

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

LIVERMORE VALLEY PERFORMING ARTS CENTER

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2400 FIRST STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LIVERMORE, CA 94550

F Name and address of principal officer: HENRY HUFF
SAME AS C ABOVE**D Employer identification number**

68-0419182

E Telephone number

(925) 373-6100

G Gross receipts \$

3,449,653.

H(a) Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b) Are all subordinates included?**☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.LIVERMOREPERFORMINGARTS.ORG**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation:** 1998 **M State of legal domicile:** CA**Part I Summary**

Activities & Governance		Prior Year	Current Year
1	Briefly describe the organization's mission or most significant activities: TO ESTABLISH AND OPERATE A WORLD-CLASS PERFORMING ARTS CENTER IN THE TRI-VALLEY.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	59
6	Total number of volunteers (estimate if necessary)	6	180
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,177,223.	1,811,716.
9	Program service revenue (Part VIII, line 2g)	1,239,161.	1,313,702.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,424.	-8,832,761.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,711.	48,527.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,492,519.	-5,658,816.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	930,624.	1,034,033.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	23,572.	52,632.
b	Total fundraising expenses (Part IX, column (D), line 25)	301,718.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,937,816.	3,192,532.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,892,012.	4,279,197.
19	Revenue less expenses. Subtract line 18 from line 12	-1,399,493.	-9,938,013.
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	Beginning of Current Year 32,296,031.	End of Year 21,810,006.
21	Total liabilities (Part X, line 26)	24,475,358.	24,177,963.
22	Net assets or fund balances. Subtract line 21 from line 20	7,820,673.	-2,367,957.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	HENRY HUFF, TREASURER (EFF. 6/2014)		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LAWRENCE S. KUECHLER	LAWRENCE S. KUECHLER	11/14/14
	Firm's name	Firm's EIN	PTIN
	BERGER LEWIS ACCOUNTANCY CORP.	94-2763139	P00233621
	Firm's address	Phone no. (408) 494-1200	
	55 ALMADEN BLVD., STE 600		
	SAN JOSE, CA 95113		

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

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

TO ESTABLISH AND OPERATE A WORLD CLASS PERFORMING ARTS CENTER THAT PROMOTES AND ENCOURAGES THE PRESENTATION AND CREATION OF VISUAL AND PERFORMING ARTS; ENHANCING THE PUBLIC'S APPRECIATION, ENJOYMENT AND UNDERSTANDING OF THE ARTS; AND SERVES AS A CATALYST FOR THE CONTINUED

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

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

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

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

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

- 4a** (Code:) (Expenses \$ 3,451,002. including grants of \$) (Revenue \$ 1,262,061.)
- THE BANKHEAD THEATER SERVES AS HOME FOR MANY OF THE AREA'S FINEST PERFORMING ARTS ORGANIZATIONS. THESE INCLUDE DEL VALLE FINE ARTS, THE LIVERMORE VALLEY OPERA, THE LIVERMORE-AMADOR SYMPHONY, VALLEY DANCE THEATER, TRI-VALLEY REPERTORY THEATER, LIVERMORE SCHOOL OF DANCE, LAMPLIGHTERS MUSIC THEATRE, AND THE PACIFIC CHAMBER SYMPHONY. THE BOTHWELL ARTS CENTER AND DOWNTOWN ART STUDIOS FUNCTION AS INCUBATOR SPACES AND PROVIDES STUDIOS, CLASSROOMS, PERFORMANCE, AND REHEARSAL SPACE FOR MANY OF THE CITY'S ARTS ORGANIZATIONS AND ARTISTS.

