

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	The return should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024	
В	Check if	C Name of organization	D Employer identif	ication number
	applicabl	9:	,	
	Addre chang	SAN FRANCISCO BALLET ASSOCIATION		
	Name chang	5	94-1415298	
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	+	
	return Final	455 FRANKLIN STREET	(415) 861-56	
	return, termin			
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102	G Gross receipts \$	79,815,935.
	return Applic	, ,	H(a) Is this a group r	
	tion pendir	F Name and address of principal officer: Draw Tobac Translation	for subordinate	
_	_	SAME AS C ABOVE	H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		list. See instructions
	Websi		H(c) Group exemption	
			rear of formation: 1933	M State of legal domicile: CA
<u> </u>	art I	Summary		
٥	1	Briefly describe the organization's mission or most significant activities:	MISSION IS TO SHARE	
Governance	2	OUR JOY OF DANCE WITH THE WIDEST POSSIBLE AUDIENCE. (SEE SCH. 0)		
Š	2	Check this box if the organization discontinued its operations or disposed of n	1	1
Š	3		<u>3</u>	56
		Number of independent voting members of the governing body (Part VI, line 1b)		55
ď	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		804
ŧ	6	Total number of volunteers (estimate if necessary)	<u>6</u>	505
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	180,622.
_	, p	Net unrelated business taxable income from Form 990-T, Part I, line 11		131,683.
			Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)	32,844,330.	38,640,446.
Beyonia	9	Program service revenue (Part VIII, line 2g)	26,735,990.	31,636,111.
9	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	237,821.	275,325.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-65,553.	-143,374.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,752,588.	70,408,508.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,583,765.	1,638,297.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,233,856.	46,173,028.
Fynancae) 16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
9	h	Total fundraising expenses (Part IX, column (D), line 25) 2,213,722.		
Ž] ₁₇	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,936,812.	16,359,329.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,754,433.	· · ·
		Revenue less expenses. Subtract line 18 from line 12	-1,001,845.	+
_	_	Trevenue 1633 expenses, oubtract line 10 from line 12	Beginning of Current Year	End of Year
ts c	20 20	Total assets (Part X, line 16)	38,436,381.	45,581,262.
\sse	20 21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	53,936,565.	55,266,239.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	-15,500,184.	-9,684,977.
	art II	Signature Block	13,300,101.	3,004,311.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the hest of m	v knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowieuge and belief, it is
uu	5, 601160			
o:.		Lynda Gustokon Signature of officer	Date	
Sig		LYNDA GUSTAFSON, INTERIM CFO		
He	re	Type or print name and title		
_			Date Check	PTIN
Dai	id	Print/Type preparer's name Preparer's signature PANIEL ROMANO	4/29/2025	L
Pai			self-emplo	99-1856619
	parer	Firm's name GRANT THORNTON ADVISORS LLC	Firm's EIN	33-1030013
US	e Only	Firm's address 757 THIRD AVENUE, 3RD FLOOR	Di. / 02	2\ 500 0100
_		NEW YORK, NY 10017-2013	Phone no. (2)	12) 599-0100
Ma	ly the I F	RS discuss this return with the preparer shown above? See instructions		X Yes No

Form **8868** (Rev. January 2024)

, ,

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filling your return. See instructions.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Part I - Identification

Taxpayer identification number (TIN)

94-1415298

Number, street, and room or suite no. If a P.O. box, see instructions.

455 FRANKLIN STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SAN FRANCISCO, CA 94102

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return **Application Is For** Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 6069 Form 990-PF 04 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 5330 (individual) 13 Form 990-T (trust other than above) 06 07 Form 990-T (corporation) Form 5330 (other than individual) 14 Form 1041-A 08

