

## Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

B Check if applicable:

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

CHILDREN'S CREATIVITY MUSEUM  
221 FOURTH STREET  
SAN FRANCISCO, CA 94103

COPY

D Employer Identification Number

94-3178735

E Telephone number

415-820-3320

G Gross receipts \$ 1,921,683.

F Name and address of principal officer: JOHN GONZALEZ  
SAME AS C ABOVEH(a) Is this a group return for subordinates? Yes ☐ No ☒H(b) Are all subordinates included? Yes ☐ No ☐  
If 'No,' attach a list. (see instructions)I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CREATIVITY.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998

M State of legal domicile: CA

## Part I Summary

|                             |                                                                |                                                                                                                                                                                                                                                                                                                                                   |                                                         |
|-----------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Activities & Governance     | 1                                                              | Briefly describe the organization's mission or most significant activities: <u>THE CHILDREN'S CREATIVITY MUSEUM (CCM) IS SAN FRANCISCO'S HANDS-ON, DIGITAL MEDIA ARTS AND TECHNOLOGY EXPERIENCE FOR KIDS. OUR MISSION IS TO NURTURE THE 3CS OF 21ST-CENTURY SKILLS - CREATIVITY, COLLABORATION AND COMMUNICATION - IN ALL YOUTH AND FAMILIES.</u> |                                                         |
|                             | 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)                                                                                                                                                                                                                                                                                 | 16                                                      |
|                             | 4                                                              | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                     | 16                                                      |
|                             | 5                                                              | Total number of individuals employed in calendar year 2013 (Part V, line 2a)                                                                                                                                                                                                                                                                      | 107                                                     |
|                             | 6                                                              | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                | 35                                                      |
|                             | 7a                                                             | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                              | 0.                                                      |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34 | 0.                                                                                                                                                                                                                                                                                                                                                |                                                         |
| Revenue                     | 8                                                              | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                     | Prior Year 1,524,253. Current Year 1,106,726.           |
|                             | 9                                                              | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                      | 704,145. 764,582.                                       |
|                             | 10                                                             | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                     | -704. 4,980.                                            |
|                             | 11                                                             | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                          | 66,614. -13,522.                                        |
|                             | 12                                                             | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                | 2,294,308. 1,862,766.                                   |
| Expenses                    | 13                                                             | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                                                                                                                                                  |                                                         |
|                             | 14                                                             | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                     |                                                         |
|                             | 15                                                             | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                                                                                                                                                 | 1,362,141. 1,424,686.                                   |
|                             | 16a                                                            | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                     |                                                         |
|                             | 16b                                                            | Total fundraising expenses (Part IX, column (D), line 25) ▶ 299,484.                                                                                                                                                                                                                                                                              |                                                         |
| Net Assets or Fund Balances | 17                                                             | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                                                                                                                                      | 1,162,074. 563,249.                                     |
|                             | 18                                                             | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                         | 2,524,215. 1,987,935.                                   |
|                             | 19                                                             | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                                                                                                                                              | -229,907. -125,169.                                     |
|                             | 20                                                             | Total assets (Part X, line 16)                                                                                                                                                                                                                                                                                                                    | Beginning of Current Year 413,594. End of Year 393,026. |
|                             | 21                                                             | Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                               | 94,686. 199,287.                                        |
| 22                          | Net assets or fund balances. Subtract line 21 from line 20     | 318,908. 193,739.                                                                                                                                                                                                                                                                                                                                 |                                                         |

## 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              | Tax Return Prepared by                                                |                      | Date             |
|                        | KATHERINE E. REGALIA & ASSOCIATES<br>Type or print name and title     |                      | INTERIM EXEC DIR |
| Paid Preparer Use Only | Print/Type preparer's name                                            | Preparer's signature | Date             |
|                        | DOUGLAS W. REGALIA                                                    | DOUGLAS W. REGALIA   |                  |
|                        | Firm's name ▶ REGALIA & ASSOCIATES, CPAS                              |                      |                  |
|                        | Firm's address ▶ 103 TOWN & COUNTRY DR., STE. K<br>DANVILLE, CA 94526 |                      |                  |
|                        | Check <input type="checkbox"/> if self-employed                       | PTIN                 |                  |
|                        |                                                                       | P00186389            |                  |
|                        | Firm's EIN ▶ 68-0260103                                               |                      |                  |
|                        | Phone no. 925-314-0390                                                |                      |                  |

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.

☒

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 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 and section 4947(a)(1) trusts 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 \$ 1,084,099. including grants of \$ ) (Revenue \$ )

**VISITOR EXPERIENCE**

THE CHILDREN'S CREATIVITY MUSEUM SERVED A TOTAL OF 83,079 VISITORS THROUGH OUR GENERAL ADMISSIONS EXPERIENCE; THIS IS THE FIRST TIME WE HAVE SURPASSED THE 80K-MILESTONE IN OUR 15-YEAR HISTORY. OUR GREATEST GROWTH HAS BEEN IN OUR AUDIENCE OF VISITORS, AGES 5 AND UNDER - OUR NEXT GENERATION OF MUSEUM-GOERS. THE EXPANSION OF OUR AUDIENCE PROVIDES AN OPPORTUNITY FOR US TO BUILD ON OUR "CONTINUUM OF LEARNING," WHICH FOLLOWS THE PROGRESSIVE DEVELOPMENT OF CHILDREN FROM CREATIVE EXPLORATION TO CONFIDENCE TO EXPRESSION TO CREATIVE LEADERSHIP.

OUR EDUCATION TEAM CONTINUES TO BUILD ON OUR "IMAGINE/CREATE/SHARE" FRAMEWORK FOR 21ST-CENTURY LEARNING, DRAWING FROM THE CUTTING-EDGE DESIGN THINKING OF PARTNERS LIKE IDEO AND STANFORD UNIVERSITY'S LEARNING, DESIGN, AND (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 177,998. including grants of \$ ) (Revenue \$ )

**EDUCATION**

FIELD TRIPS: IN THE SPAN OF TWO BRIEF HOURS, STUDENTS LEARN THE BASICS OF CREATIVE EXPRESSION IN ONE OF SIX CREATIVE PROCESSES, INCLUDING STOP-MOTION CLAY ANIMATION AND MUSIC VIDEO PRODUCTION. STUDENTS WORK TOGETHER TO STORYBOARD; GENERATE ACTIONABLE IDEAS FOR PROJECTS; PROTOTYPE AND EXPERIMENT WITH MULTIMEDIA TOOLS; AND PRODUCE AND ASSESS THEIR OWN ORIGINAL COLLABORATIVE MEDIA ART PROJECTS. IN THE 2012-13 ACADEMIC YEAR, CCM WAS ABLE TO SERVE 6,572 K-12 STUDENTS AND TEACHERS WITH DIGITAL MEDIA PROJECT-BASED LEARNING. NEARLY 25 PERCENT OF THESE FIELD TRIPS WERE FEE-WAIVED, MAKING IT POSSIBLE FOR STUDENTS TO RECEIVE INNOVATIVE, DIGITAL ARTS AND TECHNOLOGY PROGRAMMING THAT THEY WOULD NOT HAVE OTHERWISE RECEIVED IN THE CLASSROOM.

(CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 120,933. including grants of \$ ) (Revenue \$ )

**EXHIBITS**

EXHIBITS & PROGRAMS: AT CCM, WE ARE TRANSFORMING THE WAY KIDS LEARN. WE MOVE FROM THE CONVENTIONAL CHILDREN'S MUSEUM APPROACH OF PLAY TO ONE OF INVENTION. WE SHIFT THE FOCUS FROM MEDIA CONSUMPTION TO MEDIA PRODUCTION. WE PROMOTE COLLABORATION OVER INDEPENDENCE AND ENGAGEMENT OVER ISOLATION. THESE PRINCIPLES - COMBINED WITH OUR EDUCATIONAL APPROACH THAT ENCOURAGES KIDS TO IMAGINE, CREATE AND SHARE - PROVIDE A NEW MODEL FOR NURTURING CORE 21ST-CENTURY SKILLS. EACH YEAR, WE SERVE APPROXIMATELY 90,000 KIDS AND FAMILIES THROUGH OUR HANDS-ON, INTERACTIVE EXHIBITS AND ACTIVITIES FOR AGES 2 TO 12. OFFERINGS INCLUDE: STOP-MOTION CLAY ANIMATION, MUSIC VIDEO PRODUCTION, DIGITAL VISUAL ART, AND GREEN-SCREEN LIVE PERFORMANCE.

(CONTINUED ON SCHEDULE O)

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

(Expenses \$ 106,443. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 1,489,473.

**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 (see instructions)?                                                                                                                                                                                                          | 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 <b>Section 501(c)(3) organizations.</b> 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 (see instructions).                                                                                            |     | 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>                                                                                                     |     | X  |
| <b>22</b> 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 II.</i>                                                                                                             |     | X  |
| <b>23</b> 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  |
| <b>24a</b> 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  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                       |     |    |
| <b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                          |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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  |
| <b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>                                      |     | X  |
| <b>26</b> 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  |
| <b>27</b> 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  |
| <b>28</b> 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):                                                                                                                     |     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>                                                                                                                                                                                                  |     | X  |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>                                                                                                                                                                               |     | X  |
| <b>28c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>                                                                                                                                                                                                  | X   |    |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>                                                                                                                                                                                        |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>                                                                                                                                                                         |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                          |     | X  |
| <b>35b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>                                                                                        |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> 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  |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.                                                                                                                              | X   |    |

BAA

Form 990 (2013)



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

|                                                                                                                                                                                                                                                                               | Yes  | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| <b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float: right;">15</span>                                                                                                                                                |      |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float: right;">0</span>                                                                                                                                                |      |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                             | X    |    |
| <b>2 a</b> 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. <span style="float: right;">107</span>                                              |      |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                   | X    |    |
| <b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                      |      | X  |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O                                                                                                                                                           |      |    |
| <b>4 a</b> 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  |
| <b>b</b> If 'Yes,' enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                   |      |    |
| <b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                              |      | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                     |      | X  |
| <b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                   |      |    |
| <b>6 a</b> 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  |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                        |      |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                        |      |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                      |      | X  |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                      |      |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                 |      | X  |
| <b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float: right;">7 d</span>                                                                                                                                                            |      |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                      |      | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                         |      | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                     |      |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                   |      |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |      |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                            |      |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                              |      |    |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                               |      |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                             |      |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                             | 10 a |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                          | 10 b |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                            |      |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                                            | 11 a |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                         | 11 b |    |
| <b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                        | 12 a |    |
| <b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                | 12 b |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                    |      |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                     | 13 a |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                                            | 13 b |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                                                 | 13 c |    |
| <b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                        | 14 a | X  |
| <b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O                                                                                                                                                            | 14 b |    |