LVPAC PROVIDES THE BANKHEAD ON A RENTAL BASIS TO BOTH RESIDENT AND VISITING PERFORMANCE COMPANIES, AND FUNCTIONS AS A PRESENTER IN ITS OWN RIGHT, BRINGING TO LIVERMORE ARTISTS OF NATIONAL AND INTERNATIONAL

- 4b** (Code:) (Expenses \$ 100,228. including grants of \$) (Revenue \$ 55,545.)
- LVPAC OPERATES THE BOTHWELL ARTS CENTER, A MULTI-PURPOSE FACILITY FOR THE SUPPORT OF LOCAL VISUAL AND PERFORMING ARTISTS AND ORGANIZATIONS, UNDER A LEASE AGREEMENT WITH THE LIVERMORE AREA RECREATION AND PARK DISTRICT AND THE CITY OF LIVERMORE. THE BOTHWELL ARTS CENTER SERVES AS AN ARTS INCUBATOR, OFFERING AFFORDABLE AND RENTABLE CLASSROOM, REHEARSAL, PERFORMANCE, EVENT AND STUDIO RENTAL SPACE FOR ARTIST, MUSICIANS, THEATRICAL, ACTING, CHORAL, AND OTHER INDIVIDUALS AND GROUPS WITH A CULTURAL ARTS FOCUS. THE DOWNTOWN ARTS STUDIOS, A REFURNISHED COMMERCIAL BUILDING OWNED BY THE CITY OF LIVERMORE, PROVIDES STUDIO SPACE FOR LOCAL VISUAL ARTISTS.

- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

- 4e** Total program service expenses ▶ 3,551,230.

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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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	36	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	59	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	N/A	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders	N/A	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state?	N/A	
Note. See the instructions for additional information the organization must report on Schedule O.			
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

☒**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20		
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	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a		X
b		
10b		
11a	X	
b		
12a	X	
12b	X	
c		
12c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ 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 available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 REANNA BRADFORD - 925-373-6100
 2400 FIRST STREET, LIVERMORE, CA 94550