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If th	this application is for an extension of time to file Form 5330, you must enter the following info	ormation.
	Plan Name	
	Plan Number	
	Plan Year Ending (MM/DD/YYYY)	
Part II	II - Automatic Extension of Time To File for Exempt Organizations (see instructions)	
Th	he books are in the care of KRISTIN KLINGVALL	
	455 FRANKLIN STREET - SAN FRANCISCO, CA 94102	
Τe	elephone No. (415) 861-5600 Fax No.	
	f the organization does not have an office or place of business in the United States, check this	
	f this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN	
box .		
1	I request an automatic 6-month extension of time until MAY 15 , 20 2	
	the organization named above. The extension is for the organization's return for:	
	calendar year 20 or	
	tax year beginning JUL 1, 20 23, and ending	JUN 30
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial re	eturn Final return
	Change in accounting period	
	<u> </u>	
	any nonrefundable credits. See instructions.	3a \$ 0.
b		<u> </u>
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b s 0.
С		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2024)

94-1415298

Ра	Tt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	\neg
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?	0
	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 X No. If "Yes," describe these changes on Schedule O.	0
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 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 \$47,604,236. including grants of \$) (Revenue \$5,264,275.	
	THE ASSOCIATION HAS ACHIEVED AN INTERNATIONAL REPUTATION AS ONE OF THE	
	PRE-EMINENT BALLET COMPANIES IN THE WORLD. DURING THE FISCAL YEAR, THE	
	COMPANY PERFORMED AT A LOCAL FESTIVAL, PRESENTED 31 PERFORMANCES OF THE	
	NUTCRACKER, 43 PERFORMANCES OF SWAN LAKE, A MIDSUMMER NIGHT'S DREAM,	
	AND MERE MORTALS, AND 21 PERFORMANCES SPREAD OUT OVER 3 OTHER PROGRAMS	
	REPRESENTING CLASSICAL, NEOCLASSICAL, AND CONTEMPORARY BALLET WORKS.	
4b	(Code:) (Expenses \$5,686,290. including grants of \$1,247,760.) (Revenue \$\$	_ }
	THE ASSOCIATION OPERATES SAN FRANCISCO BALLET SCHOOL AND A STUDENT	
	RESIDENCE. OVER 700 STUDENTS ARE ENROLLED IN THE SCHOOL AND 60 ADVANCED	_
	STUDENTS FROM ACROSS THE US AND AROUND THE WORLD RESIDE IN THE STUDENT	_
	RESIDENCE. THE BALLET SCHOOL CURRICULUM IS DESIGNED AND TAUGHT BY AN	_
	EMINENT FACULTY, EMPHASIZING A STRONG CLASSICAL TECHNIQUE AND A FLOW OF	_
	MOVEMENT THAT SUGGESTS A SENSE OF ENERGY, FREEDOM, AND JOY REFLECTING	_
	THE KIND OF DANCING FAVORED BY THE COMPANY. (SEE SCH. 0)	_
		_
		_
4c	(Code:) (Expenses \$713,533. including grants of \$347,007.) (Revenue \$\$	_ }
	THE ASSOCIATION PROVIDES DANCE EDUCATION AND COMMUNITY ENGAGEMENT	
	PROGRAMS TO YOUTH, FAMILIES, AND ADULTS THROUGHOUT THE BAY AREA.	
	PROGRAMS TAKE PLACE IN K-12 SCHOOLS, AT THE WAR MEMORIAL OPERA HOUSE,	_
	IN THE CHRIS HELLMAN CENTER FOR DANCE, AND IN THE COMMUNITY AT LARGE,	
	OFTEN IN COORDINATION WITH OTHER COMMUNITY-BASED ORGANIZATIONS, AND	_
	SERVE NEARLY 50,000 COMMUNITY MEMBERS ANNUALLY. THE DANCE IN SCHOOLS	_
	AND COMMUNITIES (DISC) PROGRAM IS THE LARGEST OFFERING TARGETING YOUTH	_
	AND IT PROVIDES FREE, STANDARDS-BASED DANCE EDUCATION TO APPROXIMATELY	_
	3000 STUDENTS IN 37 SAN FRANCISCO UNIFIED SCHOOL DISTRICT EARLY	_
	EDUCATION AND ELEMENTARY SCHOOLS THROUGH AN ANNUAL RESIDENCY PROGRAM.	_
	TALENTED STUDENTS ARE ALSO IDENTIFIED THROUGH THIS PROGRAM TO JOIN SAN	_
	FRANCISCO BALLET SCHOOL ON SCHOLARSHIP.	_
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ 43,530. including grants of \$ 43,530.) (Revenue \$ 23,711.) Total program service expenses 54,047,589.	_
<u>4e</u>	Total program service expenses 54,047,589.	_