**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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1 a</b> 16                                                                                                                 |     |    |
| 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. SEE SCH. O           |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 16                                                                                                                    |     |    |
| <b>2</b> 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  |
| <b>3</b> 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  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | X  |
| <b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                | 7 a | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .                                                     | 7 b | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                             |     |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                 | 8 a | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8 b | X  |
| <b>9</b> 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| <b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | 10 a | X  |
| <b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .                                                                    | 10 b |    |
| <b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | 11 a | X  |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O                                                                                                                                                                                            |      |    |
| <b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .                                                                                                                                                                                                     | 12 a | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                           | 12 b | X  |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O                                                                                                                                      | 12 c | X  |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    | 13   | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               | 14   | X  |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                   |      |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . . SEE SCHEDULE O                                                                                                                                                                                                         | 15 a | X  |
| <b>b</b> Other officers of key employees of the organization . . . . . SEE SCHEDULE O                                                                                                                                                                                                                            | 15 b | X  |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)                                                                                                                                                                                                                             |      |    |
| <b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | 16 a | X  |
| <b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16 b |    |

**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 (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ KATE PIONTEK 221 FOURTH STREET SAN FRANCISCO CA 94103 415.820.3343

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check 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****1 a** 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)<br>Name and Title              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                    |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) JOHN GONZALEZ<br>CHAIR         | 2<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) BILL RUSITZKY<br>VICE CHAIR    | 2<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) JON DEANE<br>TREASURER         | 2<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) ANDY PROEHL<br>SECRETARY       | 2<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) NATE CHANG<br>DIRECTOR         | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (6) ASIT GOEL<br>DIRECTOR          | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) HELEN HAN<br>DIRECTOR          | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) MICHAEL C. MANKINS<br>DIRECTOR | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) DANIELLE MERIDA<br>DIRECTOR    | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) SUNITA MOHANTY<br>DIRECTOR    | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) LINDA PFATTEICHER<br>DIRECTOR | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) AMY SEZAK<br>DIRECTOR         | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) DENNIS SULLIVAN<br>DIRECTOR   | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (14) MELISSA WILLA<br>DIRECTOR     | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |



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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee |                                                                      |                                                                           |                                                                                               |
| (15) MAI MAI WYTHES<br>DIRECTOR                                | 1.5<br>0                                                                                   | X                                                                                                         |                       |         |              |                              | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (16) MICHAEL NOBLEZA<br>EXEC DIRECTOR                          | 40<br>0                                                                                    |                                                                                                           |                       | X       |              |                              | 117,333.                                                             | 0.                                                                        | 4,368.                                                                                        |
| (17)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (18)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (19)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (20)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (21)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (22)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (23)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| <b>1 b Sub-total</b>                                           |                                                                                            |                                                                                                           |                       |         |              |                              | 117,333.                                                             | 0.                                                                        | 4,368.                                                                                        |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              | 117,333.                                                             | 0.                                                                        | 4,368.                                                                                        |

**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 **1**

**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.

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> |     | X  |
| <b>5</b> |     | 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.

**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.

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **0**



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

|                                                                   |                                                                                                                                     | (A)<br>Total revenue      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |          |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|----------|
| <b>CONTRIBUTIONS, GIFTS, GRANTS<br/>AND OTHER SIMILAR AMOUNTS</b> | <b>1 a</b> Federated campaigns                                                                                                      | <b>1 a</b>                |                                                    |                                         |                                                                  |          |
|                                                                   | <b>b</b> Membership dues                                                                                                            | <b>1 b</b>                |                                                    |                                         |                                                                  |          |
|                                                                   | <b>c</b> Fundraising events                                                                                                         | <b>1 c</b>                |                                                    |                                         |                                                                  |          |
|                                                                   | <b>d</b> Related organizations                                                                                                      | <b>1 d</b>                |                                                    |                                         |                                                                  |          |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                          | <b>1 e</b> 595,000.       |                                                    |                                         |                                                                  |          |
|                                                                   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above                                          | <b>1 f</b> 511,726.       |                                                    |                                         |                                                                  |          |
|                                                                   | <b>g</b> Noncash contributions included in lines 1a-1f: \$                                                                          | 76,783.                   |                                                    |                                         |                                                                  |          |
|                                                                   | <b>h Total.</b> Add lines 1a-1f.                                                                                                    | 1,106,726.                |                                                    |                                         |                                                                  |          |
| <b>PROGRAM SERVICE REVENUE</b>                                    | <b>2 a</b> CAROUSEL INCOME                                                                                                          | Business Code             | 282,251.                                           | 282,251.                                |                                                                  |          |
|                                                                   | <b>b</b> FACILITY RENTALS/PARTIES                                                                                                   |                           | 176,313.                                           | 176,313.                                |                                                                  |          |
|                                                                   | <b>c</b> CONCESSIONS/OTHER INCOME                                                                                                   |                           | 119,326.                                           | 119,326.                                |                                                                  |          |
|                                                                   | <b>d</b> ADMISSIONS                                                                                                                 |                           | 98,703.                                            | 98,703.                                 |                                                                  |          |
|                                                                   | <b>e</b> CAMPS/WORKSHOPS/FIELDTRIP                                                                                                  |                           | 87,989.                                            | 87,989.                                 |                                                                  |          |
|                                                                   | <b>f</b> All other program service revenue                                                                                          |                           |                                                    |                                         |                                                                  |          |
|                                                                   | <b>g Total.</b> Add lines 2a-2f.                                                                                                    | 764,582.                  |                                                    |                                         |                                                                  |          |
|                                                                   | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts)                                             |                           | 4,980.                                             |                                         |                                                                  | 4,980.   |
| <b>4</b> Income from investment of tax-exempt bond proceeds       |                                                                                                                                     |                           |                                                    |                                         |                                                                  |          |
| <b>5</b> Royalties                                                |                                                                                                                                     |                           |                                                    |                                         |                                                                  |          |
| <b>OTHER REVENUE</b>                                              | <b>6 a</b> Gross rents                                                                                                              | (i) Real (ii) Personal    |                                                    |                                         |                                                                  |          |
|                                                                   | <b>b</b> Less: rental expenses                                                                                                      |                           |                                                    |                                         |                                                                  |          |
|                                                                   | <b>c</b> Rental income or (loss)                                                                                                    |                           |                                                    |                                         |                                                                  |          |
|                                                                   | <b>d</b> Net rental income or (loss)                                                                                                |                           |                                                    |                                         |                                                                  |          |
|                                                                   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory                                                                | (i) Securities (ii) Other |                                                    |                                         |                                                                  |          |
|                                                                   | <b>b</b> Less: cost or other basis<br>and sales expenses                                                                            |                           |                                                    |                                         |                                                                  |          |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                             |                           |                                                    |                                         |                                                                  |          |
|                                                                   | <b>d</b> Net gain or (loss)                                                                                                         |                           |                                                    |                                         |                                                                  |          |
|                                                                   | <b>8 a</b> Gross income from fundraising events<br>(not including \$ of contributions reported on line 1c).<br>See Part IV, line 18 | <b>a</b>                  |                                                    |                                         |                                                                  |          |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                      | <b>b</b>                  |                                                    |                                         |                                                                  |          |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events                                                                               |                           |                                                    |                                         |                                                                  |          |
|                                                                   | <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19                                                             | <b>a</b>                  |                                                    |                                         |                                                                  |          |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                      | <b>b</b>                  |                                                    |                                         |                                                                  |          |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities                                                                                |                           |                                                    |                                         |                                                                  |          |
|                                                                   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances                                                                | <b>a</b> 45,395.          |                                                    |                                         |                                                                  |          |
|                                                                   | <b>b</b> Less: cost of goods sold                                                                                                   | <b>b</b> 58,917.          |                                                    |                                         |                                                                  |          |
|                                                                   | <b>c</b> Net income or (loss) from sales of inventory                                                                               |                           | -13,522.                                           |                                         |                                                                  | -13,522. |
|                                                                   | <b>11 a</b> Miscellaneous Revenue                                                                                                   | Business Code             |                                                    |                                         |                                                                  |          |
| <b>b</b>                                                          |                                                                                                                                     |                           |                                                    |                                         |                                                                  |          |
| <b>c</b>                                                          |                                                                                                                                     |                           |                                                    |                                         |                                                                  |          |
| <b>d</b> All other revenue                                        |                                                                                                                                     |                           |                                                    |                                         |                                                                  |          |
| <b>e Total.</b> Add lines 11a-11d.                                |                                                                                                                                     |                           |                                                    |                                         |                                                                  |          |
| <b>12 Total revenue.</b> See instructions.                        |                                                                                                                                     | 1,862,766.                | 764,582.                                           | 0.                                      | -8,542.                                                          |          |