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP R. WENTE CHAIRMAN	1.00	X		X				0.	0.	0.
JOAN K. SEPPALA PRESIDENT	1.00	X		X				0.	0.	0.
MICHAEL BOCCHICCHIO TREASURER	1.00	X		X				0.	0.	0.
JEANETTE KING SECRETARY	1.00	X		X				0.	0.	0.
NANCY BANKHEAD DIRECTOR	1.00	X						0.	0.	0.
JAY DAVIS - TO 7/2013 DIRECTOR	1.00	X						0.	0.	0.
MICHAEL W. FABER DIRECTOR	1.00	X						0.	0.	0.
CHRIS GRANT DIRECTOR	1.00	X						0.	0.	0.
RON KHANNA - FROM 2013 DIRECTOR	1.00	X						0.	0.	0.
STEVE KING DIRECTOR	1.00	X						0.	0.	0.
JOSEPH MADDEN DIRECTOR	1.00	X						0.	0.	0.
LAYNE MARCEAU DIRECTOR	1.00	X						0.	0.	0.
MORTIMER L. MENDELSON - TO 7/2013 DIRECTOR	1.00	X						0.	0.	0.
REGINA LIANG MUEHLHAUSER - TO 7/2013 DIRECTOR	1.00	X						0.	0.	0.
THOMAS REITTER DIRECTOR	1.00	X						0.	0.	0.
DOUGLAS SIROTTA DIRECTOR	1.00	X						0.	0.	0.
CHARLES SMITH DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD TISHMAN	1.00									
DIRECTOR		X						0.	0.	0.
DENISE WATKINS	1.00									
DIRECTOR		X						0.	0.	0.
DONNA WILCOX	1.00									
DIRECTOR		X						0.	0.	0.
DALE KAYE - FROM 9/2013	1.00									
DIRECTOR		X						0.	0.	0.
AARON ORTIZ - FROM 9/2013	1.00									
DIRECTOR		X						0.	0.	0.
JEAN SHULER - FROM 7/2013	1.00									
DIRECTOR		X						0.	0.	0.
LEN ALEXANDER	40.00									
EXECUTIVE DIRECTOR				X				0.	0.	0.
TOM MIZTE	40.00									
EXECUTIVE DIRECTOR				X				12,669.	0.	0.
THEODORE GIATAS	40.00									
EXECUTIVE DIRECTOR				X				33,373.	0.	0.
1b Sub-total								46,042.	0.	0.
c Total from continuation sheets to Part VII, Section A								72,643.	0.	630.
d Total (add lines 1b and 1c)								118,685.	0.	630.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CARR MCCLELLAN INGERSOLL THOMPSON & HORN P.O. BOX 513, BURLINGAME, CA 94011-0513	LEGAL SERVICES	282,700.
COX, CASTLE, NICHOLSON, 2049 CENTURY PARK EAST, 28TH FLOOR, LOS ANGELES, CA 90067-32	LEGAL SERVICES	128,320.
MANAGEMENT CONSULTANTS FOR THE ARTS, INC., 400 MAIN STREET, SUITE 400, STAMFORD, CT	MANAGEMENT SERVICES	109,777.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 86,751.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 485,620.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,239,345.				
	g Noncash contributions included in lines 1a-1f: \$	218,350.				
	h Total. Add lines 1a-1f		1,811,716.			
	Program Service Revenue	2 a THEATER REVENUE	Business Code 711110	1,258,157.	1,258,157.	
b BOTHWELL STUDIO		711110	55,545.	55,545.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,313,702.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		57.			57.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 16,306.				
	b Less: rental expenses	(ii) Personal 0.				
	c Rental income or (loss)	16,306.				
	d Net rental income or (loss)		16,306.			16,306.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 2,387.				
	b Less: cost or other basis and sales expenses	(ii) Other 0. 8,835,205.				
	c Gain or (loss)	2,387. -8,835,205.				
	d Net gain or (loss)		-8,832,818.			-8,832,818.
	8 a Gross income from fundraising events (not including \$ 86,751. of contributions reported on line 1c). See Part IV, line 18	a 188,143.				
	b Less: direct expenses	b 213,499.				
	c Net income or (loss) from fundraising events		-25,356.			-25,356.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a 112,438.				
	b Less: cost of goods sold	b 59,765.				
	c Net income or (loss) from sales of inventory		52,673.			52,673.
Miscellaneous Revenue		Business Code				
11 a MISC REFUNDS	900099	3,904.	3,904.			
b QUALIFIED SPONSORSHIP	900099	1,000.			1,000.	
c						
d All other revenue						
e Total. Add lines 11a-11d		4,904.				
12 Total revenue. See instructions.		-5,658,816.	1,317,606.	0.	-8,788,138.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	119,315.	36,833.	73,273.	9,209.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	685,508.	565,994.	12.	119,502.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	149,052.	116,388.	13,962.	18,702.
10 Payroll taxes	80,158.	60,119.	7,214.	12,825.
11 Fees for services (non-employees):				
a Management	135,536.	67,768.	40,661.	27,107.
b Legal	191,230.		191,230.	
c Accounting	61,989.		61,989.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	52,632.			52,632.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,169.	2,885.	2,130.	1,154.
12 Advertising and promotion	190,879.	190,879.		
13 Office expenses	186,528.	167,327.	9,116.	10,085.
14 Information technology	74,342.	63,190.	5,576.	5,576.
15 Royalties				
16 Occupancy	132,403.	127,107.	2,648.	2,648.
17 Travel	25,602.	10,474.	6,483.	8,645.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	17,549.	16,847.	351.	351.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	822,502.	814,012.	4,245.	4,245.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LOAN FEES	612,714.	597,218.	7,359.	8,137.
b ARTIST PAYMENTS	580,761.	580,761.		
c FACILITY & EQUIPMENT	106,911.	106,911.		
d BOND AMORTIZATION	26,517.	26,517.		
e All other expenses	20,900.			20,900.
25 Total functional expenses. Add lines 1 through 24e	4,279,197.	3,551,230.	426,249.	301,718.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	914,914.	1	498,731.
	2 Savings and temporary cash investments	194,823.	2	4,920.
	3 Pledges and grants receivable, net	2,276,391.	3	1,737,940.
	4 Accounts receivable, net	15,142.	4	3,008.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,137.	9	7,696.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,184,375.		
	b Less: accumulated depreciation	10b 5,256,431.	19,750,447.	10c 18,927,944.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,119,177.	15	629,767.
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,296,031.	16	21,810,006.	
Liabilities	17 Accounts payable and accrued expenses	353,772.	17	505,227.
	18 Grants payable		18	
	19 Deferred revenue	241,586.	19	202,736.
	20 Tax-exempt bond liabilities	23,480,000.	20	22,470,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	125,000.
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	400,000.	24	875,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	24,475,358.	26	24,177,963.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,040,242.	27	-4,725,761.
	28 Temporarily restricted net assets	2,040,431.	28	1,617,804.
	29 Permanently restricted net assets	740,000.	29	740,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,820,673.	33	-2,367,957.
	34 Total liabilities and net assets/fund balances	32,296,031.	34	21,810,006.