13470423 153424 0191859-00031

94-1415298

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	_1_	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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	3		х
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
6		_		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		Х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	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	11b		х
_	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	11c		x
اہ	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	110		
u			x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_ A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l	.,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
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	15		х
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	16		х
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'''		
.0		18	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		
19		4.		x
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	├^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2023) SAN FRANCISCO BALLET ASSOCIATION OF THE PROPERTY OF THE PROPE

	· /		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	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? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
2 4a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			x
ام	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
L	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	.,	
9E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(12)2	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	_ <u> </u>	
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 140		Yes	No
ia b	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
			990	(0000)

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94-1415298

Form 990 (2023)

SAN FRANCISCO BALLET ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. Identificación			
0-	Establish a ward on a familia was a sand on Familia W.O. Turanani itali of Wana and Tay Obstaniants		Yes	No
2a	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.			
L-	ince for the calcificative for within the year covered by this return	0 L	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
4a	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)?	4a		х
h	If "Yes," enter the name of the foreign country	4 a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		-00		
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ju		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ₋ ر		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	46		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	,		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
	l 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 56			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	v	
_	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u> </u>	х	
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ь		
7a		70	х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b		7b	х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
o a		8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a		11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40.		х
L	taxable entity during the year?	16a		A
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 take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	37		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KRISTIN KLINGVALL - (415) 861-5600			
	455 FRANKLIN STREET, SAN FRANCISCO, CA 94102			

Part VIII 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

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	l		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	than o	n an	compensation	compensation	amount of
	week	offi	cer ar	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		 es	suedi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		yold t	t con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TAMARA ROJO	50.00	Ι-	Ι-		<u> </u>	_ ω	Н			
ART DIR & PRIN CHOREO	0.00	х						653,783.	0.	23,779.
(2) DANIELLE ST. GERMAIN	50.00							·		
FORMER EXECUTIVE DIR (THRU 3/23)	0.00	1					x	521,437.	0.	711.
(3) LEONARD EGERT	50.00									
MANAGER/LEGAL COUNSEL	0.00				х			293,255.	0.	24,375.
(4) MARTIN WEST	50.00									
MUSIC DIRECTOR & PRIN. CONDUCTOR	0.00				х			286,658.	0.	30,647.
(5) HELGI TOMASSON	50.00									
FORMER ARTISTIC DIR (THRU 6/22)	0.00						Х	307,016.	0.	0.
(6) ARTURO JACOBUS	28.00									
INTERIM EXECUTIVE DIR.	22.00			Х				292,494.	0.	7,808.
(7) ROBERT H FORE III	40.00									
CHIEF FINANCIAL OFFICER	10.00			Х				210,589.	52,647.	8,248.
(8) CORDULA MERKS	40.00									
CONCERT MASTER	0.00					Х		205,133.	0.	21,614.
(9) YUAN-YUAN TAN	40.00									
PRINCIPAL DANCER	0.00					Х		195,138.	0.	27,452.
(10) VAMSHI KRISHNA YAMSANI	40.00									
CHIEF INFORMATION OFFICER	0.00					Х		206,574.	0.	5,825.
(11) JOSEPH WALSH	40.00									
PRINCIPAL DANCER	0.00		_			Х		190,749.	0.	21,614.
(12) SASHA E DE SOLA	40.00	ł						100 600		0 005
PRINCIPAL DANCER	0.00					Х		199,630.	0.	8,005.
(13) LISA POPPEN	40.00	ł			,,			100 500		16 750
CHIEF MARKETING OFFICER (14) PATRICK ARMAND GONTARD	0.00				Х			182,528.	0.	16,758.
SCHOOL DIRECTOR (THRU 12/23)		ł			 _v			150 152	0	7 717
(15) ALISON MAUZE	10.00				Х			158,153.	0.	7,717.
CHAIR OF THE BOARD (AS OF 7/23)	0.00	x		х				0.	0.	0.
(16) SONIA H EVERS	10.00	<u> </u>	\vdash					0.	0.	· .
TRUSTEE & IMMEDIATE PAST CO-CHAIR	0.00	x		х				0.	0.	0.
(17) ROBERT G SHAW	10.00	<u> </u>		 				· · ·	· · ·	· · · · · · · · · · · · · · · · · · ·
TRUSTEE & IMMEDIATE PAST CO-CHAIR	0.00	x		х				0.	0.	0.
TROUBL & IMMEDIATE TAGE CO CHAIR	1 0.00	L 23	L					1	٠.	٠.

