

California Exempt Organization
Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization Name: **BAY AREA VIDEO COALITION, INC.** California corporation number: **0804562**

Additional Information, See instructions. FEIN: **94-2403876**

Street address (suite or room): **2727 MARIPOSA STREET, NO. 2FLR** PMB no. _____

City: **SAN FRANCISCO** State: **CA** ZIP code: **94110**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First Return Yes No

B Amended Return Yes No

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

D Final Information Return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized Enter date: (mm/dd/yyyy) _____

E Check accounting method:
 (1) Cash (2) Accrual (3) Other

F Federal return filed?
 (1) 990T (2) 990-PF (3) Sch H (990)

G Is this a group filing? See instructions. Yes No

H Is this organization in a group exemption? Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is an IRS Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|-----------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 885,381.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 24,488.00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received | 3 | 3,847,906.00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B | 4 | 4,757,775.00 |
| | 5 | Cost of goods sold | 5 | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 4,757,775.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 4,645,525.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 112,250.00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | 10.00 |
| | 12 | Total payments | 12 | 00 |
| | 13 | Penalties and interest. See General Instruction J | 13 | 00 |
| | 14 | Use tax. See General Instruction K | 14 | 00 |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 10.00 |

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

Sign Here
 Signature of officer: _____ Title: **EXECUTIVE DIRE** Date: _____ Telephone: _____

Paid Preparer's Use Only
 Preparer's signature: **W. NOEL MCNABOLA** Date: **09/11/15** Check if self-employed: PTIN: **P00181055**
 Firm's name (or yours, if self-employed) and address: **PMB HELIN DONOVAN, LLP**
505 SANSOME STREET, SUITE 850
SAN FRANCISCO, CA 94111 Telephone: **74-3001153**
415-399-1330

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

| | | | | | | |
|------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----|--------------|--------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 00 | |
| | 2 | Interest | • | 2 | 00 | |
| | 3 | Dividends | • | 3 | 00 | |
| | 4 | Gross rents | • | 4 | 00 | |
| | 5 | Gross royalties | • | 5 | 00 | |
| | 6 | Gross amount received from sale of assets (See Instructions) | • | 6 | 00 | |
| | 7 | Other income | • | 7 | 885,381.00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 885,381.00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | 00 | |
| | 10 | Disbursements to or for members | • | 10 | 00 | |
| | 11 | Compensation of officers, directors, and trustees | • | 11 | 114,518.00 | |
| | 12 | Other salaries and wages | • | 12 | 1,610,362.00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | 2,522.00 |
| | | 14 | Taxes | • | 14 | 152,038.00 |
| | | 15 | Rents | • | 15 | 458,757.00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 28,969.00 |
| | | 17 | Other Expenses and Disbursements | • | 17 | 2,278,359.00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 4,645,525.00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---------------------------------------------------|----------------------------------|------------|----------------------------|------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 381,951. | | • 309,131. |
| 2 | Net accounts receivable | | 524,746. | | • 439,687. |
| 3 | Net notes receivable | | | | • |
| 4 | Inventories | | 2,856. | | • 2,437. |
| 5 | Federal and state government obligations | | | | • |
| 6 | Investments in other bonds | | | | • |
| 7 | Investments in stock | | | | • |
| 8 | Mortgage loans | | | | • |
| 9 | Other investments | | | | • |
| 10 | a Depreciable assets | 1,730,542. | | 1,732,504. | |
| | b Less accumulated depreciation | (1,672,063.) | 58,479. | (1,646,150.) | 86,354. |
| 11 | Land | | | | • |
| 12 | Other assets STMT 6 | | 298,884. | | • 314,481. |
| 13 | Total assets | | 1,266,916. | | 1,152,090. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 396,495. | | • 346,529. |
| 15 | Contributions, gifts, or grants payable | | | | • |
| 16 | Bonds and notes payable | | | | • |
| 17 | Mortgages payable | | 118,502. | | • |
| 18 | Other liabilities STMT 7 | | 340,502. | | • 281,894. |
| 19 | Capital stock or principal fund | | | | • |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 | Retained earnings or income fund | | 411,417. | | • 523,667. |
| 22 | Total liabilities and net worth | | 1,266,916. | | 1,152,090. |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | | | |
|---|--------------------------------------------------------------------------------|------------|----|-------------------------------------------------------------------------------|-----------|
| 1 | Net income per books | • 112,250. | 7 | Income recorded on books this year not included in this return. STMT 9 | • 71,107. |
| 2 | Federal income tax | • | 8 | Deductions in this return not charged against book income this year | • |
| 3 | Excess of capital losses over capital gains | • | 9 | Total. Add line 7 and line 8 | 71,107. |
| 4 | Income not recorded on books this year | • | 10 | Net income per return. | |
| 5 | Expenses recorded on books this year not deducted in this return STMT 8 | • 71,107. | | Subtract line 9 from line 6 | 112,250. |
| 6 | Total. Add line 1 through line 5 | 183,357. | | | |