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck 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	-5,658,816.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,279,197.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,938,013.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,820,673.
5	Net unrealized gains (losses) on investments	5	
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	-250,617.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-2,367,957.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

LIVERMORE VALLEY PERFORMING ARTS CENTER

Employer identification number

68-0419182

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5768926.	1544566.	1949765.	1177223.	1811716.	12252196.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5768926.	1544566.	1949765.	1177223.	1811716.	12252196.
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)						3577328.
6 Public support. Subtract line 5 from line 4.						8674868.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	5768926.	1544566.	1949765.	1177223.	1811716.	12252196.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,925.	5,887.	15,901.	17,712.	16,363.	87,788.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,205.	62,881.	4,741.	11,293.	4,904.	92,024.
11 Total support. Add lines 7 through 10						12432008.
12 Gross receipts from related activities, etc. (see instructions)					12	6,454,751.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	69.78	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	62.22	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2013**Name of the organization****Employer identification number**

LIVERMORE VALLEY PERFORMING ARTS CENTER

68-0419182

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization	Employer identification number
LIVERMORE VALLEY PERFORMING ARTS CENTER	68-0419182

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 485,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 46,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 113,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 186,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
LIVERMORE VALLEY PERFORMING ARTS CENTER	68-0419182

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 37,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 66,584.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LIVERMORE VALLEY PERFORMING ARTS CENTER

68-0419182

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	\$390 WINE - NON CASH; \$113,500 - CASH	\$ 390.	05/01/13
5	\$101,241 VARIOUS STOCKS - NONCASH; \$85,207 CASH	\$ 101,241.	01/24/13
7	\$200 EVENT TICKETS - NON CASH; \$37,500 - CASH	\$ 200.	02/20/13
8	\$25,084 SEVERAL EVENT TICKETS - NON CASH; \$41,500 - CASH	\$ 25,084.	05/13/13
		\$	

Name of organization	Employer identification number
LIVERMORE VALLEY PERFORMING ARTS CENTER	68-0419182

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

LIVERMORE VALLEY PERFORMING ARTS CENTER

Employer identification number

68-0419182

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		740,000.		740,000.
b Buildings		22,548,934.	4,696,671.	17,852,263.
c Leasehold improvements		21,729.	20,025.	1,704.
d Equipment		146,494.	137,920.	8,574.
e Other		727,218.	401,815.	325,403.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,927,944.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (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 tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

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

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

1	Total revenue, gains, and other support per audited financial statements	1	-5,397,671.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	201,380.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	201,380.
3	Subtract line 2e from line 1	3	-5,599,051.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-59,765.
c	Add lines 4a and 4b	4c	-59,765.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	-5,658,816.

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

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

1	Total expenses and losses per audited financial statements	1	4,540,342.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	201,380.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	59,765.
e	Add lines 2a through 2d	2e	261,145.
3	Subtract line 2e from line 1	3	4,279,197.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,279,197.

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 X, LINE 2:

EXPLANATION: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE CENTER IN THEIR FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

THE CENTER'S FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND STATE OF CALIFORNIA. THE CENTER'S FEDERAL RETURNS FOR THE TAX YEARS 2010 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE INTERNAL

Part XIII Supplemental Information (continued)

REVENUE SERVICE. THE CENTER'S CALIFORNIA RETURNS FOR THE TAX YEARS 2009
AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE FRANCHISE TAX
BOARD.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONCESSIONS EXPENSE -59,765.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONCESSIONS EXPENSE 59,765.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

LIVERMORE VALLEY PERFORMING ARTS CENTER

Employer identification number
68-0419182

Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BRAKELEY BRISCOE INC - 322 WEST BELLEVUE AVE, SAN MATEO,	FUNDRAISING CONSULTANTS - SEE PART IV		X	0.	21,169.	0.
ESSEX & DRAKE FUND RAISING COUNSEL - 1202 UNIVERSITY	FUNDRAISING CONSULTANTS - SEE PART IV		X	0.	31,000.	0.
Total					52,169.	

