2939319800223 1

_	(	990-T		Exempt Organization				turı	n 「	ON	/IB No 154	5-0047
	Form (	-			ax under sect						<b>୬</b> ⋒ <b>1</b>	Q
	, or calculation of carrier to specifical and speci								20	·  '		•
	•	nent of the Treasury		► Go to www.irs.gov/FormS						Open to	o Public Ins	spection for
		Revenue Service	► Do	not enter SSN numbers on this for				s a 50	1	501(c)	(3) Organiza	ations Only
	<u>A U :</u>	CAN EDANGICO DALLET ENDOWMENT FOUNDATION (Fm									l <b>entificatio</b> trust, see in	n number structions)
		opt under section $01( \mathbf{c} ) 3 $	Print	Number, street, and room or suite					,		2747262	·
	<u>V</u> 50	` —	_ or	455 FRANKLIN STREET	no ira PO box, see ir	istructio	oris		E Unr		isiness act	ıvıtv code
			Type	City or town, state or province, cou	intry, and ZIP or foreign	n nosta	Loode			nstruct		,
	_	29(a)		SAN FRANCISCO, CA 94102	may, and zir or foreign	ii posta	Code			9	01101	
	C Book	value of all assets	F Gr	oup exemption number (See	instructions ) ▶	•						
	at en	d of year \$116,192,03		neck organization type 🕨 🗸		on	☐ 501(c) trust		401(a	a) trust		ther trust
	H En	1902		organization's unrelated trade				scrib		<del></del> -	fırst) unr	elated
	tra	ide or business	here ►	UBI FROM QPI	lf c	nly or	ne, complete Parts				•	
	firs	st in the blank s	space a	at the end of the previous se								
	tra	ide or business,	then c	omplete Parts III-V.								
	I Du	ring the tax year,	was th	e corporation a subsidiary in an	affiliated group or	a pare	nt-subsidiary contro	lled g	roup?	. ▶	☐ Yes	X No
				and identifying number of the	parent corporation	on 🕨						
-				► ROBERT H FORE III		-	Telephone n	umbe	r ►	4	415-861-5	600
	-Parl	Unrelated	d Trad	e or Business Income	·		(A) Income	(B)	Expens	ses	(C)	Net
	1a	Gross receipts										
	b	Less returns a			<b>c</b> Balance ►	1c		A COLUMN				
	2			Schedule A, line 7)	• •	2		1,200	-	2010 AND 1010 AND 101	<b>1</b>	
	3	•		t line 2 from line 1c .		3			E2 67		<del> </del>	
	4a	_		ne (attach Schedule D)	Cormo 4707)	4a 4b	1				<b>3</b> ├──-	<del></del>
	b		In (loss) (Form 4797, Part II, line 17) (attach Form 4797)  4b  4c								<del>1</del>	
<del></del>	5	•		a partnership or an S corp	noration (attach	40					4	<del></del>
202		statement)				5	(39,498)		115		<del>  </del>	(39,498)
~	6	•							1/2		77	(35,)35,
F=4	_			ced income (Schedule E) .		7		<del>-  </del>	- 1		<del>''</del>	
g	8			s, and rents from a controlled organi	zation (Schedule F)	8			<u>al 1</u>			<del>/</del>
AUG	9		-	ection 501(c)(7), (9), or (17) organiz	•	9	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	$\top$	IRS	OSC		<del>/</del>
	10	Exploited exer	npt act	ıvıty ıncome (Schedule I) .		10		٠ ا				
NED	11	Advertising inc	ome (S	Schedule J) . . . . .		11						
₹	12			structions; attach schedule) .		12				2 7		
<b>S</b>	13			3 through 12		13	(39,498)				/	(39,498)
$\mathcal{O}$	Part			Taken Elsewhere (See ins		ation	s on deductions.)	(Ded	uction	s musi	ı be dire	ctly
90	14			he unrelated business incor cers, directors, and trustees (	<del></del>							
	15	Salaries and w		cers, directors, and trustees (	Scriedule K)	`				14		
	16	Repairs and m	-	ence .	7517	1			•	16		
	17	Bad debts								17		
	18		sched	lule) (see instructions) .			<i>.</i> .			18		
	19	Taxes and lice					<b>.</b>			19		174
	20	Depreciation (a	attach F	Form 4562) . ~ .	/		. 20			100		
	21	Less depreciat	ion cla	imed on Schedule A and else	where on return		. 21a			21b		
	22	Depletion			<i>/</i>					22		
•	23			rred compensation plans			•			23		
	24	Employee ben		-						24		
	25	·		nses (Schedule I)						25	<del></del>	
	26			sts (Schedule J)		•				26		
	27	Other deduction				•				27		6,196
	28			id lines 14 through 27			Nulhamana lina 2003			28		6,370
	29 · 30			exable income before net ope perating loss arising in tax y						29		(45,868)
		instructions)	net of		yeara beginning t	on Of		2010	,500	30		
	31/	<i></i>	ness ta	xable income. Subtract line 3	30 from line 29		•			31		(45,868)
j				Notice, see instructions.	20 0 11110 20	Cat	No 11291J		•		Form <b>99</b> (	<b>D-T</b> (2019)
				-,			- · · <del></del> · <del>-</del>		1	_ ^	. ~4	, /

<b>Part</b>	T	otal Unrelated Business Taxable Income		
3,2	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see		
٠,	ınstruc		32	11,769
33		nts paid for disallowed fringes	33	0
34		able contributions (see instructions for limitation rules)	34	1,077
35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	34	1,077
33		- Ab		
			35	10,692
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see		
	ınstruc	tions)	36	0
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35 $ $	37	10,692
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrela	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
- 11		ne smaller of zero or line 37	39	9,692
Part		ax Computation	<del></del>	
40		izations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	2,035
41		Taxable at Trust Rates. See instructions for tax computation income tax on	40	2,000
71		ount on line 39 from.   Tax rate schedule or   Schedule D (Form 1041)		
		· · · · · · · · · · · · · · · · · · ·	41	0
42	-	tax. See instructions	42	0
43		tive minimum tax (trusts only)	43	0
441		Noncompliant Facility Income. See instructions	44	0
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	2,035
Part	T	ax and Payments		
46a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116) . 46a 0		
b	Other	credits (see instructions)	}	
С	Genera	al business credit Attach Form 3800 (see instructions)		
d		for prior year minimum tax (attach Form 8801 or 8827)	- !	
e		redits. Add lines 46a through 46d	46e	0
47		ct line 46e from line 45	47	2,035
48		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	0
49		ax. Add lines 47 and 48 (see instructions)	49	2,035
50			50	0
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	30	
51a		nts A 2018 overpayment credited to 2019		
р		stimated tax payments	1	
С		posited with Form 8868	- 1	
d	-	organizations Tax paid or withheld at source (see instructions)	1	
е		o withholding (see instructions)		
f	Credit 1	for small employer health insurance premiums (attach Form 8941) . 51f 0	1	
g	Other of	eredits, adjustments, and payments:  Form 2439	į	
	☐ Form	m 4136 ☐ Other Total ▶ 51g 0		
52	Total p	ayments. Add lines 51a through 51g	52	4,196
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached	53	0
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		2161
56	•	e amount of line 55 you want: Credited to 2020 estimated tax ▶ 2,161 Refunded ▶	56	
Part		tatements Regarding Certain Activities and Other Information (see instructions)	<u> </u>	
				rity Yes No
57		time during the 2019 calendar year, did the organization have an interest in or a signature or othe		'' <sup>'</sup>
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may h		I I
		I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign	jii cour	111y
	here ▶			
58	-	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ı trust?	
		" see instructions for other forms the organization may have to file		.
_59_		ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲		
	L .	penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	my know	ledge and belief, it is
Sign	irue, c	orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ay the IR	3 discuss this return
Here		1 5/13/21 CFO		aparer shown below
		1	30 100	ione)2 [JVee [JNe ]
		re of officer Date Title (st	ee instruct	ions)? <b>☑Yes ☐ N</b> o
Do:A	Signati	re of officer Date Title		ıons)? <b>☑Yes ☐ No</b>
Paid	Signati	Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature		PTIN
Prep	Signati	Print/Type preparer's name  QI WEN LIANG  Preparer's signature  A Han June  O5/12/2021  CRANT THORNTON LIAB	☐ if	PTIN P01270238
	Signati	Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature	☐ if inployed	PTIN

Form 990-T (2019	۱۱ ۱	۰

Page 3

Schedule A-Cost of Goods	Sold. En	ter metho	d of inve	ntory va	luation 🕨		_			
1 Inventory at beginning of	year	1		6	Inventory a	at end of year	6			
2 Purchases		2		7	Cost of g	oods sold. Subtract line				
3 Cost of labor		3		7	6 from line	5 Enter here and in Part				
4a Additional section 263A	costs			1	I, line 2		7			
(attach schedule)		4a		8	Do the ru	les of section 263A (with	respe	ect to	Yes	No
<b>b</b> Other costs (attach sched	lule)	4b				produced or acquired for i				
5 Total. Add lines 1 through		5		1	to the orga		,	-		
Schedule C-Rent Income (I			ty and Pe	ersonal	Property	Leased With Real Pro	oertv)			
(see instructions)		•	-			•	•			
Description of property						<del></del> .				
(1)										
(2)						<del></del>				
(3)						** ***		<del></del>		
(4)										
	2. Rent receive	ed or accrued								
(a) From personal property (if the percent	tage of rent	(b) From	n real and pe	ersonal prop	erty (if the	3(a) Deductions directly o				е
for personal property is more than 10% more than 50%)	6 but not				perty exceeds fit or income)	in columns 2(a) and	in columns 2(a) and 2(b) (attach schedule)			
(1)				<del></del>				_		
(2)										
(3)										
(4)										
Total		Total				47.7.4.4.4.4.				
(c) Total income. Add totals of colur	nns 2(a) and	12(b) Enter				(b) Total deductions. Enter here and on page 1				
here and on page 1, Part I, line 6, colu		» ∠(ö, ∠ö.				Part I, line 6, column (B)				
Schedule E-Unrelated Deb		ed Incom	e (see inst	ructions)						
1 Description of debt-fi	ınanced prop	ertv	I	Gross income from or allocable to debt-financed property		Deductions directly connected with or allocable to debt-financed property				
		- <b>,</b>				(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		\$	
(1)										
(2)										
(3)										
(4)					,					
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	of or debt-fina	e adjusted bas allocable to anced property h schedule)		6. Co 4 dıv by coli	ided	7. Gross income reportable (column 2 × column 6)		ocable ded n 6 × total o 3(a) and 3(l	f colu	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
			•			Enter here and on page 1, Part I, line 7, column (A)	Enter h Part I,	ere and or line 7, col	n pag lumn	je 1, (B)
Totals					<b>•</b>					
Total dividends-received deduction	s included	n column 8				. <b>•</b>				
-						<del></del>		Form <b>99</b>	0-T	(2019)

Schedule F—Interest, Annui	ties, Royalties,			Controlled Org	janizations (se	e instru	ctions)	
Name of controlled organization	2. Employer identification number	3. Net unrel	ated income nstructions)	T	5 Part of columnicuded in the organization's gr	controlling	conn	eductions directly nected with income in column 5
(1)								
(2)								
(3)						_		
(4)								
Nonexempt Controlled Organiza	tions			1				
7 Taxable Income -	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the organization's gr	controlling	conne	Deductions directly cted with income in column 10
(1)							_	
(2)				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	_	
(3)								
(4)				<del></del>				
Totals		·		. >	Add columns ( Enter here and o Part I, line 8, co	on page 1, olumn (A)	Enter   Part	columns 6 and 11 here and on page 1, , line 8, column (B)
Schedule G-Investment In	come of a Sect	ion 501(c			zation (see ins	tructions		
1. Description of income	2. Amount o	f income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)						ŀ		
Totals •	Enter here and Part I, line 9, c			, 32.5 4.01.		P. 195.		ere and on page 1, one 9, column (B)
Schedule I-Exploited Exen	npt Activity Inco	ome, Oth	er Than	Advertising In	come (see inst	tructions	s)	-
Description of exploited activity	2. Gross unrelated business inco from trade o business	I DECOMPTION OF		4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	ctivity that attribut		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)					_			
Totals	Enter here and page 1, Part line 10, col (#	I, page	ere and on 1, Part I, 0, col (B)	*	* e* *	, ,		Enter here and on page 1, Part II, line 25
Schedule J-Advertising Inc	come (see instru	ctions)		-	* *		<u>:</u> .	<u> </u>
Part I Income From Per			Consoli	dated Basis			-	· · · · · · · · · · · · · · · · · · ·
Hallet Income From Feb	louicais nepor	leu on a	COHSOII	1	*	1		la c
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				4.				
(2)		_		, ,				• •
(3)								
(4)					_			
Totals (carry to Part II, line (5))	<b>▶</b>							

Part II Income From Period	•	l on a Separat	t <b>e Basis</b> (For ea	ach periodical i	isted in Part II,	fill in columns
2 through 7 on a line-l	oy-line basis.)	1			7	
1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readershi costs (column 6 minus column 5, bu not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	•			TOTAL PROPERTY.		
Totals, Part II (lines 1–5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instru	ictions)	(M) A T A	
1 Name	:	2 Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business		
(1)				9	6	
(2)				9	6 °	
(3)				9	6	
(4)				9	6	
Total. Enter here and on page 1, Part II, I	ne 14			. •		

Form **990-T** (2019)

FORM 990-T, PART II, LINE 27, OTHER DEDUCTIONS	<del></del>
TAX PREPARATION FEES	6,196 00
TOTAL OTHER DEDUCTIONS	6 196 00

## SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

.\_..

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30 , 20 20

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name o	of the organization	Employer iden	Employer identification number 94-2747262				
SAN	FRANCISCO BALLET ENDOWMENT FOUNDATION						
Uı	nrelated Business Activity Code (see instructions) ▶ 90200	)1			,		
De	escribe the unrelated trade or business   UBI FROM NON-QPI		•				
Par	Unrelated Trade or Business Income		(A) Income	(B) Expens	ies	(C) Net	
1a	Gross receipts or sales	-					1/4
b	Less returns and allowances	1c					
2	Cost of goods sold (Schedule A, line 7)	2		BECK CONTRA	322	British K	
3	Gross profit. Subtract line 2 from line 1c .	3					
4a	Capital gain net income (attach Schedule D)	4a			N MARK		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				-	
С	Capital loss deduction for trusts	4c			725		
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5	14,053			14,053	
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12		際でいきませ	i seci		
13	Total. Combine lines 3 through 12	13	14,053		1	14,053	
Part	connected with the unrelated business income)		nons on deduc	ctions.) (Deduction	ons m	ust be directly	<i>y</i>
14	Compensation of officers, directors, and trustees (Schedule K)	)			14		
15	Salaries and wages	٠			15		<u> </u>
16	Repairs and maintenance				16		ļ <u> </u>
17	Bad debts			•	17		<u> </u>
18	Interest (attach schedule) (see instructions) .				18		
19	Taxes and licenses				19	79	
20	Depreciation (attach Form 4562)		20		\$		
21	Less depreciation claimed on Schedule A and elsewhere on re	turn	21a		21b		
22	Depletion				22		
23	Contributions to deferred compensation plans .				23		
24	Employee benefit programs				24		
25	Excess exempt expenses (Schedule I)		•		25		
26	Excess readership costs (Schedule J)			- •	26		
27	Other deductions (attach schedule) .				27	2,205	
28	Total deductions. Add lines 14 through 27				28	2,284	
29	Unrelated business taxable income before net operating loss d	eductio	n Subtract line	28 from line 13	29	11,769	
30	Deduction for net operating loss arising in tax years beginn	ing on	or after Janua	ry 1, 2018 (see			
	instructions)	-			30		

Unrelated business taxable income. Subtract line 30 from line 29

11,769

SCHEDULE M, PART II, LINE 27, OTHER DEDUCTIONS	
TAX PREPARATION FEES	2,205 00
TOTAL OTHER DEDUCTIONS	2,205.00