**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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.                                                                                                                                                                | 121,701.              | 87,673.                         | 11,520.                                | 22,508.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages.                                                                                                                                                                                                                | 1,070,994.            | 771,538.                        | 101,380.                               | 198,076.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                      |                       |                                 |                                        |                             |
| 9 Other employee benefits.                                                                                                                                                                                                                 | 125,394.              | 91,255.                         | 10,990.                                | 23,149.                     |
| 10 Payroll taxes.                                                                                                                                                                                                                          | 106,597.              | 77,191.                         | 9,771.                                 | 19,635.                     |
| 11 Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a Management.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal.                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| c Accounting.                                                                                                                                                                                                                              | 33,046.               | 1,853.                          | 31,193.                                |                             |
| d Lobbying.                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 |                       |                                 |                                        |                             |
| f Investment management fees.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                                | 40,665.               | 25,903.                         |                                        | 14,762.                     |
| 12 Advertising and promotion.                                                                                                                                                                                                              | 19,550.               | 8,407.                          | 63.                                    | 11,080.                     |
| 13 Office expenses.                                                                                                                                                                                                                        | 133,879.              | 114,221.                        | 13,892.                                | 5,766.                      |
| 14 Information technology.                                                                                                                                                                                                                 | 19,941.               | 15,517.                         | 26.                                    | 4,398.                      |
| 15 Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy.                                                                                                                                                                                                                              | 63,910.               | 63,910.                         |                                        |                             |
| 17 Travel.                                                                                                                                                                                                                                 | 2,405.                | 2,086.                          | 319.                                   |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings.                                                                                                                                                                                                 | 2,928.                | 2,896.                          | 7.                                     | 25.                         |
| 20 Interest.                                                                                                                                                                                                                               | 496.                  |                                 | 496.                                   |                             |
| 21 Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization.                                                                                                                                                                                              | 56,197.               | 56,093.                         |                                        | 104.                        |
| 23 Insurance.                                                                                                                                                                                                                              | 29,678.               | 29,678.                         |                                        |                             |
| 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 OTHER OPERATING EXPENSES                                                                                                                                                                                                                 | 78,077.               | 78,077.                         |                                        |                             |
| b IN KIND DONATIONS                                                                                                                                                                                                                        | 76,783.               | 76,783.                         |                                        |                             |
| c MAINTENANCE/REPAIRS/SECURITY                                                                                                                                                                                                             | 64,611.               | 63,841.                         | 554.                                   | 216.                        |
| d X ALLOCATION INDIRECT EXPENSE                                                                                                                                                                                                            |                       | -18,532.                        | 18,767.                                | -235.                       |
| e All other expenses.                                                                                                                                                                                                                      | -58,917.              | -58,917.                        |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 1,987,935.            | 1,489,473.                      | 198,978.                               | 299,484.                    |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |



**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

|                                                                     |                                                                                                                                                                                                                                                                                                                                 | (A)<br>Beginning of year |          | (B)<br>End of year |          |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|--------------------|----------|
| ASSETS                                                              | 1 Cash — non-interest-bearing                                                                                                                                                                                                                                                                                                   | 68,859.                  | 1        | 106,369.           |          |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                                                                                                                                        | 155,649.                 | 2        | 100,831.           |          |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                                                                            | 5,585.                   | 3        | 14,148.            |          |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                                                                                                                                      |                          | 4        | 34,981.            |          |
|                                                                     | 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 instructions). Complete Part II of Schedule L |                          | 6        |                    |          |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                                                                                                                                                                               |                          | 7        |                    |          |
|                                                                     | 8 Inventories for sale or use                                                                                                                                                                                                                                                                                                   | 33,187.                  | 8        | 31,443.            |          |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                         | 17,840.                  | 9        | 18,861.            |          |
|                                                                     | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                         | 10a                      | 520,528. |                    |          |
| b Less: accumulated depreciation                                    | 10b                                                                                                                                                                                                                                                                                                                             | 434,135.                 | 132,474. | 10c                | 86,393.  |
| 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                               |                                                                                                                                                                                                                                                                                                                                 | 15                       |          |                    |          |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) |                                                                                                                                                                                                                                                                                                                                 | 413,594.                 | 16       | 393,026.           |          |
| LIABILITIES                                                         | 17 Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        | 77,974.                  | 17       | 65,706.            |          |
|                                                                     | 18 Grants payable                                                                                                                                                                                                                                                                                                               |                          | 18       |                    |          |
|                                                                     | 19 Deferred revenue                                                                                                                                                                                                                                                                                                             | 16,712.                  | 19       | 5,192.             |          |
|                                                                     | 20 Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |                          | 20       |                    |          |
|                                                                     | 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       |                    |          |
|                                                                     | 23 Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |                          | 23       | 49,500.            |          |
|                                                                     | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |                          | 24       |                    |          |
|                                                                     | 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       | 78,889.            |          |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                            |                          | 94,686.  | 26                 | 199,287. |
| NET ASSETS OR FUND BALANCES                                         | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                      |                          |          |                    |          |
|                                                                     | 27 Unrestricted net assets                                                                                                                                                                                                                                                                                                      | 278,742.                 | 27       | 123,941.           |          |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                                                                                                                                                                            | 40,166.                  | 28       | 69,798.            |          |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                                                                                                                                                                            |                          | 29       |                    |          |
|                                                                     | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                                                                                                                                                               |                          |          |                    |          |
|                                                                     | 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 <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                     | 318,908.                 | 33       | 193,739.           |          |
|                                                                     | 34 <b>Total liabilities and net assets/fund balances.</b>                                                                                                                                                                                                                                                                       | 413,594.                 | 34       | 393,026.           |          |

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Form 990 (2013)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|    |                                                                                                                |    |            |
|----|----------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 1,862,766. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 1,987,935. |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | -125,169.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 318,908.   |
| 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  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 193,739.   |

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

- 1 Accounting method used to prepare the Form 990:
- ☐
- Cash
- ☒
- Accrual
- ☐
- Other

Yes No

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?

2a X

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:

- ☐
- Separate basis
- ☐
- Consolidated basis
- ☐
- Both consolidated and separate basis

- b Were the organization's financial statements audited by an independent accountant?

2b X

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:

- ☒
- Separate basis
- ☐
- Consolidated basis
- ☐
- Both consolidated and separate basis

- 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?

2c X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 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

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Form 990 (2013)



**SCHEDULE A**  
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

**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 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 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?

- (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? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

|            | Yes | No |
|------------|-----|----|
| 11 g (i)   |     |    |
| 11 g (ii)  |     |    |
| 11 g (iii) |     |    |

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

|              | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? |    | (v) Did you notify the organization in column (i) of your support? |    | (vi) Is the organization in column (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|--------------|------------------------------------|----------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|----------------------------------|
|              |                                    |          |                                                                                             | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                                  |
| (A)          |                                    |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (B)          |                                    |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (C)          |                                    |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (D)          |                                    |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (E)          |                                    |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| <b>Total</b> |                                    |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |

BAA 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  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|----------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)                                                                                                   | 1,292,433. | 1,063,430. | 1,156,995. | 971,807. | 1,183,509. | 5,668,174. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                                                     |            |            |            |          |            | 0.         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.                                                                                             |            |            |            |          |            | 0.         |
| <b>4 Total.</b> Add lines 1 through 3.                                                                                                                                                                        | 1,292,433. | 1,063,430. | 1,156,995. | 971,807. | 1,183,509. | 5,668,174. |
| <b>5</b> 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). |            |            |            |          |            | 0.         |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                         |            |            |            |          |            | 5,668,174. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                              | (a) 2009   | (b) 2010   | (c) 2011   | (d) 2012 | (e) 2013   | (f) Total  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|----------|------------|------------|
| <b>7</b> Amounts from line 4.                                                                                                                                                                                              | 1,292,433. | 1,063,430. | 1,156,995. | 971,807. | 1,183,509. | 5,668,174. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.                                                                                   | 1,848.     | 1,351.     | 846.       | 537.     | 4,980.     | 9,562.     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.                                                                                                               |            |            |            |          |            | 0.         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                  |            |            |            |          |            | 0.         |
| <b>11 Total support.</b> Add lines 7 through 10.                                                                                                                                                                           |            |            |            |          |            | 5,677,736. |
| <b>12</b> Gross receipts from related activities, etc (see instructions)                                                                                                                                                   |            |            |            |          | 12         | 3,943,668. |
| <b>13 First five years.</b> 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 <b>stop here.</b> ▶ <input type="checkbox"/> |            |            |            |          |            |            |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).                                                                                                                                                                                                                                                                                                                                       | <b>14</b> | 99.83 % |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14.                                                                                                                                                                                                                                                                                                                                                             | <b>15</b> | 99.88 % |
| <b>16a 33-1/3% support test— 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>                                                                                                                                                            |           |         |
| <b>b 33-1/3% support test— 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>                                                                                                                                                                        |           |         |
| <b>17a 10%-facts-and-circumstances test— 2013.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test— 2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>                                                                                                                                                                                                                                                                |           |         |



**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 yr 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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)                                                                                                                    |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr 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 <b>Total Support.</b> (Add lns 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.** ☐**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).

Area with horizontal dashed lines for supplemental information.



**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, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 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 foundation

Check 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).

**BAA 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

CHILDREN'S CREATIVITY MUSEUM

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|----------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | SF OFFICE OF COMMUNITY INVESTMENT<br>ONE S. VAN NESS AVENUE<br>SAN FRANCISCO, CA 94103 | \$ 517,500.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2             | NATIONAL ENDOWMENT FOR ARTS<br>1100 PENNSYLVANIA AVENUE NW<br>WASHINGTON, DC 20506     | \$ 20,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3             | UNION BANK FOUNDATION<br>400 CALIFORNIA STREET, 8TH FL<br>SAN FRANCISCO, CA 94104      | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4             | KEKER FAMILY FOUNDATION<br>710 SANSOME STREET<br>SAN FRANCISCO, CA 94111               | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5             | ADOBE SYSTEMS, INC.<br>345 PARK AVENUE<br>SAN JOSE, CA 95110                           | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6             | KIMBALL FOUNDATION<br>1660 BUSH STREET #300<br>SAN FRANCISCO, CA 94109                 | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