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

$$\overline{CA}$$

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

Revenue		(a) Event #1 LOBSTER CLAMBAKE	(b) Event #2 LVPAC PRESENTS JUD	(c) Other events 4	(d) Total events (add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
1	Gross receipts	155,016.	16,318.	103,560.	274,894.	
	2	Less: Contributions	66,778.	19,973.	86,751.	
	3	Gross income (line 1 minus line 2)	88,238.	16,318.	83,587.	188,143.
Direct Expenses	4	Cash prizes		500.	500.	
	5	Noncash prizes	1,248.		1,248.	
	6	Rent/facility costs	3,644.	652.	2,859.	7,155.
	7	Food and beverages	57,945.	2,892.	31,686.	92,523.
	8	Entertainment	2,750.		1,850.	4,600.
	9	Other direct expenses	82,266.	926.	24,280.	107,472.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				213,498.
11	Net income summary. Subtract line 10 from line 3, column (d)				-25,355.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ☐ _____Address ☐ _____

- 15a**
- Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ☐ \$ _____ and the amount of gaming revenue retained by the third party ☐ \$ _____

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

Name ☐ _____Address ☐ _____**16** Gaming manager information:Name ☐ _____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 retain the state gaming license? ☐ Yes ☐ No

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

Part IV

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BRAKELEY BRISCOE INC

(I) ADDRESS OF FUNDRAISER: 322 WEST BELLEVUE AVE, SAN MATEO, CA 94402

(I) NAME OF FUNDRAISER: ESSEX & DRAKE FUND RAISING COUNSEL

(I) ADDRESS OF FUNDRAISER: 1202 UNIVERSITY AVE, SAN JOSE, CA 95126

SCHEDULE G, PART I, LINE 2B

Part IV Supplemental Information (continued)

EXPLANATION: BRAKELEY BRISCOE PROVIDES ONLY FUNDRAISING CONSULTING TO THE ORGANIZATION. BRAKELEY BRISCOE WILL NOT AT ANY TIME SOLICIT FUNDS, ASSETS, OR PROPERTY FOR CHARITABLE PURPOSES AND WILL NOT RECEIVE OR CONTROL FUND, ASSETS, OR PROPERTY SOLICITED FOR CHARITABLE PURPOSES. THEREFORE NO REVENUE WAS DIRECTLY DERIVED AND IDENTIFIABLE FROM THE SERVICE PROVIDED BY BRAKELEY BRISCOE.

SCHEDULE G, PART I, LINE 2B

EXPLANATION: ESSEX & DRAKE FUND RAISING COUNSEL PROVIDES ONLY FUNDRAISING CONSULTING TO THE ORGANIZATION. ESSEX & DRAKE FUND RAISING COUNSEL WILL NOT AT ANY TIME SOLICIT FUNDS, ASSETS, OR PROPERTY FOR CHARITABLE PURPOSES AND WILL NOT RECEIVE OR CONTROL FUND, ASSETS, OR PROPERTY SOLICITED FOR CHARITABLE PURPOSES. THEREFORE NO REVENUE WAS DIRECTLY DERIVED AND IDENTIFIABLE FROM THE SERVICE PROVIDED BY ESSEX & DRAKE FUND RAISING COUNSEL.

**SCHEDULE K
(Form 990)**
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **LIVERMORE VALLEY PERFORMING ARTS CENTER**
Employer identification number **68-0419182**

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS												
Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	CALIFORNIA STATEWIDE A COMMUNITIES DEVELOPMENT	68-0164610	1309114M9	07/13/06	23830000.	COMMUNITY THEATRE ACQUISITION AND		X		X		X
B												
C												
D												

Part II Proceeds									
1	Amount of bonds retired			A		B		C	D
2	Amount of bonds legally defeased				1,360,000.				
3	Total proceeds of issue				24,755,359.				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds				1,086,511.				
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds				478,643.				
8	Credit enhancement from proceeds				1,795,165.				
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds				21,395,040.				
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion				2007				
				Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X				
15	Were the bonds issued as part of an advance refunding issue?				X				
16	Has the final allocation of proceeds been made?			X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X					

Part III Private Business Use									
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			A		B		C	D
				Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X				
					X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00	%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			%		%		%	
6 Total of lines 4 and 5		.00	%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	N/A							
c Term of hedge								
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b Name of provider	TRANSAMERICA LIFE I							
c Term of GIC	1.4000000							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?	X							
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: COMMUNITY THEATRE ACQUISITION AND CONSTRUCTION

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

LIVERMORE VALLEY PERFORMING ARTS CENTER

Employer identification number

68-0419182

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
DENISE WATKINS		TO SUPPO	X		125,000.	125,000.		X	X		X	
Total						125,000.						