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|-----------------------------------------|---------------------------------------------------------------------------|--------------|----------|
| ADOBE FOUNDATION | 345 PARK AVENUE SAN JOSE, CA 95110 | 12/31/14 | 139,948. |
| ANDREW W. MELLON FOUNDATION | 140 EAST 62ND STREET NEW YORK, NY 10021 | 12/31/14 | 140,000. |
| ANDY WARHOL FOUNDATION | 65 BLEECKER STREET, 7TH FLOOR NEW YORK, NY 10012 | 12/31/14 | 120,000. |
| GGG FOUNDATION | 1660 BUSH STREET SUITE 300 SAN FRANCISCO, CA 94109 | 12/31/14 | 30,000. |
| THE KIMBALL FOUNDATION | 1660 BUSH STREET SUITE 300 SAN FRANCISCO, CA 94109 | 12/31/14 | 30,000. |
| KNIGHT FOUNDATION | WACHOVIA FIN CTR, STE 3300, 200 SOUTH BISCAYNE BLVD MIAMI, FL 33131 | 12/31/14 | 35,000. |
| MACARTHUR FOUNDATION (VIA INN) | 17514 VENTURA BLVD. #103 ENCINO, CA 91316 | 12/31/14 | 50,000. |
| TWITTER FOUNDATION | 1355 MARKET STREET SAN FRANCISCO, CA 94103 | 12/31/14 | 30,000. |
| WALTER & ELISE HAAS FUND | ONE LOMBARD STREET, SUITE 305 SAN FRANCISCO, CA 94111 | 12/31/14 | 50,000. |
| WILLIAN AND FLORA HEWLETT FOUNDATION | 2121 SAND HILL ROAD MENLO PARK, CA 94025 | 12/31/14 | 240,000. |
| WELLS FARGO FOUNDATION | 333 MARKET STREET 24TH FLOOR MAC A0112-104 SAN FRANCISCO, CA 94104 | 12/31/14 | 15,000. |
| CALIFORNIA HUMANITIES | 312 SUTTER STREET, SUITE 601 SAN FRANCISCO, CA 94108 | 12/31/14 | 10,000. |
| DAVID & RENETTE BERMAN | 100 YORKVILLE AVENUE TORONTO, ONTARIO, CANADA M5R 2C3 | 12/31/14 | 15,000. |
| FRIENDS OF SAN FRANCISCO | 710 VAN NESS AVENUE SAN FRANCISCO, CA 94102 | 12/31/14 | 20,000. |
| TOTAL INCLUDED ON LINE 3 | | | 924,948. |

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|-----------------------------------------------------------------------------------|------------------------------------|----------------|
| BATHSHEBA MALSHEEN 2727 MARIPOSA STREET, NO. 2FLR SAN FRANCISCO, CA 94110 | BOARD PRESIDENT 2.00 | 0. |
| NEIL O'DONNELL 2727 MARIPOSA STREET, NO. 2FLR SAN FRANCISCO, CA 94110 | BOARD VICE PRESIDENT 2.00 | 0. |
| JASON KIPNIS 2727 MARIPOSA STREET, NO. 2FLR SAN FRANCISCO, CA 94110 | TREASURER 2.00 | 0. |
| KATY JOHNSON 2727 MARIPOSA STREET, NO. 2FLR SAN FRANCISCO, CA 94110 | BOARD MEMBER 2.00 | 0. |
| ANGELA JONES 2727 MARIPOSA STREET, NO. 2FLR SAN FRANCISCO, CA 94110 | BOARD MEMBER 2.00 | 0. |
| EDGARDO CERVANO-SOTO 2727 MARIPOSA STREET, NO. 2FLR SAN FRANCISCO, CA 94110 | BOARD MEMBER 2.00 | 0. |
| DAWN VALADEZ 2727 MARIPOSA STREET, NO. 2FLR SAN FRANCISCO, CA 94110 | BOARD MEMBER 2.00 | 0. |
| ANDY WASKLEWICZ 2727 MARIPOSA STREET, NO. 2FLR SAN FRANCISCO, CA 94110 | BOARD MEMBER 2.00 | 0. |
| CAROL VARNEY 2727 MARIPOSA STREET, NO. 2FLR SAN FRANCISCO, CA 94110 | EXECUTIVE DIRECTOR 35.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | <hr/> 0. <hr/> |