CHILDREN'S CREATIVITY MUSEUM

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|--------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7             | YERBA BUENA COMMUNITY BENEFIT DIST<br>5 THIRD STREET, SUITE 914<br>SAN FRANCISCO, CA 94103 | \$ 12,500.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8             | STUPSKI FAMILY FUND<br>101 SECOND STREET #1100<br>SAN FRANCISCO, CA 94105                  | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9             | MICHAEL MANKINS/ROBERT CAMP<br>38 CLARENDON AVENUE<br>SAN FRANCISCO, CA 94114              | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10            | ATOMIC PUBLIC RELATIONS<br>735 MARKET STREET 4TH FLOOR<br>SAN FRANCISCO, CA 94103          | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11            | HOUSE FAMILY FOUNDATION<br>5205 PROSPECT RD. STE. 135-158<br>SAN JOSE, CA 95129            | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12            | BAKER STREET FOUNDATION<br>135 MAIN STREET #1140<br>SAN FRANCISCO, CA 94105                | \$ 15,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Name of organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|-------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13            | NATE CHANG/JENNIFER TYE<br>2844 POLK STREET<br>SAN FRANCISCO, CA 94109        | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14            | PAUL & ANTOINETTE WYTHES<br>3337 BRODERICK STREET<br>SAN FRANCISCO, CA 94123  | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15            | BOSTON PROPERTIES<br>800 BOYLSTON STREET #1900<br>BOSTON, MA 02199            | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16            | FIDELITY FOUNDATION<br>11 KEEWAYDIN DRIVE #100<br>SALEM, NH 03079             | \$ 40,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17            | CP DEVELOPMENT CO. LP<br>1 CALIFORNIA STREET #2700<br>SAN FRANCISCO, CA 94111 | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18            | GENENTECH<br>1 DNA WAY<br>SOUTH SAN FRANCISCO, CA 94080                       | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|-----------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19            | ALL POINTS MEDA LLC<br>10200 SW ALLEN BLVD #G<br>BEAVORTON, OR 97005        | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20            | DELPHIX<br>275 MIDDLEFIELD ROAD #50<br>MENLO PARK, CA 94025                 | \$ 6,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21            | WHITCANACK/DEANE<br>20 IDORA AVENUE<br>SAN FRANCISCO, CA 94127              | \$ 6,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22            | RACKSPACE HOSTING<br>5000 WALZEM ROAD<br>SAN ANTONIO, TX 78216              | \$ 5,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23            | WEBCOR CONSTRUCTION LP<br>1751 HARBOR BAY PARKWAY #200<br>ALAMEDA, CA 94502 | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24            | PLAE, INC.<br>130 BUSH STREET<br>SAN FRANCISCO, CA 94104                    | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Employer identification number

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                            |
|---------------|-------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25            | U.S. BANK<br>540 VAN NESS AVENUE<br>SAN FRANCISCO, CA 94102 | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                            |
|               |                                                             | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                            |
|               |                                                             | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                            |
|               |                                                             | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                            |
|               |                                                             | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                            |
|               |                                                             | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                            |
|               |                                                             | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |

Name of organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|                           | N/A                                          |                                                |                      |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |

BAA



Employer identification number  
94-3178735

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$   N/A

► \$ N/A

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

Name of the organization

**Supplemental Financial Statements**▶ Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

CHILDREN'S CREATIVITY MUSEUM

94-3178735

**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? ☐ Yes ☐ 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? ☐ Yes ☐ 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                                                                                                   | 2 a                             |
| b Total acreage restricted by conservation easements                                                                                       | 2 b                             |
| c Number of conservation easements on a certified historic structure included in (a)                                                       | 2 c                             |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2 d                             |

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.

1 a 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.

1 a 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             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |

2 a 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 |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a 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%.

3 a 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 |
|----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land                                                                                                 |                                      |                                 |                              |                |
| b Buildings                                                                                              |                                      |                                 |                              |                |
| c Leasehold improvements                                                                                 |                                      |                                 |                              |                |
| d Equipment                                                                                              | 520,528.                             |                                 | 434,135.                     | 86,393.        |
| e Other                                                                                                  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 86,393.        |

BAA

Schedule D (Form 990) 2013

**Part VII Investments – Other Securities.**

N/A

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) _____                                                            |                |                                                           |
| (I) _____                                                            |                |                                                           |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) |                |                                                           |

**Part VIII Investments – Program Related.**

N/A

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

| (a) Description of investment type                                   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|----------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1)                                                                  |                |                                                           |
| (2)                                                                  |                |                                                           |
| (3)                                                                  |                |                                                           |
| (4)                                                                  |                |                                                           |
| (5)                                                                  |                |                                                           |
| (6)                                                                  |                |                                                           |
| (7)                                                                  |                |                                                           |
| (8)                                                                  |                |                                                           |
| (9)                                                                  |                |                                                           |
| (10)                                                                 |                |                                                           |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) |                |                                                           |

**Part IX Other Assets.**

N/A

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)                                                                   |                |
| (10)                                                                  |                |
| Total. (Column (b) must equal Form 990, Part X, column (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

| (a) Description of liability                                         | (b) Book value |
|----------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                             |                |
| (2) SECURITY DEPOSITS PAYABLE                                        | 78,889.        |
| (3)                                                                  |                |
| (4)                                                                  |                |
| (5)                                                                  |                |
| (6)                                                                  |                |
| (7)                                                                  |                |
| (8)                                                                  |                |
| (9)                                                                  |                |
| (10)                                                                 |                |
| (11)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 78,889.        |

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. **SEE PART XIII** ☒



**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  | 1,921,683. |
| 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 |            |
| c | Recoveries of prior year grants                                                 | 2c |            |
| d | Other (Describe in Part XIII.) SEE PART XIII                                    | 2d | 58,917.    |
| e | Add lines 2a through 2d                                                         | 2e | 58,917.    |
| 3 | Subtract line 2e from line 1                                                    | 3  | 1,862,766. |
| 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 |            |
| c | Add lines 4a and 4b                                                             | 4c |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 1,862,766. |

**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  | 1,970,069. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities                                           | 2a |            |
| b | Prior year adjustments                                                           | 2b |            |
| c | Other losses                                                                     | 2c |            |
| d | Other (Describe in Part XIII.) SEE PART XIII                                     | 2d | 58,917.    |
| e | Add lines 2a through 2d                                                          | 2e | 58,917.    |
| 3 | Subtract line 2e from line 1                                                     | 3  | 1,911,152. |
| 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.) SEE PART XIII                                     | 4b | 76,783.    |
| c | Add lines 4a and 4b                                                              | 4c | 76,783.    |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 1,987,935. |

**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 - FIN 48 FOOTNOTE****INCOME TAXES**

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME

TAXES. UNDER ASC 740, CCM IS REQUIRED TO REPORT INFORMATION REGARDING ITS EXPOSURE

TO VARIOUS TAX POSITIONS TAKEN BY THE ORGANIZATION AND REQUIRES A TWO-STEP PROCESS

THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DETERMINING WHETHER

A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP IS MEASURING A TAX

POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT BELIEVES THAT CCM HAS

BAA

Schedule D (Form 990) 2013

**Part XIII** Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

ADEQUATELY EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2014, CCM DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE NECESSARY.

CCM HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT THE ORGANIZATION CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS. CCM MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME REQUIRING THE ORGANIZATION TO FILE SEPARATE TAX RETURNS UNDER FEDERAL AND STATE STATUTES. UNDER SUCH CONDITIONS, CCM CALCULATES AND ACCRUES THE APPLICABLE TAXES PAYABLE.



2013

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

CLIENT 26008

CHILDREN'S CREATIVITY MUSEUM

94-3178735

12/14/14

05:38PM

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

|                    |    |                |
|--------------------|----|----------------|
| COST OF GOODS SOLD | \$ | 58,917.        |
| TOTAL              | \$ | <u>58,917.</u> |

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES AND LOSSES PER AUDITED F/S

|                    |    |                |
|--------------------|----|----------------|
| COST OF GOODS SOLD | \$ | 58,917.        |
| TOTAL              | \$ | <u>58,917.</u> |

SCHEDULE D, PART XII, LINE 4B

OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

|                                   |    |                |
|-----------------------------------|----|----------------|
| IN-KIND EXPENSES SHOWN SEPARATELY | \$ | 76,783.        |
| TOTAL                             | \$ | <u>76,783.</u> |

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **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](http://www.irs.gov/form990).**

Name of the organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

**Part I** **Types of Property**

|                                                                 | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>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                                  |                               |                                                           |                                                                                       |                                                              |
| 10 Securities — Closely held stock                              |                               |                                                           |                                                                                       |                                                              |
| 11 Securities — Partnership, LLC, or trust interests            |                               |                                                           |                                                                                       |                                                              |
| 12 Securities — Miscellaneous                                   |                               |                                                           |                                                                                       |                                                              |
| 13 Qualified conservation contribution —<br>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 ▶ (IN-KIND SERVICE)                                    | X                             | 10                                                        | 76,783                                                                                | FMV                                                          |
| 26 Other ▶ ( )                                                  |                               |                                                           |                                                                                       |                                                              |
| 27 Other ▶ ( )                                                  |                               |                                                           |                                                                                       |                                                              |
| 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

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?

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?

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

b If 'Yes,' describe in Part II.

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

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |
| 33  |     |    |

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

Schedule **M** (Form 990) 2013



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

THE CHILDREN'S CREATIVITY MUSEUM (CCM) IS A HANDS-ON, INTERACTIVE ARTS AND TECHNOLOGY  
EXPERIENCE FOR KIDS. OUR MISSION IS TO NURTURE THE 3CS OF 21ST-CENTURY SKILLS -  
CREATIVITY, COLLABORATION AND COMMUNICATION - IN ALL YOUTH AND FAMILIES. WE BELIEVE  
THAT THE SUCCESS OF THE NEXT GENERATION WILL HINGE NOT ONLY ON WHAT THEY KNOW, BUT  
ALSO ON THEIR ABILITY TO THINK AND ACT CREATIVELY AS GLOBAL CITIZENS.

HISTORY: FIFTEEN YEARS AGO, THE SAN FRANCISCO REDEVELOPMENT AGENCY (SFRA) OPENED THE  
CHILDREN'S CREATIVITY MUSEUM (ORIGINALLY "ZEUM") AFTER UNDERTAKING A COMPREHENSIVE  
COMMUNITY PLANNING PROCESS WITH EDUCATORS, ARTISTS, AND CHILDREN'S ADVOCATES. THE  
AGENCY PAID FOR THE PLANNING, DESIGN AND CONSTRUCTION OF THE MUSEUM AS PART OF THE  
\$56 MILLION DEVELOPMENT OF THE ENTIRE CHILDREN'S BLOCK THAT INCLUDES THE YERBA BUENA  
ICE SKATING & BOWLING CENTER, YERBA BUENA GARDENS CHILD DEVELOPMENT CENTER, MO'S  
CAFE, 130,000 SQUARE FEET OF OUTDOOR PLAY AND LEARNING GARDENS, AND THE HISTORIC  
CHARLES LOOFF CAROUSEL. THE SUCCESSOR AGENCY FOR THE SFRA CONTINUES TO SUPPORT THE  
MUSEUM WITH ONGOING FUNDING FOR ITS SECURITY, OPERATIONS AND MAINTENANCE.