Part III

► \$ 125,000.

Part III

Grants or Assistance Benefiting Interested Persons.

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOAN SEPPALA	MEMBER OF THE BOARD	36,473.	"THE INDEPE		X
LEN ALEXANDER	EXECUTIVE DIRECTOR	109,777.	THE ORGANIZ		X
TOM MIZTE	EXECUTIVE DIRECTOR	25,758.	THE ORGANIZ		X

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DENISE WATKINS

(C) PURPOSE OF LOAN: TO SUPPORT GENERAL OPERATIONS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOAN SEPPALA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF THE BOARD

(C) AMOUNT OF TRANSACTION \$ 36,473.

(D) DESCRIPTION OF TRANSACTION: "THE INDEPENDENT", A NEWSPAPER OWNED BY
JOAN SEPPALA (PRESIDENT) PROVIDED \$34,729 WORTH OF NEWSPAPER
ADVERTISEMENTS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LEN ALEXANDER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 109,777.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION CONTRACTED WITH
MANAGEMENT CONSULTANTS FOR THE ARTS, INC. TO ENLIST THE SERVICES OF LEN

Part V Supplemental Information

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

ALEXANDER, AN EMPLOYEE OF MANAGEMENT CONSULTANTS. LEN SERVED AS THE
EXECUTIVE DIRECTOR OF THE ORGANIZATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TOM MIZTE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
EXECUTIVE DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 25,758.

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION CONTRACTED WITH MITZE
PRODUCTIONS TO ENLIST THE SERVICES OF TOM MIZTE, THE PRESIDENT AND OWNER
OF MITZE PRODUCTIONS. TOM MITZE SERVED AS THE EXECUTIVE DIRECTOR FOR THE
ORGANIZATION FOR A PORTION OF 2013.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public
Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

LIVERMORE VALLEY PERFORMING ARTS CENTER

Employer identification number

68-0419182

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	2	116,370.	FMV
10 Securities - Closely held stock				
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				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	178	74,795.	SALES PROCEEDS
26 Other ▶ (SUPPLIES)	X	11	15,229.	COST
27 Other ▶ (SPECIAL EVENT)	X	10	11,956.	COST
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) (2013)

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.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

LIVERMORE VALLEY PERFORMING ARTS CENTER

Employer identification number

68-0419182

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC ENHANCEMENT OF BOTH THE CITY OF LIVERMORE AND THE SURROUNDING
TRI-VALLEY REGION.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EXPLANATION: DUE TO ACTIONS BEYOND THE ORGANIZATION'S CONTROL, IT WAS
DETERMINED THAT THE ORGANIZATION WOULD BE UNABLE TO CARRY ON WITH THE
REGIONAL THEATER BUILD OUT AND DEVELOPMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

STATURE. LVPAC COORDINATES THE RAY DOROUGH SPEAKERS SERIES, WHOSE
SPEAKERS INCLUDE RENOWNED SCIENTISTS, WRITERS AND ARTISTS. FINALLY,
LVPAC PROVIDES STUDENT MATINEE PERFORMANCES AND ARTISTS' CLASSROOM
WORKSHOPS FOR SCHOOL CHILDREN ACROSS THE TRI-VALLEY.