| | | | |
|----------|----------------|-----------|---|
| FORM 199 | OTHER EXPENSES | STATEMENT | 5 |
|----------|----------------|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------------|------------|
| EXPENDABLE EQUIPMENT | 222,559. |
| CLIENT STIPENDS | 156,221. |
| OPERATIONS | 56,788. |
| TELEPHONE | 29,078. |
| OTHER EMPLOYEE BENEFITS | 185,040. |
| ACCOUNTING FEES | 30,000. |
| OTHER PROFESSIONAL FEES | 1,355,632. |
| ADVERTISING AND PROMOTION | 13,171. |
| TRAVEL | 82,621. |
| CONFERENCES AND CONVENTIONS | 8,252. |
| INSURANCE | 33,316. |
| ALL OTHER EXPENSES | 105,681. |
| TOTAL TO FORM 199, PART II, LINE 17 | 2,278,359. |

| | | | |
|----------|--------------|-----------|---|
| FORM 199 | OTHER ASSETS | STATEMENT | 6 |
|----------|--------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|----------------------------------------|--------------|-------------|
| PLEDGES AND GRANTS RECEIVABLE | 232,575. | 274,948. |
| PREPAID EXPENSES AND DEFERRED CHARGES | 56,028. | 29,239. |
| DEPOSITS | 10,281. | 10,294. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 298,884. | 314,481. |

| | | | |
|----------|-------------------|-----------|---|
| FORM 199 | OTHER LIABILITIES | STATEMENT | 7 |
|----------|-------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|----------------------------------------|--------------|-------------|
| DEFERRED RENT | 158,322. | 175,483. |
| DEFERRED REVENUE | 182,180. | 106,411. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 340,502. | 281,894. |

TAXABLE YEAR
2014

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|---------------------------------------|--------------------|
| Exempt Organization name | Identifying number |
| BAY AREA VIDEO COALITION, INC. | 94-2403876 |

Part I Electronic Return Information (whole dollars only)

| | |
|--------------------------------------------------------------|------------------------------|
| 1 Total gross receipts (Form 199, line 4) | 1 <u>4,757,775.00</u> |
| 2 Total gross income (Form 199, line 8) | 2 <u>4,757,775.00</u> |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 <u>4,645,525.00</u> |

Part II Settle Your Account Electronically for Taxable Year 2014

| | | |
|------------------------------------------------------|------------------|----------------------------------------|
| <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|------------------------------------------------------|------------------|----------------------------------------|


Part III Banking Information (Have you verified the exempt organization's banking information?)

| | |
|-------------------------|----------------------------------------------------------------------------------------------|
| 5 Routing number | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number | |

Part IV Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**


Sign Here    Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|----------------------|-----------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------|-------------------------------------------------|------------|
| ERO Must Sign | ERO's signature  | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN |
| | W. NOEL MCNABOLA | | | | |
| | Firm's name (or yours if self-employed) and address | FEIN | ZIP Code | | |
| | PMB HELIN DONOVAN, LLP 505 SANSOME STREET, SUITE 850 SAN FRANCISCO, CA | 74-3001153 | 94111 | | |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------|----------------------|
| Paid Preparer Must Sign | Paid preparer's signature  | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| | W. NOEL MCNABOLA | 09/11/15 | | P00181055 |
| | Firm's name (or yours if self-employed) and address | FEIN | ZIP Code | |
| | PMB HELIN DONOVAN, LLP 505 SANSOME STREET, SUITE 850 SAN FRANCISCO, CA | 74-3001153 | 94111 | |