SINCE OUR FOUNDING IN 1998, CCM HAS GROWN TO SERVE ANNUALLY MORE THAN 150,000 YOUTH,  
AGES 3 TO 18, AND THEIR FAMILIES THROUGH OUR GENERAL ADMISSIONS EXPERIENCE,  
CHILDREN'S CREATIVITY CAROUSEL, AND VARIOUS PUBLIC AND EDUCATIONAL PROGRAMS.

ADDITIONALLY, ABOUT 6,000 K-12 STUDENTS IN OUR FIELD TRIP PROGRAM LEARN BASIC  
CREATIVE AND TECHNICAL SKILLS THROUGH THE COMPLETION OF COLLABORATIVE PROJECTS LIKE  
CLAY ANIMATIONS, MUSIC VIDEOS, AND FICTIONAL NEWSCASTS. OUR C.I.T.Y. TEEN INTERNSHIP  
PROGRAM ANNUALLY TRAINS UP TO 60 TEENS IN CUSTOMER SERVICE, LEADERSHIP DEVELOPMENT,  
AND OTHER TRANSFERABLE JOB SKILLS. MORE THAN 25 PERCENT OF OUR PROGRAMS ARE  
FEE-WAIVED IN ORDER TO REMOVE COST AS A BARRIER TO PARTICIPATION FOR YOUTH AND  
FAMILIES FROM LOW-INCOME AND UNDER-RESOURCED COMMUNITIES.



Name of the organization

Employer identification number

CHILDREN'S CREATIVITY MUSEUM

94-3178735

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION****MARKETING AND OUTREACH**

CCM'S FY2010-15 STRATEGIC PLAN - WHICH INVOLVED VARIOUS STAKEHOLDERS (INCLUDING THE CCM BOARD OF DIRECTORS, MEMBERS, DONORS, AND PARTNER ORGANIZATIONS) AND PRO BONO CONSULTING SERVICES FROM THE INTERNATIONAL MANAGEMENT CONSULTING FIRM, BAIN & COMPANY, VALUED AT \$500,000 - LAYS OUT A CONCRETE ROADMAP THAT CONTINUES TO GUIDE US IN REALIZING OUR ASPIRATION TO BE WELL-RECOGNIZED AS ONE OF SAN FRANCISCO'S TOP DESTINATIONS AND COMMUNITY RESOURCES FOR YOUTH AND FAMILIES.

COMMUNITY OUTREACH & ENGAGEMENT: AS PART OF OUR CONTINUED COMMITMENT ON COMMUNITY OUTREACH AND ENGAGEMENT, WE CONTINUE TO FOCUS OUR EFFORTS ON LOW-COST/GRASSROOTS MARKETING, AS WELL AS ONLINE SOCIAL MEDIA AND PUBLIC RELATIONS. OUR WEBSITE, CREATIVITY.ORG, SERVES AS THE PRIMARY INFORMATION PORTAL FOR OUR VISITORS AND SUPPORTERS, TRACKING OVER 2 MILLION UNIQUE HITS EVERY YEAR. WE ALSO CONTINUE TO SEEK OUT NEW OPPORTUNITIES TO STRENGTHEN OUR COLLABORATIONS WITH PARTNER ORGANIZATIONS AND COMMUNITY ARTISTS IN CCM'S FIVE TARGET COMMUNITIES OF NEED: BAYVIEW/HUNTERS POINT; SOUTH OF MARKET; TENDERLOIN; WESTERN ADDITION; AND THE MISSION.

IN THE PAST YEAR, CCM PARTICIPATED IN THE AMERICAN ALLIANCE FOR MUSEUMS' MUSEUM ASSESSMENT PROGRAM, WHICH PROVIDED THE MUSEUM WITH SPECIFIC RESEARCH AND STRATEGIES FOR HOW WE MIGHT BROADEN AND DIVERSIFY THE MUSEUM'S AUDIENCE. THE RECOMMENDATIONS OFFERED BY THIS ASSESSMENT ARE ALREADY BEING IMPLEMENTED AND WILL BE INCORPORATED INTO THE MUSEUM'S NEXT STRATEGIC PLAN.

**VISITOR EXPERIENCE (CONTINUED)**

TECHNOLOGY PROGRAM. CAPITALIZING ON WHAT WE HISTORICALLY HAVE DONE BEST - USING THE MEDIA PRODUCTION PROCESS TO CREATE AN ENVIRONMENT THAT SUPPORTS CHILD-FOCUSED CREATIVITY AND INNOVATION - THE TEAM HAS LEARNED HOW TO MORE EFFECTIVELY OFFER IMAGINATION-STARTERS TO GET CHILDHOOD BRAINSTORMING GOING AND TO PROVIDE THE TOOLS

Name of the organization

Employer identification number

CHILDREN'S CREATIVITY MUSEUM

94-3178735

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

AND ADULT SUPPORT THAT ENCOURAGES KIDS TO TRY NEW OPTIONS, FAIL WITHOUT JUDGMENT, AND LEARN WITH OTHERS.

OUR HISTORIC CHILDREN'S CREATIVITY CAROUSEL IS A POPULAR DESTINATION FOR BAY AREA FAMILIES, TOURISTS, AND MOSCONE CENTER CONVENTIONEERS. THE CHILDREN'S CREATIVITY STORE PROVIDES GAMES, TOYS AND TOOLS THAT SUPPORT KIDS IN DEVELOPING THEIR CREATIVITY AT HOME. THE THEATER AT THE CHILDREN'S CREATIVITY MUSEUM SERVES 20,000 THEATERGOERS EACH YEAR THROUGH PARTNERS LIKE THE AMERICAN CONSERVATORY THEATER'S YOUNG CONSERVATORY PROGRAM. IT IS ALSO HOME TO OUR SUMMER CAMP PROGRAMS, FACILITATED BY COMMUNITY PARTNERS, LIKE GLITTER & RAZZ, WHICH PROVIDES PERFORMANCE-BASED PROGRAMMING FOR YOUNG GIRLS, AS WELL AS ACROSPORTS CIRCUS ACROBATICS TRAINING FOR YOUTH.

**EDUCATION (CONTINUED)**

C.I.T.Y. (CREATIVE INSPIRATION THROUGH YOUTH) TEEN PROGRAM: THE C.I.T.Y. TEEN PROGRAM PROVIDES TRAINING IN ADVANCED TECHNICAL, CREATIVE, AND LIFELONG LEARNING SKILLS THAT HELP DIVERSE BAY AREA YOUTH, AGES 14 TO 18, FULLY PARTICIPATE IN THE ECONOMIC, CIVIC, AND CULTURAL LIFE OF THEIR COMMUNITIES. THIS PROGRAM HAS BEEN DESCRIBED AS A "MODEL YOUTH DEVELOPMENT PROGRAM" BY THE SAN FRANCISCO DEPARTMENT OF CHILDREN, YOUTH, AND THEIR FAMILIES, AND HAS BECOME ONE OF THE MOST POPULAR YOUTH EMPLOYMENT PLACEMENT SITES IN THE CITY. FOR MANY C.I.T.Y. TEENS, THIS IS THEIR FIRST REAL JOB.

UNLIKE OTHER SIMILAR PROGRAMS, THE C.I.T.Y. TEEN PROGRAM PROVIDES A UNIQUE FUSION OF ON-THE-JOB TRAINING IN A PROFESSIONAL MUSEUM ENVIRONMENT, EXPOSURE TO DIGITAL MEDIA AND ART, AND AN INNOVATIVE APPROACH TO 21ST-CENTURY LITERACY THAT CANNOT BE FOUND ELSEWHERE. C.I.T.Y. TEENS WORK ALONGSIDE CCM STAFF TO FACILITATE THE GENERAL MUSEUM VISITOR EXPERIENCE: THEY WORK IN TEAMS TO TEACH THEIR PEERS, YOUNGER CHILDREN AND



Name of the organization

Employer identification number

CHILDREN'S CREATIVITY MUSEUM

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**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

ADULT COMPANIONS ABOUT THE BASICS OF CLAY ANIMATION; THEY WORK IN THE IMAGINATION LAB TO HELP VISITORS BECOME FULLY IMMERSED IN THE MULTIMEDIA EXPERIENCE PROVIDED IN OUR MOVE IT GREEN SCREEN AND MOVIE STUDIO; AND THEY ENCOURAGE RELUCTANT ADULT AND YOUNG USERS TO LEARN HOW TO USE COMPUTER APPLICATIONS, LIKE ADOBE PHOTOSHOP, IN OUR DIGITAL WORKSHOP.

EARLY CHILDHOOD PROGRAMMING: IN THE PAST YEAR, WE EXPANDED OUR CORE AUDIENCE OF YOUTH, AGES 6 TO 12, AND THEIR FAMILIES TO INCLUDE YOUNG KIDS, AGES 2 TO 5. THE EARLY BIRDLIES EARLY CHILDHOOD PROGRAM FOR OUR YOUNGEST VISITORS EXPANDED TO OFFER YOUNG KIDS AND THEIR PARENTS/CAREGIVERS HANDS-ON ACTIVITIES THAT FOSTERED 21ST-CENTURY SKILLS. IN THE PAST YEAR ALONE, THIS PROGRAM HAS GROWN 2.5 TIMES TO SERVE AN AVERAGE OF 600 KIDS AND THEIR ADULT COMPANIONS EVERY.

## EXHIBITS (CONTINUED)

SENSE IT!: THROUGH AN EIGHT-MONTH LONG PRO BONO PROJECT WITH A TEAM FROM ADOBE SYSTEM'S USER EXPERIENCE DESIGN UNIT, CCM WAS ABLE TO PLAN, DEVELOP AND UNVEIL A NEW EXHIBIT IN OUR FORMER MOVIE STUDIO. SENSE IT! PROVIDES AN IMMERSIVE EXPERIENCES FOR KIDS, AGES 3 AND UP, IN WHICH THEY ARE ABLE TO USE A TOUCH-SENSITIVE WALL TO MOVE DIGITAL BLOCKS ACROSS THE WALL AND A PRESSURE-SENSITIVE FLOOR TO SET OFF AUDIO AND VISUAL EFFECTS, LIKE SIMULATED FIREWORKS. THE ENVIRONMENT SUPPORTS KIDS IN A RICH EXPLORATION OF TACTILITY AND MEDIA.

FEATURED INNOVATORS WORKSHOP: EMERGING EDUCATIONAL SOFTWARE, TECHNOLOGY, AND APPLICATION DEVELOPERS PARTICIPATE IN OUR BIWEEKLY FEATURED INNOVATORS WORKSHOP. VISITORS ARE ABLE TO TEST PROTOTYPES OF NEW TOOLS AND GIVE FEEDBACK ON HOW THOSE TOOLS CAN BE IMPROVED BEFORE THEY HIT THE MARKET.

CREATIVITY DAY: ON APRIL 13, 2013, CCM HOSTED ITS FIRST-EVER CREATIVITY DAY. THIS COMMUNITY CELEBRATION OF SAN FRANCISCO CREATIVITY TURNED THE ENTIRE MUSEUM INTO ONE

Name of the organization

Employer identification number

CHILDREN'S CREATIVITY MUSEUM

94-3178735

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

BIG STUDIO SPACE IN WHICH PARTNER ARTISTS, MAKERS AND TINKERS WERE ABLE TO ENGAGE OUR AUDIENCE. MORE THAN 1,000 VISITORS CAME FOR THIS FREE ADMISSION DAY.

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

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

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

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT, TREASURER, AND THE DIRECTOR OF FINANCE AND OPERATIONS. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT APPROVES THE FINAL RETURN WHICH IS THEN E-FILED WITH THE DEPARTMENT OF THE TREASURY.

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

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



Name of the organization

Employer identification number

CHILDREN'S CREATIVITY MUSEUM

94-3178735

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT**

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED PERIODICALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

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

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO [WWW.GUIDESTAR.ORG](http://WWW.GUIDESTAR.ORG) (WHERE IT IS AVAILABLE FOR VIEWING AS AN ELECTRONIC COPY) AND ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN SAN FRANCISCO, CALIFORNIA (FOR A PHYSICAL INSPECTION).

Form **8868**

(Rev. January 2014)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**► **File a separate application for each return.**

OMB No. 1545-1709

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|                                                                |                                                                                          |  |                                         |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>Type or print</b>                                           | Name of exempt organization or other filer, see instructions.                            |  | Employer identification number (EIN) or |
|                                                                | CHILDREN'S CREATIVITY MUSEUM                                                             |  | 94-3178735                              |
|                                                                | Number, street, and room or suite number. If a P.O. box, see instructions.               |  | Social security number (SSN)            |
|                                                                | 221 FOURTH STREET                                                                        |  |                                         |
| File by the due date for filing your return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |                                         |
|                                                                | SAN FRANCISCO, CA 94103                                                                  |  |                                         |

Enter the Return code for the return that this application is for (file a separate application for each return). 

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

- The books are in the care of ► KATE PIONTEK

Telephone No. ► 415.820.3343Fax No. ► 415-820-3330

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)         . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 15, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ☐ calendar year 20          or
- ☒ tax year beginning 7/01, 20 13, and ending 6/30, 20 14.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                               |           |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 1-2014)

F1F20501L 12/31/13



CLIENT 26008

CHILDREN'S CREATIVITY MUSEUM

94-3178735

12/14/14

05:38PM

**COMPUTATION OF COST OF GOODS SOLD (FORM 990)**

|                                                     |         |
|-----------------------------------------------------|---------|
| 1. INVENTORY AT START OF YEAR                       | 33,187. |
| 2. PURCHASES                                        | 57,173. |
| 3. COST OF LABOR                                    | 0.      |
| 4. ADDITIONAL 263A COSTS                            | 0.      |
| 5. OTHER COSTS                                      | 0.      |
| 6. TOTAL (ADD LINES 1 THROUGH 5)                    | 90,360. |
| 7. INVENTORY AT END OF YEAR                         | 31,443. |
| 8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6) | 58,917. |

**FORM 990, PART III, LINE 4E  
PROGRAM SERVICES TOTALS**

|                | PROGRAM<br>SERVICES<br>TOTAL | FORM 990   | SOURCE                     |
|----------------|------------------------------|------------|----------------------------|
| TOTAL EXPENSES | 1,489,473.                   | 1,489,473. | PART IX, LINE 25, COL. B   |
| GRANTS         | 54,375.                      | 0.         | PART IX, LINES 1-3, COL. B |
| REVENUE        | 0.                           | 764,582.   | PART VIII, LINE 2, COL. A  |

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

|                                | (A)<br>TOTAL | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUND-<br>RAISING |
|--------------------------------|--------------|----------------------------|--------------------------------|-------------------------|
| OUTSIDE CONSULTANTS/CONTRACTED | 40,665.      | 25,903.                    |                                | 14,762.                 |
| TOTAL                          | \$ 40,665.   | \$ 25,903.                 | \$ 0.                          | \$ 14,762.              |

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

|                           | (A)<br>TOTAL | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUNDRAISING |
|---------------------------|--------------|----------------------------|--------------------------------|--------------------|
| COGS REFLECTED SEPARATELY | -58,917.     | -58,917.                   |                                |                    |
| TOTAL                     | \$ -58,917.  | \$ -58,917.                | \$ 0.                          | \$ 0.              |

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 2014.

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**2013**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

CHILDREN'S CREATIVITY MUSEUM

Name and title of officer

KATHERINE E. AKOSINTERIM EXEC DIR

Employer identification number

94-3178735**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|                              |                                       |                                                                    |     |                   |
|------------------------------|---------------------------------------|--------------------------------------------------------------------|-----|-------------------|
| 1 a Form 990 check here      | ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1 b | <u>1,862,766.</u> |
| 2 a Form 990-EZ check here   | ▶ <input type="checkbox"/>            | b Total revenue, if any (Form 990-EZ, line 9)                      | 2 b |                   |
| 3 a Form 1120-POL check here | ▶ <input type="checkbox"/>            | b Total tax (Form 1120-POL, line 22)                               | 3 b |                   |
| 4 a Form 990-PF check here   | ▶ <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4 b |                   |
| 5 a Form 8868 check here     | ▶ <input type="checkbox"/>            | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5 b |                   |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize REGALIA & ASSOCIATES, CPAS to enter my PIN 26008 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68504368504

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

DOUGLAS W. REGALIA

Date ▶

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)



2013

## FEDERAL SUPPORTING DETAIL

PAGE 1

CLIENT 26008

CHILDREN'S CREATIVITY MUSEUM

94-3178735

12/14/14

05:38PM

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

|                          |    |                 |
|--------------------------|----|-----------------|
| FOUNDATION CONTRIBUTIONS | \$ | 133,570.        |
| CORPORATE CONTRIBUTIONS  |    | 60,568.         |
| INDIVIDUAL CONTRIBUTIONS |    | 240,805.        |
| TOTAL                    | \$ | <u>434,943.</u> |

**INVENTORY SALES  
PURCHASES**

|                        |    |                |
|------------------------|----|----------------|
| TOTAL COGS + SHRINKAGE | \$ | 58,917.        |
| LESS BEG INVENTORY     |    | -33,187.       |
| ADD END INVENTORY      |    | 31,443.        |
| TOTAL                  | \$ | <u>57,173.</u> |

CLIENT 26008

CHILDREN'S CREATIVITY MUSEUM

94-3178735

12/14/14

05:38PM

PROPERTY AND EQUIPMENT  
-----

PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING AT JUNE 30, 2014 AND 2013:

|                                | 2014       | 2013      |
|--------------------------------|------------|-----------|
|                                | -----      | -----     |
| COMPUTERS AND SOFTWARE         | \$ 112,507 | 130,184   |
| EXHIBITS                       | 218,772    | 289,276   |
| FURNITURE AND FIXTURES         | 45,953     | 54,919    |
| LEASEHOLD IMPROVEMENTS         | 50,314     | 56,714    |
| MULTIMEDIA EQUIPMENT           | 54,956     | 93,329    |
| THEATER EQUIPMENT              | 38,026     | 38,026    |
| LESS: ACCUMULATED DEPRECIATION | (434,135)  | (529,973) |
|                                | -----      | -----     |
|                                | \$ 86,393  | 132,474   |
|                                | =====      | =====     |

DEPRECIATION EXPENSE AMOUNTED TO \$56,197 AND \$76,217 FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, RESPECTIVELY. DURING THE YEAR ENDED JUNE 30, 2014, CCM DISPOSED OF PARTIALLY-DEPRECIATED PROPERTY WITH AN ORIGINAL COST BASIS OF \$152,150, RESULTING IN A LOSS OF \$115. DURING THE YEAR ENDED JUNE 30, 2013, CCM DISPOSED OF PARTIALLY-DEPRECIATED PROPERTY WITH AN ORIGINAL COST BASIS OF \$53,145, RESULTING IN A LOSS OF \$1,241.



2013

# California Exempt Organization Annual Information Return

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 7/01/2013, and ending (mm/dd/yyyy) 6/30/2014

Corporation/Organization Name

CHILDREN'S CREATIVITY MUSEUM

California corporation number

1824331

Address (suite, room, or PMB no.)

221 FOURTH STREET

FEIN

94-3178735

City

SAN FRANCISCO

State

CA

ZIP Code

94103

A First Return. ☐ Yes ☒ NoB Amended Information Return. ☐ Yes ☒ NoC IRC Section 4947(a)(1) trust. ☐ Yes ☒ NoD 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 for the subordinates/affiliates? ☐ Yes ☒ No

If 'Yes,' attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No

If 'Yes,' What's the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No

If 'Yes,' explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ☐ Yes ☒ No

If 'Yes,' complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If 'Yes,' enter gross receipts from nonmember sources: \$

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, 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

CACA1112L 11/20/13

## 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         | 814,957.     |              |
|                                                                                                                                                     | 2                                                                                                                                                                                                                                                                                                                      | Gross dues and assessments from members and affiliates.                                                                                                                     | 2         |              |              |
|                                                                                                                                                     | 3                                                                                                                                                                                                                                                                                                                      | Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B                                                                                                | 3         | 1,106,726.   |              |
|                                                                                                                                                     | 4                                                                                                                                                                                                                                                                                                                      | Total gross receipts for filing requirement test. Add line 1 through line 3.<br>This line must be completed. If the result is less than \$50,000, see General Instruction B | 4         | 1,921,683.   |              |
|                                                                                                                                                     | 5                                                                                                                                                                                                                                                                                                                      | Cost of goods sold                                                                                                                                                          | 5         | 58,917.      |              |
|                                                                                                                                                     | 6                                                                                                                                                                                                                                                                                                                      | Cost or other basis, and sales expenses of assets sold.                                                                                                                     | 6         |              |              |
|                                                                                                                                                     | 7                                                                                                                                                                                                                                                                                                                      | Total costs. Add line 5 and line 6                                                                                                                                          | 7         | 58,917.      |              |
|                                                                                                                                                     | 8                                                                                                                                                                                                                                                                                                                      | Total gross income. Subtract line 7 from line 4                                                                                                                             | 8         | 1,862,766.   |              |
| Expenses                                                                                                                                            | 9                                                                                                                                                                                                                                                                                                                      | Total expenses and disbursements. From Side 2, Part II, line 18                                                                                                             | 9         | 1,987,935.   |              |
|                                                                                                                                                     | 10                                                                                                                                                                                                                                                                                                                     | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8                                                                                             | 10        | -125,169.    |              |
| Filing Fee                                                                                                                                          | 11                                                                                                                                                                                                                                                                                                                     | Filing fee \$10 or \$25. See General Instruction F                                                                                                                          | 11        |              |              |
|                                                                                                                                                     | 12                                                                                                                                                                                                                                                                                                                     | Total payments                                                                                                                                                              | 12        |              |              |
|                                                                                                                                                     | 13                                                                                                                                                                                                                                                                                                                     | Penalties and Interest. See General Instruction J                                                                                                                           | 13        |              |              |
|                                                                                                                                                     | 14                                                                                                                                                                                                                                                                                                                     | Use tax. See General Instruction K                                                                                                                                          | 14        |              |              |
|                                                                                                                                                     | 15                                                                                                                                                                                                                                                                                                                     | Balance due. Add lines 11 through 14 and line 10. Then subtract line 12 from the result                                                                                     | 15        |              |              |
| Sign Here                                                                                                                                           | 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. |                                                                                                                                                                             |           |              |              |
|                                                                                                                                                     | Signature of officer                                                                                                                                                                                                                                                                                                   | REGALIA & ASSOCIATES                                                                                                                                                        | Date      | DEC 18 2014  |              |
| Paid Preparer's Use Only                                                                                                                            | Preparer's signature                                                                                                                                                                                                                                                                                                   | DOUGLAS W. REGALIA                                                                                                                                                          | Date      | DEC 18 2014  |              |
|                                                                                                                                                     | Firm's name (or yours, if self-employed) and address                                                                                                                                                                                                                                                                   | REGALIA & ASSOCIATES, CPAS<br>103 TOWN & COUNTRY DR., STE. K<br>DANVILLE, CA 94526                                                                                          |           |              |              |
|                                                                                                                                                     | Check if self-employed                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                    | Telephone | 415-820-3320 |              |
|                                                                                                                                                     | PTIN                                                                                                                                                                                                                                                                                                                   | P00186389                                                                                                                                                                   | FEIN      | 68-0260103   |              |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |           | Telephone    | 925-314-0390 |
| May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  | 45,395.    |
|                             | 2  | Interest                                                                                                              | • | 2  | 4,980.     |
|                             | 3  | Dividends                                                                                                             | • | 3  |            |
|                             | 4  | Gross rents                                                                                                           | • | 4  |            |
|                             | 5  | Gross royalties                                                                                                       | • | 5  |            |
|                             | 6  | Gross amount received from sale of assets (See instructions)                                                          | • | 6  |            |
|                             | 7  | Other income. Attach schedule                                                                                         | • | 7  | 764,582.   |
|                             | 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  | 814,957.   |
|                             | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule                                               | • | 9  |            |
| Expenses and Disbursements  | 10 | Disbursements to or for members                                                                                       | • | 10 |            |
|                             | 11 | Compensation of officers, directors, and trustees. Attach schedule                                                    | • | 11 | 121,701.   |
|                             | 12 | Other salaries and wages                                                                                              | • | 12 | 1,070,994. |
|                             | 13 | Interest                                                                                                              | • | 13 | 496.       |
|                             | 14 | Taxes                                                                                                                 | • | 14 | 106,597.   |
|                             | 15 | Rents                                                                                                                 | • | 15 | 63,910.    |
|                             | 16 | Depreciation and depletion (See instructions)                                                                         | • | 16 | 56,197.    |
|                             | 17 | Other Expenses and Disbursements. Attach schedule                                                                     | • | 17 | 568,040.   |
|                             | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.               | • | 18 | 1,987,935. |

**Schedule L Balance Sheets****Beginning of taxable year****End of taxable year**

| Assets                           |                                                   | (a)      | (b)      | (c)      | (d)      |
|----------------------------------|---------------------------------------------------|----------|----------|----------|----------|
| 1                                | Cash                                              |          | 224,508. | •        | 207,200. |
| 2                                | Net accounts receivable                           |          | 5,585.   | •        | 49,129.  |
| 3                                | Net notes receivable                              |          |          | •        |          |
| 4                                | Inventories                                       |          | 33,187.  | •        | 31,443.  |
| 5                                | Federal and state government obligations          |          |          | •        |          |
| 6                                | Investments in other bonds                        |          |          | •        |          |
| 7                                | Investments in stock                              |          |          | •        |          |
| 8                                | Mortgage loans                                    |          |          | •        |          |
| 9                                | Other investments. Attach schedule                |          |          | •        |          |
| 10 a                             | Depreciable assets                                | 662,447. |          | 520,528. |          |
| b                                | Less accumulated depreciation                     | 529,973. | 132,474. | 434,135. | 86,393.  |
| 11                               | Land                                              |          |          | •        |          |
| 12                               | Other assets. Attach schedule                     |          | 17,840.  | •        | 18,861.  |
| 13                               | Total assets                                      |          | 413,594. |          | 393,026. |
| <b>Liabilities and net worth</b> |                                                   |          |          |          |          |
| 14                               | Accounts payable                                  |          | 77,974.  | •        | 65,706.  |
| 15                               | Contributions, gifts, or grants payable           |          |          | •        |          |
| 16                               | Bonds and notes payable                           |          |          | •        | 49,500.  |
| 17                               | Mortgages payable                                 |          |          | •        |          |
| 18                               | Other liabilities. Attach schedule                |          | 16,712.  |          | 84,081.  |
| 19                               | Capital stock or principle fund                   |          | 318,908. | •        | 193,739. |
| 20                               | Paid-in or capital surplus. Attach reconciliation |          |          | •        |          |
| 21                               | Retained earnings or income fund                  |          |          | •        |          |
| 22                               | Total liabilities and net worth                   |          | 413,594. |          | 393,026. |

**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                                                              | • | -125,169. | 7  | Income recorded on books this year not included in this return. Attach sch | • |           |
| 2 | Federal income tax                                                                | • |           | 8  | Deductions in this return not charged against book income this year.       | • |           |
| 3 | Excess of capital losses over capital gains                                       | • |           |    | Attach schedule                                                            | • |           |
| 4 | Income not recorded on books this year.                                           | • |           | 9  | Total. Add line 7 and line 8                                               |   |           |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • |           | 10 | Net income per return.                                                     |   |           |
| 6 | Total. Add line 1 through line 5.                                                 |   | -125,169. |    | Subtract line 9 from line 6                                                |   | -125,169. |



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY  
**Schedule of Contributors**

OMB No. 1545-0047

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

☒ 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 foundation

Check 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).

**BAA 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

CHILDREN'S CREATIVITY MUSEUM

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|----------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | SF OFFICE OF COMMUNITY INVESTMENT<br>ONE S. VAN NESS AVENUE<br>SAN FRANCISCO, CA 94103 | \$ 517,500.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2             | NATIONAL ENDOWMENT FOR ARTS<br>1100 PENNSYLVANIA AVENUE NW<br>WASHINGTON, DC 20506     | \$ 20,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3             | UNION BANK FOUNDATION<br>400 CALIFORNIA STREET, 8TH FL<br>SAN FRANCISCO, CA 94104      | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4             | KEKER FAMILY FOUNDATION<br>710 SANSOME STREET<br>SAN FRANCISCO, CA 94111               | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5             | ADOBE SYSTEMS, INC.<br>345 PARK AVENUE<br>SAN JOSE, CA 95110                           | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6             | KIMBALL FOUNDATION<br>1660 BUSH STREET #300<br>SAN FRANCISCO, CA 94109                 | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Name of organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|--------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7             | YERBA BUENA COMMUNITY BENEFIT DIST<br>5 THIRD STREET, SUITE 914<br>SAN FRANCISCO, CA 94103 | \$ 12,500.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8             | STUPSKI FAMILY FUND<br>101 SECOND STREET #1100<br>SAN FRANCISCO, CA 94105                  | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9             | MICHAEL MANKINS/ROBERT CAMP<br>38 CLARENDON AVENUE<br>SAN FRANCISCO, CA 94114              | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10            | ATOMIC PUBLIC RELATIONS<br>735 MARKET STREET 4TH FLOOR<br>SAN FRANCISCO, CA 94103          | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11            | HOUSE FAMILY FOUNDATION<br>5205 PROSPECT RD. STE. 135-158<br>SAN JOSE, CA 95129            | \$ 25,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12            | BAKER STREET FOUNDATION<br>135 MAIN STREET #1140<br>SAN FRANCISCO, CA 94105                | \$ 15,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|-------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13            | NATE CHANG/JENNIFER TYE<br>2844 POLK STREET<br>SAN FRANCISCO, CA 94109        | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14            | PAUL & ANTOINETTE WYTHES<br>3337 BRODERICK STREET<br>SAN FRANCISCO, CA 94123  | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15            | BOSTON PROPERTIES<br>800 BOYLSTON STREET #1900<br>BOSTON, MA 02199            | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16            | FIDELITY FOUNDATION<br>11 KEEWAYDIN DRIVE #100<br>SALEM, NH 03079             | \$ 40,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17            | CP DEVELOPMENT CO. LP<br>1 CALIFORNIA STREET #2700<br>SAN FRANCISCO, CA 94111 | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18            | GENENTECH<br>1 DNA WAY<br>SOUTH SAN FRANCISCO, CA 94080                       | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Name of organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|-----------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19            | ALL POINTS MEDA LLC<br>10200 SW ALLEN BLVD #G<br>BEAVORTON, OR 97005        | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20            | DELPHIX<br>275 MIDDLEFIELD ROAD #50<br>MENLO PARK, CA 94025                 | \$ 6,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21            | WHITCANACK/DEANE<br>20 IDORA AVENUE<br>SAN FRANCISCO, CA 94127              | \$ 6,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22            | RACKSPACE HOSTING<br>5000 WALZEM ROAD<br>SAN ANTONIO, TX 78216              | \$ 5,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23            | WEBCOR CONSTRUCTION LP<br>1751 HARBOR BAY PARKWAY #200<br>ALAMEDA, CA 94502 | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24            | PLAE, INC.<br>130 BUSH STREET<br>SAN FRANCISCO, CA 94104                    | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|---------------|-------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25            | U.S. BANK<br>540 VAN NESS AVENUE<br>SAN FRANCISCO, CA 94102 | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|               |                                                             |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                             |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                             |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                             |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                             |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                             |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |                                                             |                               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization

CHILDREN'S CREATIVITY MUSEUM

Employer identification number

94-3178735

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|                           | N/A                                          |                                                |                      |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              | \$                                             |                      |

BAA

Employer identification number  
94-3178735

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$                      N/A  
Use duplicate copies of Part III if additional space is needed.

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



2013

## CALIFORNIA STATEMENTS

PAGE 1

CLIENT 26008

CHILDREN'S CREATIVITY MUSEUM

94-3178735

12/14/14

05:38PM

**STATEMENT 1**  
**FORM 199, PART II, LINE 7**  
**OTHER INCOME**

PROGRAM SERVICE REVENUE..... \$ 764,582.  
TOTAL \$ 764,582.

**STATEMENT 2**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

| NAME AND ADDRESS                                                   | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|--------------------------------------------------------------------|------------------------------------------------|-------------------|----------------------------------|------------------------------|
| JOHN GONZALEZ<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103      | CHAIR<br>2.00                                  | \$ 0.             | \$ 0.                            | \$ 0.                        |
| BILL RUSITZKY<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103      | VICE CHAIR<br>2.00                             | 0.                | 0.                               | 0.                           |
| JON DEANE<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103          | TREASURER<br>2.00                              | 0.                | 0.                               | 0.                           |
| ANDY PROEHL<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103        | SECRETARY<br>2.00                              | 0.                | 0.                               | 0.                           |
| MICHAEL NOBLEZA<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103    | EXEC DIRECTOR<br>40.00                         | 121,701.          | 0.                               | 4,368.                       |
| NATE CHANG<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103         | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |
| ASIT GOEL<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103          | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |
| HELEN HAN<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103          | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |
| MICHAEL C. MANKINS<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103 | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |
| DANIELLE MERIDA<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103    | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |

2013

## CALIFORNIA STATEMENTS

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**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

| NAME AND ADDRESS                                                  | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|-------------------------------------------------------------------|------------------------------------------------|-------------------|----------------------------------|------------------------------|
| SUNITA MOHANTY<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103    | DIRECTOR<br>1.50                               | \$ 0.             | \$ 0.                            | \$ 0.                        |
| LINDA PFATTEICHER<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103 | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |
| AMY SEZAK<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103         | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |
| DENNIS SULLIVAN<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103   | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |
| MELISSA WILLA<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103     | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |
| MAI MAI WYTHES<br>221 FOURTH STREET<br>SAN FRANCISCO, CA 94103    | DIRECTOR<br>1.50                               | 0.                | 0.                               | 0.                           |
| TOTAL                                                             |                                                | \$ 121,701.       | \$ 0.                            | \$ 4,368.                    |

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

|                                        |             |
|----------------------------------------|-------------|
| ACCOUNTING FEES                        | \$ 33,046.  |
| ADVERTISING AND PROMOTION              | 19,550.     |
| COGS REFLECTED SEPARATELY              | -58,917.    |
| CONFERENCES, CONVENTIONS, AND MEETINGS | 2,928.      |
| IN KIND DONATIONS                      | 76,783.     |
| INFORMATION TECHNOLOGY                 | 19,941.     |
| INSURANCE                              | 29,678.     |
| MAINTENANCE/REPAIRS/SECURITY           | 64,611.     |
| OFFICE EXPENSES                        | 133,879.    |
| OTHER EMPLOYEE BENEFIT                 | 125,394.    |
| OTHER FEES                             | 40,665.     |
| OTHER OPERATING EXPENSES               | 78,077.     |
| TRAVEL                                 | 2,405.      |
| TOTAL                                  | \$ 568,040. |



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**STATEMENT 4  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES ..... 18,861.  
TOTAL \$ 18,861.

**STATEMENT 5  
FORM 199, SCHEDULE L, LINE 16  
BONDS AND NOTES PAYABLE**

| <u>OTHER NOTES PAYABLE</u>                        | <u>BALANCE DUE</u> |
|---------------------------------------------------|--------------------|
| LENDER'S NAME: CITIBANK                           |                    |
| REPAYMENT TERMS: MONTHLY PRINCIPAL & INTEREST     |                    |
| INTEREST RATE: 6.25                               |                    |
| SECURITY PROVIDED: PERSONAL PROPERTY AND FIXTURES |                    |
| PURPOSE OF LOAN: OPERATIONS                       |                    |
| ORIGINAL AMOUNT: 85,000.                          |                    |
| BALANCE DUE:                                      | 49,500.            |
| TOTAL OTHER NOTES PAYABLE \$                      | <u>49,500.</u>     |
| TOTAL NOTES AND BONDS PAYABLE \$                  | <u>49,500.</u>     |

**STATEMENT 6  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES**

DEFERRED REVENUE ..... 5,192.  
SECURITY DEPOSITS PAYABLE ..... 78,889.  
TOTAL \$ 84,081.

IN

## MAIL TO:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

## WEBSITE ADDRESS:

http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



|                                                        |  |                                                                                                    |
|--------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|
| State Charity Registration Number <u>86509</u>         |  | Check if:<br><input type="checkbox"/> Change of address<br><input type="checkbox"/> Amended report |
| CHILDREN'S CREATIVITY MUSEUM<br>Name of Organization   |  |                                                                                                    |
| 221 FOURTH STREET<br>Address (Number and Street)       |  | Corporate or Organization No. <u>1824331</u>                                                       |
| SAN FRANCISCO, CA 94103<br>City or Town State ZIP Code |  | Federal Employer ID No. <u>94-3178735</u>                                                          |

## ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

### PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/13 ending 6/30/14) list:  
Gross annual revenue \$ 1,862,766 Total assets \$ 393,026

### PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

|                                                                                                                                                                                                                                                                                                                                               | Yes                                 | No                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? <span style="float: right;">SEE STATEMENT 1</span> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;">SEE STATEMENT 2</span>                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. <span style="float: right;">SEE STATEMENT 3</span>                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Organization's area code and telephone number 415-820-3320

Organization's e-mail address INFO@CREATIVITY.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Tax Return Prepared by

**REGALIA & ASSOCIATES**

INTERIM EXEC DIR

Signature of authorized officer

Title

Date

**Certified Public Accountants**

CAVA9801L 01/21/14

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**STATEMENT 1  
FORM RRF-1, PART B, LINE 1  
FINANCIAL TRANSACTIONS**

DURING THE YEAR ENDED JUNE 30, 2014, MR. MICHAEL NOBLEZA WAS EMPLOYED AS THE EXECUTIVE DIRECTOR OF CHILDREN'S CREATIVITY MUSEUM AND WAS PAID 117,333 IN TOTAL WAGES.

**STATEMENT 2  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

RECEIVED FUNDING OF \$517,500 FROM:  
SAN FRANCISCO OFFICE OF COMMUNITY INVESTMENT AND INFRASTRUCTURE  
[PREVIOUSLY SAN FRANCISCO REDEVELOPMENT AGENCY]  
1 SOUTH VAN NESS AVE # 5  
SAN FRANCISCO, CA 94103  
415-749-2400

RECEIVED FUNDING OF \$12,500 FROM:  
YERBA BUENA COMMUNITY BENEFIT DISTRICT  
5 THIRD STREET, SUITE 914  
SAN FRANCISCO, CA 94103  
415-644-0728

RECEIVED GRANT OF \$20,000 FROM  
NATIONAL ENDOWMENT FOR THE ARTS  
400 7TH STREET, SW  
WASHINGTON, DC 20506-0001  
202-682-5400

**STATEMENT 3  
FORM RRF-1, PART B, LINE 8  
VEHICLE DONATION PROGRAM INFORMATION**

CHILDREN'S CREATIVITY MUSEUM PARTICIPATES IN A VEHICLE DONATION PROGRAM ADMINISTERED BY:  
CHARITABLE AUTO RESOURCES, INC.  
4669 MURPHY CANYON #100  
SAN DIEGO, CA 92123

**STATEMENT 9**

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THE JUNE 30, 2014 FINANCIAL STATEMENTS OF CHILDREN'S CREATIVITY MUSEUM WERE AUDITED BY THE INDEPENDENT ACCOUNTING FIRM OF REGALIA & ASSOCIATES, CPAS, WHICH ISSUED AN UNQUALIFIED OPINION. A COPY OF THE REPORT IS INCLUDED WITH THIS RETURN.