DURING 2013, OVER 160 PUBLIC EVENTS TOOK PLACE IN THE BANKHEAD THEATER;
MORE THAN 65,000 ATTENDEES ENJOYED PERFORMANCES BY SUCH ATTRACTIONS AS
THE LIVERMORE VALLEY OPERA, VALLEY DANCE THEATER, BIG BAD VODOO DADDY,
ROCKAPELLA, OTTMAR LIEBERT, CALIFORNIA THEATRE CENTER, THE CAPITOL
STEPS, LINES BALLET, ARLO GUTHRIE, THE LETTERMEN, TRI-VALLEY REPERTORY
THEATRE, AND THE LIVERMOREAMADOR SYMPHONY. LVPAC AGAIN HOSTED ITS
ANNUAL GUITAR FESTIVAL, WHICH BROUGHT VISITORS TO DOWNTOWN LIVERMORE
AND ALSO PRESENTED TUESDAY TUNES AND FRIDAY NIGHTS LIVE, A SERIES OF 30
FREE OUTDOOR CONCERT EVENTS IN THE PLAZA LOCATED IN FRONT OF THE
BANKHEAD THEATER. A CORNERSTONE OF LIVERMORE'S DOWNTOWN

REVITALIZATION, THE LIVERMORE VALLEY PERFORMING ARTS CENTER AND THE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization	LIVERMORE VALLEY PERFORMING ARTS CENTER	Employer identification number	68-0419182
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BANKHEAD THEATER, PLAY A VIBRANT ROLE IN THE CULTURAL AND ECONOMIC LIFE OF THE CITY OF LIVERMORE AND THE SURROUNDING TRI-VALLEY REGION.

FORM 990, PART VI, SECTION A, LINE 3:

EXPLANATION: THE CENTER CONTRACTED WITH MANAGEMENT CONSULTANTS FOR THE ARTS, INC. (MCA) TO PROVIDE MANAGEMENT SERVICES TO THE ORGANIZATION. LEN ALEXANDER, WHO IS AN EMPLOYEE OF MCA WORKED AS EXECUTIVE DIRECTORS FOR THE CENTER. IN TURN, THE CENTER PAYS MCA AN ANNUAL FEE FOR SERVICE PROVIDED. TOTAL FEES PAID FOR YEAR 2013 WERE \$109,777.

THE CENTER ALSO CONTRACTED WITH MITZE PRODUCTIONS UPON THE TERMINATION OF THE CONTRACT WITH MCA TO ENLIST THE SERVICES OF TOM MITZE. TOM SERVED AS EXECUTIVE DIRECTOR FOR A PERIOD IN 2013. TOTAL FEES PAID TO MITZE PRODUCTIONS IN 2013 WERE \$25,758.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: FORM 990 IS PREPARED BY THE ORGANIZATION'S AUDIT FIRM AND STAFF, REVIEWED BY THE BOARD FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EACH DIRECTOR AND OFFICER ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTAND THE POLICY AND WILL COMPLY WITH IT. THE ORGANIZATION'S EXECUTIVE DIRECTOR MONITORS THE ORGANIZATION'S ACTIVITIES AND TRANSACTIONS THAT COME BEFORE THE BOARD FOR ANY POTENTIAL CONFLICT OF INTEREST IN ORDER TO ENSURE COMPLIANCE WITH EXISTING POLICIES.

Name of the organization	LIVERMORE VALLEY PERFORMING ARTS CENTER	Employer identification number 68-0419182
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FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIALS INCLUDES COMPARABILITY DATA AND OUTSIDE RESEARCH. THE COMPENSATION IS APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: LVPAC MAKES ITS GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNCOLLECTIBLE PLEDGES -250,617.

FORM 990, SCHEDULE K, PART I, COLUMN F:

EXPLANATION: THE LIVERMORE VALLEY PERFORMING ARTS CENTER (LVPAC) WAS FORMED TO PROVIDE TWO THEATRICAL VENUES FOR COMMUNITY USE. THE 500-SEAT BANKHEAD THEATER WAS COMPLETED IN 2007. LVPAC'S MISSION WAS SPECIFICALLY DESCRIBED IN ITS TAX EXEMPT PURPOSES FILING AS "SUPPORTING TRI-VALLEY NONPROFIT PERFORMING ARTS GROUPS AND BE AVAILABLE TO SCHOOLS AND COLLEGES, GOVERNMENT LABORATORIES AND BUSINESSES FOR CULTURAL AND EDUCATIONAL ACTIVITIES." TO THAT END, LVPAC RENTS THE BANKHEAD THEATER TO A WIDE RANGE OF USER GROUPS ON A SHORT TERM BASIS IN FURTHERANCE OF ITS MISSION.

