewal Fee Report

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Douglas Regalia

CLIENT 23007

FEDERAL FILING INSTRUCTIONS EAST BAY PERFORMING ARTS DBA OAKLAND SYMPHONY

94-3081554

08:26PM

5/04/20

ELECTRONICALLY FILED:

FORM 990 - 2018 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-E0 - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY PAGE 1 EAST BAY PERFORMING ARTS **CLIENT 23007 DBA OAKLAND SYMPHONY** 94-3081554 5/04/20 8:26 PM 2018 2017 DIFF REVENUE $1,405,904\\1,081,808$ CONTRIBUTIONS AND GRANTS 1,418,126 12,222 PROGRAM SERVICE REVENUE 848,941 140,318 -232,867 INVESTMENT INCOME 66,607 73,711 64,377 OTHER REVENUE 125,852 -61,475 TOTAL REVENUE 2,471,762 2,680,171 -208,409**EXPENSES** SALARIES, OTHER COMPEN., EMP. BENEFITS... 127,567 -48,711 1,473,413 1,345,846 OTHER EXPENSES 1,449,514 1,498,225 TOTAL EXPENSES 2,922,927 2,844,071 78,856 **NET ASSETS OR FUND BALANCES** REVENUE LESS EXPENSES.... -451,165 -163,900 -287,265 3,004,701 967,287 118,298 TOTAL ASSETS AT END OF YEAR..... 2,886,403 TOTAL LIABILITIES AT END OF YEAR 408,803

2,037,414

2,477,600

NET ASSETS/FUND BALANCES AT END OF YEAR.

-440,186

2018

CALIFORNIA 199 TAX SUMMARY EAST BAY PERFORMING ARTS

DBA OAKLAND SYMPHONY

PAGE 1

94-3081554

CLIENT 23007

5/04

/04/20			8:26 PM
	2018	2017	DIFF
REVENUE DIVIDENDS OTHER INCOME GROSS CONTRIBUTIONS, GIFTS, & GRANTS	65,825 1,085,196 1,418,126	66,607 1,266,187 1,405,904	-782 -180,991 12,222
TOTAL INCOME	2,569,147	2,738,698	-169,551
EXPENSES AND DISBURSEMENTS COMPENSATION OF OFFICERS, ETC. OTHER SALARIES AND WAGES INTEREST. TAXES RENTS DEPRECIATION AND DEPLETION OTHER DEDUCTIONS	256,412 1,009,219 7,378 93,130 204,605 18,612 1,430,956	227,133 919,062 3,480 84,127 220,810 15,920 1,432,066	29,279 90,157 3,898 9,003 -16,205 2,692 -1,110
TOTAL DEDUCTIONS	3,020,312	2,902,598	117,714
EXCESS OF RECEIPTS OVER DISBURSEMENTS	-451,165	-163,900	-287,265
FILING FEE FILING FEE BALANCE DUE	0 0	0 0	0 0

2018

GENERAL INFORMATION EAST BAY PERFORMING ARTS

EAST BAY PERFORMING ARTS DBA OAKLAND SYMPHONY

PAGE 1

94-3081554

5/04/20

CLIENT 23007

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH M, SCH O CALIFORNIA: 199, SCH B, 8453-EO, E-FILE INSTRUCTIONS, RRF-1

