Form 990-T	E	Exempt Organization Bus	sine	ss Income T	ax Return	1	OMB No 1545-0047
-	For ca	(and proxy tax und	er se	. and ending	1912	İ	2019
Department of the Treasury Internal Revenue Service		■ Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may		ns and the latest inform		— 	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ((Empl	yer identification number byees' trust, see ctions)
B Exempt under section	Print	BELLA VISTA FOUNDATION				.و	4-3345967
X 501(d)(3_)	or	Number, street, and room or suite no. If a P.O bo		structions			ited business activity code
408(e) 220(e)	Туре	1660 BUSH STREET, NO.	300			(*****	,
408A 530(a) 529(a)	1	City or town, state or province, country, and ZIP o SAN FRANCISCO, CA 941		n postal code		523	000
C Book value of all assets at end of year		F Group exemption number (See instructions)	<u> </u>				
		G Check organization type ► X 501(c) cor	poration		401(a)		Other trust
		tion's unrelated trades or businesses.	<u> </u>		the only (or first) un		Al-an-an-a
		EE STATEMENT 16			complete Parts I-V.		
		ice at the end of the previous sentence, complete Pa	arts i an	o II, complete a Scriedule	IN for each addition	ai iiaue	UI
business, then complete		-v. poration a subsidiary in an affiliated group or a parei	nt_cube	diany controlled group?	<u> </u>	Ye	s X No
		tifying number of the parent corporation.	111-30031	diary controlled group.			· 110
		PACIFIC FOUNDATION SERV	ICES	S, LLC Telepho	one number 🕨 4	15-	561-6540
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale							
b Less returns and allow		c Balance ▶	1c				/.
2 Cost of goods sold (S	chedule	A, line 7)	2				
3 Gross profit. Subtract	line 2 fi	rom line 1c	3				
4a Capital gain net incom	ne (attac	h Schedule D)	4a				
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	for trus	sts	4c				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5	4,356.	STMT 1	L 7	4,356.
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-financ	ed incor	ne (Schedule E)	7				<u>.</u>
· ·		nd rents from a controlled organization (Schedule F)	8_				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt activ	•	,	10				
11 Advertising income (S		•	11				
12 Other income (See ins		•	12	4,356.			4,356.
13 Total, Combine lines	ne No	gn 12 ot Taken Elsewhere (See instructions fo	13				4,550.
		be directly connected with the unrelated bysin					
		rectors, and trustees (Schedule K)		· · · · · · · · · · · · · · · · · · ·		14	
15 Salaries and wages	iccio, ui			100		15	
16 Repairs and mainten	ance	REC	Eľ	VED O		16	
17 Bad debts		/		1991		17_	
18 Interest (attach sche	dule) (s	ee instructions) 9 NOV	19	2020		18	
19 Taxes and licenses	• •	ee instructions) NOV				19	
20 Depreciation (attach	Form 45		フニト	I, UT [2]		<u> </u>	
		n Schedule A and elsewhere on return	<u> </u>	213		21b	
> 22 Depletion						22	
Contributions to defe 24 Employee benefit pro	erred co	mpensation plans				23	
24 Employee benefit pro						24	
7 25 Excess exempt expe		•				25	
26 Excess readership co						26	
27 Other deductions (at						27	
28 Total deductions. A				., ,		28	4,356.
,		ncome before net operating loss deduction. Subtrac				29	4,330.
<i>,</i>	erating l	loss arising in tax years beginning on or after Janua	ry 1, 20	18			0.
(see instructions)	aa.l-1 -	anne Cubbreat line 00 fram line 00				30 31	4,356.
		ncome. Subtract line 30 from line 29				191	Form 990-T (2019)
923701 01-27-20 LMA F0	n raper	work Reduction Act Notice, see instructions 3	6		97		. 5/11/ 300 7 (2015)

	Form 99	10-T <u>(20</u> 19)	BELLA VISTA FOUNDAT	ION				94-	3345967 Page 2
١	Part	F THE .	Total Unrelated Business Taxal	ole Income		_		A	
ı	32	Total of	f unrelated business taxable income computed	from all unrelated trades or business	es (see i	instructions)		321	4,356.
	33		ts paid for disallowed fringes		•			33	_
	34		ble contributions (see instructions for limitatio	n rules)				_ 34	0.
	35		nrelated business taxable income before pre-20		4,356.				
	36		ion for net operating loss arising in tax years b					36	
	37		unrelated business taxable income before spe				_	37	4,356.
	38		deduction (Generally \$1,000, but see line 38				8	38	1,000.
	39	•	ted business taxable income. Subtract line 38		ın line 37	7			
	••		ne smaller of zero or line 37			,	l l	39	3,356.
1	Part		Tax Computation				 .	\ 	
"	40		zations Taxable as Corporations. Multiply line	39 by 21% (0.21)				→ 40	705.
	41		Taxable at Trust Rates. See instructions for to		nount on	line 39 from	1		
	71		ax rate schedule or Schedule D (Form	•	iouni on			► - - 	
	42		ax. See instructions	,,,,				► 42	
	43	-	tive minimum tax (trusts only)					43	
	44		Noncompliant Facility Income. See instruction	inc				44	
	45		Add lines 42, 43, and 44 to line 40 or 41, which					45	705.
	Part		Tax and Payments				-	-1-910	
	$\overline{}$		tax credit (corporations attach Form 1118; tru	sts attach Form 1116)		46a			
		-	redits (see instructions)	oto attabili oriii i i ioj		46b		ᅴ. ㅣ	
	v		business credit. Attach Form 3800			46c		·	
	d		or prior year minimum tax (attach Form 8801)	or 8827)		46d		-	
			redits Add lines 46a through 46d	51 6021)		700		46e	
	47		et line 46e from line 45					47	705.
	48			Form 8611 Form 8697	Form 88	66 Other	(attach schedule		
	-		x. Add lines 47 and 48 (see instructions)		. 0 00		L	t 49	705.
	50		et 965 tax liability paid from Form 965-A or Fo	m 965-B. Part II. column (k). line 3		_		50	0.
			nts: A 2018 overpayment credited to 2019	m 303 b, r are ii, columni (k), iinc o	Va	548	2,029		
			stimated tax payments		Ψ	51b		1	
			osited with Form 8868			51c		┥	
		-	organizations. Tax paid or withheld at source	(see instructions)		51d		按	
		-	withholding (see instructions)	(300 man adnoma)		51e		\dashv \vdash	
			or small employer health insurance premiums	(attach Form 8941)		51f		7	
			, ,	rm 2439		1			
	y		· · · · · · · · · · · · · · · · · · ·		tal >	51g			
	52		ayments. Add lines 51a through 51g		itui 🕨	0.19.1		52	2,029.
		-	ed tax penalty (see instructions). Check if Forn	2220 is attached				53	-,1,+
			. If line 52 is less than the total of lines 49, 50					► 54	
			yment. If line 52 is larger than the total of lines	•	aid		lo	▶ 55	1,324.
			e amount of line 55 you want. Credited to 202			324. Re	funded >	▶ \56	0.
•	Part		Statements Regarding Certain					1 30	
	57		ime during the 2019 calendar year, did the org				·		Yes No
		-	inancial account (bank, securities, or other) in						
			Form 114, Report of Foreign Bank and Financi						
		here	>			, ,			<u> </u>
	58		the tax year, did the organization receive a dist	ribution from, or was it the grantor of	f. or tran	sferor to, a fore	on trust?		<u> </u>
		•	see instructions for other forms the organizat	·	,				
		•	e amount of tax-exempt interest received or a	-					
			nder penalties of perjury, I declare that I have examined	this return, including accompanying schedule	es and sta	tements, and to the	best of my know	vledge and beli	ef, it is true,
	Sign	co	rrect and complete Declaration of preparer (other than	taxpayer) is based on all information of which	n preparer	has any knowledg	e 		
	Here		Jan K. Walls	TREE	ASUR	ER		-	liscuss this return with hown below (see
			Signature of officer	Date				instructions)?	X Yes No
			Print/Type preparer's name	Preparer's signature	Da	te	Check	if PTIN	
	Paid			July Cenur		0/26/2020	self- employe	I	
		oarer	JESSICA CASSINELLI	Mrs -	"	., 20, 2020			1976621
	-	Only	Firm's name ► ROBERT LEE &	ASSOCIATES, LLP			Firm's EIN		-1155496
	USE	Only	999 W TAYL						
			Firm's address ► SAN JOSE,				Phone no.	(408)	855-6770
	923711 (01-27-20		· · · · · · · · · · · · · · · · · · ·					Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation ► N/A					
1 Inventory at beginning of year	1			Inventory at end of year			6		
2 Purchases 2			7	7 Cost of goods sold Subtract line 6					
3 Cost of labor 3			from line 5. Enter her			Part I,			
4 a Additional section 263A costs			1	line 2		•	7	<u></u>	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5]	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0/-15 4			
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	d 2(b) (attach schedule)	n
(1)				-					
(2)					· ·				
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	Gross income from		Deductions directly conto debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	าร
(1)						-			
(2)				-					
(3)			Ì					_	
(4)									
4. Amount of average acquisition debt on or ellocable to debt-(manced property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8, Aliocable deduct (column 6 x total of cc 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				•		0	.		0.
Total dividends-received deductions in	icluded in column	18		,			-		0.
·									

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<u>%</u> ▶

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7 Excess readership 2 Gross advertising income 6 Readership costs (column 6 minus column 5, but not more than column 4) 5. Circulation 3. Direct 1. Name of periodical advertising costs costs (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and Enter here and on page 1, Part I, line 11, col (B) on page 1, Part II, line 26 0. 0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2 Title (1) % (2) % (3)

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0.

(4)

Total. Enter here and on page 1, Part II, line 14

		_				· · · · · · · · · · · · · · · · · · ·	
FORM 990-T	DESCRIPTION	OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	16
		F	RUSTNESS ACTIVITY	Ψ			

UNRELATED BUSINESS INCOME FROM PASS-THROUGH ENTITIES

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 17
DESCRIPTION	NET INCOME OR (LOSS)
HCP PRIVATE EQUITY FUND, L.P OTHER PORTFOLIO INCOME (LOSS)	2,224.
HCP PRIVATE EQUITY FUND II, L.P OTHER PORTFOLIO INCOME (LOSS)	2,132.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	4,356.