332007 12-21-23 Form **990** (2023)

Form 990 (2023) SAN FRANCISC	O BALLET AS	SOC	IAT	ION					94-141529	8 Page 8
Part VII Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		nne	Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any	_	Jer an	uau	recto	i/ii us	lee)	from	from related	other
	hours for	irecto						the organization	organizations (W-2/1099-M I SC/	compensation from the
	related	e or d	trustee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	al trus		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idua	Institutional t	er	Key employee	est co loyee	Je.	,		organizations
	line)	Indiv	Instii	Officer	Key e	High emp	Former			
(18) JAMES H HERBERT II	5.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(19) LUCY JEWETT	2.00									
VICE CHAIR (THRU 12/23)	0.00	Х		Х				0.	0.	0.
(20) DIANE B WILSEY	5.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(21) JENNIFER J MCCALL	5.00									
SECRETARY	0.00	х		х				0.	0.	0.
(22) SUSAN S BRIGGS	5.00									
ASSISTANT SECRETARY	2.00	х		х				0.	0.	0.
(23) JEFF MINICK	5.00									
TREASURER	0.00	х		х				0.	0.	0.
(24) JOLA ANDERSON	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(25) MARISA M. AVANSINO	2.00									
TRUSTEE (AS OF 7/23)	0.00	х						0.	0.	0.
(26) RICHARD C BARKER	2.00									
TRUSTEE	0.00	х						0.	0.	0.
1b Subtotal								3,903,137.	52,647.	204,553.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								3,903,137.	52,647.	204,553.
• Talalana finalista ale (calculation but									000 - (

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

5 X

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.

the organization. Report compensation for the calendar year ending	g with or within the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
BUTLER SHINE STERN & PARTNERS LLC		
20 LIBERTY SHIP WAY, SAUSALITO, CA 94965	ADVERTISING SERVICES	1,052,203.
SEAGLASS MANAGEMENT COMPANY LLC, PIER 17,		
THE EMBARCADERO, #200, SAN FRANCISCO, CA	FOOD SERVICES	316,897.
GRANT THORNTON LLP		
P.O.BOX 51552, LOS ANGELES, CA 90051-5852	AUDIT / TAX SERVICES	262,880.
WINER BURRIT & SCOTT LLP		
1901 HARRISON ST. #1100, OAKLAND, CA 94612	LEGAL SERVICES	165,975.
COLIN DAVIS JONES STUDIOS		
330 WEST 38TH ST. #1001, NEW YORK, NY 10018	COSTUME SERVICES	153,370.
Total number of independent contractors (including but not limited	•	
\$100,000 of compensation from the organization	8	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