FORM 990, PART VII, SECTION B. INDEPENDENT CONTRACTORS

EXPLANATION: THE ORGANIZATION PAYS LEGAL FEES TO INDEPENDENT CONTRACTORS FOR SERVICES RELATING TO THE CONSTRUCTION OF THE BANKHEAD THEATER AND THE ISSUANCE OF THE TAX EXEMPT BOND. THESE FEES ARE NOT

REFLECTED IN THE FUNCTIONAL EXPENSES IN PART IX OF THE CORE 990 BECAUSE

Name of the organization

LIVERMORE VALLEY PERFORMING ARTS CENTER

Employer identification number

68-0419182

THEY'RE CAPITALIZED INTO THE CONSTRUCTION OR BOND ISSUANCE
RESPECTIVELY.

FORM 990, PART VIII, LINE 7(B), COLUMN (II);

EXPLANATION: IMPAIRMENT OF FIXED ASSETS:

THE CENTER HAS INCURRED CONSTRUCTION IN PROGRESS EXPENDITURES TOTALING \$6,619,136 AND BOND ISSUANCE COSTS OF \$2,216,069 AS OF DECEMBER 31, 2013 RELATING TO THE SITE AND DESIGN DEVELOPMENT PHASE FOR A 2000-SEAT (REGIONAL) THEATER. COSTS INCLUDE ARCHITECTURAL, LEGAL AND CONSULTING FEES AND OTHER RELATED COSTS. IN 2011 THE STATE OF CALIFORNIA ADOPTED LEGISLATION THAT DISSOLVED THE STATE'S REDEVELOPMENT AGENCIES. THIS ACTION, WHICH WAS BEYOND THE CENTER'S CONTROL, HAS MADE THE FUTURE OF LVPAC'S REGIONAL THEATER PROJECT UNCLEAR. IN 2013 MANAGEMENT CONCLUDED THAT IT WOULD BE DIFFICULT FOR LVPAC TO PROCEED WITH THE REGIONAL THEATER. ACCORDINGLY, IN 2013 IMPAIRMENT LOSSES HAVE BEEN RECOGNIZED IN THE STATEMENT OF ACTIVITIES IN THE AMOUNT OF THE COSTS.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
2	BUILDING	VARI	ESSL	39.00	16	22533187.			22533187.	3941118.		751,914.
5	BUILDING	0801	10SL	20.00	16	3,428.			3,428.	285.		171.
	SUNSHADE FOR BOX	0501	11SL	10.00	16	12,319.			12,319.	1,951.		1,232.
10	OFFICE WINDOW											
	* 990 PAGE 10 TOTAL					22548934.		0.	22548934.	3943354.	0.	753,317.
	BUILDINGS											
	FURNITURE & FIXTURES											
3	FURNITURE AND FIXTURES	VARI	ESSL	7.00	16	711,864.			711,864.	334,919.		63,481.
9	BENCHES FOR LOBBY	1101	11SL	10.00	16	10,492.			10,492.	1,136.		1,049.
13	POSTER SIGNS	1231	12SL	7.00	16	1,741.			1,741.			248.
	* 990 PAGE 10 TOTAL					724,097.		0.	724,097.	336,055.	0.	64,778.
	FURNITURE & FIXTURES											
	MACHINERY & EQUIPMENT											
6	MAIL SERVER	1001	10SL	5.00	16	3,997.			3,997.	1,731.		799.
7	NETWORK SERVER	0901	11SL	5.00	16	9,968.			9,968.	2,659.		1,994.
	BOX OFFICE											
8	COMPUTERS (3)	1231	11SL	5.00	16	2,988.			2,988.	597.		598.
12	COMPUTERS	VARI	ESSL	5.00	16	129,541.			129,541.	129,542.		0.
	* 990 PAGE 10 TOTAL					146,494.		0.	146,494.	134,529.	0.	3,391.
	MACHINERY & EQUIPM											
	LAND											
11	LAND	VARI	ESSL			740,000.			740,000.			0.

328102
06-01-13

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

990

328102
05-01-13

45

*** ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction**