SECTION 512 (A) (7) REPRAI Exempt Organization Business Income Tax Return (and proxy tax under section 6033(a)) Po the territory of the section 6033(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	. J		C P C T C N	T 512/A	177	AGBG /	ΔT.	299	}	7/	0 4 6 0 1		
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RATHERING DELMAR BURKE SCHOOL 94-11562.55			Name of organization (Check box if name changed and see instructions.)								(Employees' trust, see		
Signature Sig		4	KATHERINE DELMAE	KAMURDING DELMAD BUDKE GOUOOI							1		
May (1) Solicy May (1) May (E Unrelated business activity code				
SAN PRANCISCO, CA 94121		Туре							(See its delicits)				
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H Einter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or businesses here ▶ 1. If only one, complete Parts I LV more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or businesses here in complete Parts I LV more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts I I will be than the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts I and III, complete a Schedule M for each additional trade or business, the complete Parts I and III, complete a Schedule M for each additional trade or business, the complete Parts I and III, complete a Schedule M for each additional trade or business, the complete Parts I and III, complete a Schedule M for each additional trade or business. In Complete Parts I and III, complete a Schedule M for each additional trade or business. In Complete Parts I and III, complete a Schedule M for each additional trade or business. In Complete Parts I and III, complete a Schedule M for each additional trade or business. In Complete Parts I III and I		<u> </u>	•	<u> </u>									
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trade or business here					porauo:	1 1 3		· · · · · · · · · · · · · · · · · · ·			Other trust		
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I response to the name and identifying number of the parent corporation. I The blooks are incore of P ROM BANINERMAN, DFO Telephone number 415-751-0177 Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross recepts or sales b Less returns and allowances c Balance 1 c Balance 1 c Balance 1 d d d d d d d d d d d d d d d d d d		•	mon a dinciared nades of pasinesses	` 	<u>*</u>		_	-, ,		than one			
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H *Yes; enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ RON BANNERMAN, DFO Telephone number ▶ 415-751-0177 Part I ** Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a. Gross recepts or sales b Lass returns and allowances 2 Cost of goods sold (Schedule A line 7) 3 Gross profits. Subtract line 2 from line to 4 As Capital gain ent income (fathat Schedule D) 4 As Capital gain ent income (fathat Schedule D) 4 As Capital gain ent income (fathat Schedule D) 5 Net gain (loss) (from a partnership or an S corporation (attach statement) 5 Income (loss) (from a partnership or an S corporation (attach statement) 5 Income (loss) (from a partnership or an S corporation (attach statement) 5 Income (Schedule C) 7 Unrelated debr-hanned mome (Schedule E) 8 Interest, amnutas, royalties, and rects from a controlled organization (Schedule G) 9 Investment income of a section 501(c/1), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule G) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total. Combine lines 3 through 12 14 Complemation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repuirs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Depreciation (attach form 4562) 20 Less depreciation clattich form 4562) 21 Less depreciation clattich form 4562) 22 Less depreciation clattich form 4562) 25 Excess readership costs (Schedule J) 26 Contributions to deferred compensation plans 27 Employee benefit programs 28 Excess exempt exempses (Schedule J) 29 Orber deductions, Add lines 4 through 28 29 Orber deduction on text operating loss arising in tax years beginning on a trater January 1, 2018 (see i													
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				ructions					<u> 32 </u>	Form 9			

Form 990-1		94-11:	56256	Page 2
Part I	II , Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	2.0	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	5 5	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		111	
	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		1 11	
	Tax rate schedule or Schedule D (Form 1041)	>	40	
41	Proxy tax. See instructions	>	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \	/ Tax and Payments			·
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<u> </u>	.	
b	Other credits (see instructions) 45b		4 / /	
C	General business credit. Attach Form 3800	<u>-</u>	4 1 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		411	
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (e)	tach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	<u> </u>
50 a	Payments: A 2017 overpayment credited to 2018	12.	4 1 1	
b	2018 estimated tax payments	4,428.	4	
C	Tax deposited with Form 8868		4 1 1	
đ	Foreign organizations: Tax paid or withheld at source (see instructions)		4 1 1	
	Backup withholding (see instructions)		4 1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)		111	
g	Other credits, adjustments, and payments: Form 2439			
	☐ Form 4136 ☐ Other ☐ Total ► 50g		4 1 1	
51	Total payments. Add lines 50a through 50g		51	4,440.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	4 440
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	4,440.
55		nded 🕨	55	4,440.
Part V		ions)	<u>'</u>	- 1 - 1
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			} }
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			_ X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bit correct, and complete Declay from of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ist of my knowle	dge and belief, it	is true,
Here		М	ay the IRS discu	ss this return with
11676	Signature of officer Date DFO		e preparer show	1
			structions)?	Yes No
			If PTIN	
Paid	1	elf- employed	200	E0024
Prepa	rer KATY BROWN KATY BROWN 04/30/20			50274
Use O		irm's EIN 🕨	94-6	214841
	12657 ALCOSTA BLVD, STE. 500			2602
		none no. 9	<u> 25-790</u>	
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