CARRYOVERS TO 2019

NONE

08:26PM

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization			OMB No. 1545-1878	
Department of the Treasury Internal Revenue Service	For calendar year 2018, or fiscal year beginning <u>7/01</u> , 2018, and ending <u>6/30</u> , 20 <u>2019</u> ► Do not send to the IRS. Keep for your records. ► Go to <i>www.irs.gov/Form8879EO</i> for the latest information.		20 <u>2019</u>	2018	
Name of exempt organization EA	ST BAY PERFORMING ARTS			ntification number	
DB Name and title of officer	A OAKLAND SYMPHONY		94-308	1554	
MIEKO HATANO		EXECUTIVE DIRECTO	R		
	rn and Return Information (Whole				
Check the box for the retur check the box on line 1a , 2 leave line 1b , 2b , 3b , 4b , or	n for which you are using this Form 8879-EC a, 3a, 4a, or 5a, below, and the amount on th 5b, whichever is applicable, blank (do not en to not complete more than one line in Part I.) and enter the applicable amount, at line for the return being filed with nter -0-). But, if you entered -0- on	n this form wa	is blank, then	
1 a Form 990 check here.	b Total revenue, if any (Form 9 ere► b Total revenue, if any (For here► b Total tax (Form 1120	990, Part VIII, column (A), line 12).	1	lb <u>2,471,762</u>	
2 a Form 990-EZ check h	ere b Total revenue, if any (For	rm 990-EZ, line 9)		2 b	
3a Form 1120-POL check	k here b Total tax (Form 1120	-POL, line 22)		3 b	
4a FUIII 990-FF CHECK H		t income (Form 990-PF, Part VI, III	ie 5) 4	4b5b	
5 a Form 8868 check here	a ► b Balance Due (Form 8868, line	e 3c)		5b	
Part II Declaration a	nd Signature Authorization of Offi	cer			
refund, and (c) the date of funds withdrawal (direct de organization's federal taxes contact the U.S. Treasury F authorize the financial instii answer inquiries and resolv organization's electronic re	ment of receipt or reason for rejection of the any refund. If applicable, I authorize the U.S bit) entry to the financial institution account it owed on this return, and the financial institu- financial Agent at 1-888-353-4537 no later th iutions involved in the processing of the elec- re issues related to the payment. I have sele turn and, if applicable, the organization's cor	Treasury and its designated Finar indicated in the tax preparation soft ution to debit the entry to this accou- lan 2 business days prior to the pay stronic payment of taxes to receive coted a personal identification numb	ncial Agent to ware for payn unt. To revoke ment (settlem confidential in ver (PIN) as m	initiate an electronic nent of the a payment, I must nent) date. I also formation necessary to	
Officer's PIN: check one bo	-	to enter my PIN	2300	7 as my signatur	
A dutionize REGALI	A & ASSOCIATES, CPAS ERO firm name		Enter five numb	ers, but	
	x year 2018 electronically filed return. If I ha ulating charities as part of the IRS Fed/State consent screen.		a copy of the	return is being filed with	
indicated within this ret	anization, I will enter my PIN as my signatur urn that a copy of the return is being filed wi v PIN on the return's disclosure consent scre	th a state agency(ies) regulating ch			
Officer's signature		Date ►			
Part III Certification	and Authentication				
ERO's EFIN/PIN. Enter you	r six-digit electronic filing identification your five-digit self-selected PIN.		· · · · · · · · [68380368504 Do not enter all zeros	
I certify that the above num above. I confirm that I am s Authorized IRS <i>e-file</i> Provid	eric entry is my PIN, which is my signature submitting this return in accordance with the ders for Business Returns.	on the 2018 electronically filed retur requirements of Pub. 4163, Moderr	rn for the orga nized e-File (N	anization indicated IeF) Information for	
ERO's signature	LAS REGALIA	Date ►			
		s Form — See Instructions ne IRS Unless Requested To Do So			
BAA For Paperwork Reduc	ction Act Notice, see instructions.			Form 8879-EO (2013	

FEDERAL SUPPORTING DETAIL

PAGE 1

EAST BAY PERFORMING ARTS DBA OAKLAND SYMPHONY

94-3081554 08:26PM

5/04/20

CLIENT 23007

CONTRIBUTIONS, GIFTS, AND GRANTS OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.

FOUNDATIONS. CORPORATE.	\$ 454,039. 157,835.
INDIVIDUALS	574,502. 132,100.
STOCK GIFTS CLASSIFIED AS IN-KIND PER IRS INSTRUCTIONS	-130,497.
TOTAL	\$ 1,187,979.

BALANCE SHEET FURNITURE AND FIXTURES

OFFICE EQUIPMENT AND FURNITURE	\$ 125,061.
ORCHESTRA EQUIPMENT	78,927.
LEASEHOLD IMPROVEMENTS	3,330.
TOTAL	\$ 207,318.

2018

FEDERAL WORKSHEETS

EAST BAY PERFORMING ARTS DBA OAKLAND SYMPHONY

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FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
-	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ARTIST COMMISSION FEES	25,850.	25,850.		
DESIGN AND PHOTOGRAPHY	36,580.	36,135.		445.
DONOR AND AUDIENCE CULTIVATION	11,329.	5,877.	2,147.	3,305.
EQUIPMENT RENTAL/MAINTENANCE	31,556.	22,919.	8,637.	
PÕSTAGE AND SHIPPING	19,722.	13,444.	4,410.	1,868.
PRINTING AND PUBLICATIONS	35,295.	25,116.	667.	9,512.
TELEPHONE AND INTERNET	10,209.	,	10,209.	,
TOTAL S	i 70,541.	\$ 129,341.	\$ 26,070.	\$ 15,130.

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