73

Form 990 SAN FRANCISC Part VII Section A Officers Directors Tr										
Occurration of the colors, in		nplo	yee			lighe	est (
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Ι,.			ition			Reportable 	Reportable	Estimated
	hours	(cl	(check all that apply)					compensation	compensation from related	amount of
	per week					e e		from the	organizations	other compensation
	(list any	į				ploye		organization	(W-2/1099-MISC)	from the
	hours for	director				ed em		(W-2/1099-MISC)	(11 27 1000 miles)	organization
	related	tee or	nstee			ensate		,		and related
	organizations	Individual trustee or	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	ituti	cer	Key employee	hest o	Former			
	line)	Indi	lust	Officer	Key	Hig	Fori			
(27) ALEX BECKMAN	2.00									
TRUSTEE (AS OF 7/23)	0.00	Х						0.	0.	0
(28) LYDIA BERGMAN	2.00									
TRUSTEE	0.00	Х						0.	0.	C
(29) DAVID BOWMAN	2.00									
TRUSTEE (AS OF 7/23)	0.00	Х						0.	0.	(
(30) GARY BRIDGE	2,00									
TRUSTEE (THRU 6/24)	0.00	Х						0.	0.	C
(31) CHRISTINE LEONG CONNORS	2.00									
TRUSTEE	0.00	Х						0.	0.	С
(32) DAVID C COX	2.00									
TRUSTEE	0.00	Х						0.	0.	(
(33) SUSAN P DIEKMAN	2.00									
TRUSTEE	0.00	Х						0.	0.	(
(34) SHELBY M GANS	2.00									
TRUSTEE	0.00	Х						0.	0.	(
(35) DR. RICHARD GIBBS	2.00									
TRUSTEE	0.00	х						0.	0.	(
(36) MONICA L GROSSMAN	2.00									
TRUSTEE	0.00	Х						0.	0.	(
(37) MICHAEL P. N. A. HORMEL	2.00									
TRUSTEE (AS OF 7/23)	0.00	х						0.	0.	(
(38) THOMAS E HORN	2.00									
TRUSTEE (THRU 6/24)	0.00	х						0.	0.	(
(39) HIRO IWANAGA	2.00									
TRUSTEE (THRU 6/24)	0.00	х						0.	0.	(
(40) DR. THOMAS M JACKSON	2.00									
TRUSTEE	0.00	х						0.	0.	(
(41) MICHELLE GILMAN JASEN	2.00									
TRUSTEE (AS OF 7/23)	0.00	х						0.	0.	(
(42) SAMUEL JEFFERY	2.00									
TRUSTEE (AS OF 7/23)	0.00	х						0.	0.	(
(43) JAYSON JOHNSON	2.00									
TRUSTEE	0.00	х						0.	0.	(
(44) JAMES C KATZMAN	2.00									
TRUSTEE (THRU 6/24)	0.00	х						0.	0.	(
(45) NANCY KUKACKA	2.00									
TRUSTEE	5.00	х						0.	0.	(
(46) YASUNOBU KYOGOKU	2.00									
	0.00	x	l	I	l		1	0.	0.	(

Dort VIII						_			94-14152	
Part VII Section A. Officers, Directors,		np i c	yee			ligh	est (, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١,,			ition			Reportable 	Reportable 	Estimated
	hours	(CI	heck T	(all 1	that T	app I	ly) I	compensation from	compensation from related	amount of other
	per week					99		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted en		(W-2/1099-MISC)		organization
	related	stee o	rustee			ensa				and related
	organizations	al tru	onal t		ployee	dwoo				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45)	<u> </u>	드	゠	JO.	Ž,	王	윤			
(47) KELSEY LAMOND	2.00	.,								_
TRUSTEE	0.00	Х	-					0.	0.	0
(48) ROBERT LEE-RUIZ	2.00	.,								
TRUSTEE (THRU 6/24)	0.00	Х						0.	0.	0
(49) BRENDA LEFF	2.00	٠,								
TRUSTEE	0.00	Х						0.	0.	0
(50) DAVID LYON TRUSTEE (THRU 6/24)	0.00	x						0.	0.	,
(51) MARISSA MAYER	2.00	^	-		-			· ·	٠.	0
TRUSTEE	0.00	Х						0.	0.	0
(52) ALEXANDRA NEWMAN	2.00	Λ						· · · · · · · · · · · · · · · · · · ·	· ·	0
TRUSTEE (AS OF 7/23)	0.00	x						0.	0.	0
(53) JOHN S OSTERWEIS	10.00							· · ·	· ·	
TRUSTEE	2.00	x						0.	0.	0
(54) JOHN T PALMER	2.00								· ·	
TRUSTEE	0.00	x						0.	0.	0
(55) CARL F PASCARELLA	2.00							- •	- •	
TRUSTEE	0.00	x						0.	0.	0
(56) YURIE PASCARELLA	2.00									
TRUSTEE	0.00	х						0.	0.	0
(57) FRITZ QUATTLEBAUM	2.00									
TRUSTEE (THRU 6/24)	0.00	х						0.	0.	0
(58) CHRISTINE RUSSELL	2.00									
TRUSTEE	0.00	х						0.	0.	0
(59) RANDEE SEIGER	2.00									
TRUSTEE	0.00	х						0.	0.	0
(60) CHRISTINE E SHERRY	2.00									
TRUSTEE	0.00	Х						0.	0.	0
(61) CATHERINE SLAVONIA	2.00									
TRUSTEE	0.00	Х						0.	0.	0
(62) DAVID HOOKER SPENCER	2,00									
TRUSTEE	0.00	Х						0.	0.	0
(63) FRAN A STREETS	2.00	1								
TRUSTEE (THRU 6/24)	0.00	Х						0.	0.	0
(64) JULIE SUPAN	2.00									
TRUSTEE (THRU 6/24)	0.00	Х	_		_			0.	0.	0
(65) JUDY C SWANSON	2.00									
TRUSTEE	0.00	Х				<u> </u>		0.	0.	0
(66) JENNIFER M WALSKE	2.00									
TRUSTEE	0.00	Х						0.	0.	0

	heck	(O Pos	C) ition			Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
X X X Individual trustee or director	heck	Pos all	ition that	арр		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
x x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
x								0
x								0
х						0.	_	
х								C
							· ·	
						0.	0.	(
x						· · ·	•••	
-						0.	0.	(
	—							
T								
+								
+								
1								
+								
+								
+	T							
	-	-		-	-	-	- - - - -	

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္တ	1 a	Federated campaigns 1a					
ant		Membership dues 1b	28,326,046.				
ত্প্র		Fundraising events 1c	3,354,153.				
ifts II A		Related organizations 1d	5,280,468.				
n Big		Government grants (contributions) 1e	1,643,819.				
Sis		All other contributions, gifts, grants, and	, ,				
je je	-	similar amounts not included above 1f	35,960.				
ĘĠ	a	Noncash contributions included in lines 1a-1f	7,239,566.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		38,640,446.			
			Business Code				
ا يو	2 a	PERFORMANCE AND TOURING	711120	25,264,275.	25,264,275.		
ξ	b	SCHOOL AND STUDENT HOUSING	900099	6,302,486.	6,302,486.		
Program Service Revenue	С	OUTREACH	900099	69,350.	69,350.		
am	d						
P. G.	е						
ፈ	f	All other program service revenue					
\Box	g	Total. Add lines 2a-2f		31,636,111.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		245,561.			245,561.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties	40.5	4,688.			4,688.
		(i) Real	(ii) Personal				
		Gross rents 6a 446,922.	23,711.				
		Less: rental expenses 6b 208,199.	•				
		Rental income or (loss) 6c 238,723.	23,711.	262,434.	23,711.	143,551.	95,172.
		Net rental income or (loss)	(ii) Other	202,434.	23,711.	143,331.	33,172.
	<i>i</i> a	assets other than inventory 7a 6,988,520.	(II) Other				
	h	Less: cost or other basis					
ø	, L	and sales expenses 7b 6,958,756.					
eun	c	Gain or (loss) 76 29,764.					
Other Revenue		Net gain or (loss)		29,764.			29,764.
e		Gross income from fundraising events (not		,			,
됩		including \$ 3,354,153. of					
		contributions reported on line 1c). See					
		Part IV, line 18	1,106,453.				
	b	Less: direct expenses 8b	1,816,768.				
	С	Net income or (loss) from fundraising events		-710,315.			-710,315.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	640 200				
		and allowances 10a					
		Less: cost of goods sold		195,624.		37,071.	158,553.
\dashv	С	Net income or (loss) from sales of inventory	Business Code	193,024.		37,071.	130,333.
sn	11 a	TAX REFUND	900099	70,154.			70,154.
e e	ii a	GALE OF PROPRESE	900099	29,660.			29,660.
ella Ver		ORCHESTRA RECORDINGS	900099	4,381.			4,381.
Miscellaneous Revenue	h	All other revenue		,			,
Σ	e	Total. Add lines 11a-11d		104,195.			
	12	Total revenue. See instructions		70,408,508.	31,659,822.	180,622.	-72,382.
							200

332009 12-21-23

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).

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,638,297.	1,638,297.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,187,069.	990,757.	1,196,312.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	591,181.		591,181.	
	Other salaries and wages	30,363,551.	27,103,945.	1,923,221.	1,336,385
	Pension plan accruals and contributions (include	0 800 510	0 50 6 55 6		
	section 401(k) and 403(b) employer contributions)	2,799,710.	2,734,879.	46,656.	18,175
	Other employee benefits	7,549,424.	7,017,471.	370,102.	161,851
	Payroll taxes	2,682,093.	2,330,964.	242,940.	108,189
	Fees for services (nonemployees):				
	Management	106.052	404 000	4 000	
	Legal	186,053.	181,833.	4,220.	
	Accounting	126,131.		126,131.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	2 200		2 200	
	Investment management fees	3,328.		3,328.	
-	Other. (If line 11g amount exceeds 10% of line 25,	1 505 300	650 005	0.4.24.2.1	5 654
	column (A), amount, list line 11g expenses on Sch 0.)	1,527,382.	678,297.	843,431.	5,654
	Advertising and promotion	2,074,623.	2,059,123.	104 700	15,500
	Office expenses	1,721,600.	1,414,071.	184,700.	122,829
	Information technology	644,191.	10,661.	628,542.	4,988
	Royalties	1,091,040.	1,091,040.	FF0 200	4 006
	Occupancy	2,252,755.	1,697,530.	550,299.	4,926
	Travel	854,416.	812,996.	25,300.	16,120
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1 (25 (20	F02	1 635 105	
	Interest	1,635,628.	523.	1,635,105.	
	Payments to affiliates	833,186.	700 201	27 071	14 024
	Depreciation, depletion, and amortization	-	780,281.	37,971.	14,934
	Insurance	542,382.	4,415.	537,967.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	COSTUME SETS AND PROPS	794,927.	794,927.		
b	STUDENT MEAL PLANS	462,466.	462,466.		
С	EQUIPMENT EXPENSE	461,085.	370,791.	78,184.	12,110
d	UBI TAXES	42,693.	33,300.	9,393.	
е	All other expenses	1,105,443.	1,839,022.	-1,125,640.	392,061
	Total functional expenses. Add lines 1 through 24e	64,170,654.	54,047,589.	7,909,343.	2,213,722
	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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X Balance Sheet

Pai	ιλ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,396,082.	1	4,845,344
	2	Savings and temporary cash investments	3,507,249.	2	4,371,49		
	3	Pledges and grants receivable, net			2,064,245.	3	8,736,798
	4	Accounts receivable, net			91,821.	4	39,15
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			59,983.	8	56,63
As	9	B			4,648,678.	9	3,916,60
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	64,537,721.			
	b			48,373,286.	15,401,333.	10c	16,164,43
	11	Investments - publicly traded securities	617,527.	11	623,79		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			8,649,463.	15	6,827,00
	16	Total assets. Add lines 1 through 15 (must ed			38,436,381.	16	45,581,26
	17	Accounts payable and accrued expenses			6,097,544.	17	9,077,97
	18	Grants payable				18	
	19	Deferred revenue	6,880,631.	19	7,761,59		
	20	Tax-exempt bond liabilities	24,829,559.	20	22,881,87		
	21	Escrow or custodial account liability. Complet		21			
' 0	22	Loans and other payables to any current or fo					
tie		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
Γle	23	Secured mortgages and notes payable to unre			3,900,000.	23	3,806,23
	24	Unsecured notes and loans payable to unrelat		· · · · · · · · · · · - F		24	
	25	Other liabilities (including federal income tax,	·-				
		parties, and other liabilities not included on lin	•				
		of Schodulo D	,		12,228,831.	25	11,738,55
	26				53,936,565.	26	55,266,23
		Organizations that follow FASB ASC 958, cl					
es		and complete lines 27, 28, 32, and 33.					
anc	27				-20,446,432.	27	-18,470,73
3al	28	Net assets with donor restrictions			4,946,248.	28	8,785,75
ם ב		Organizations that do not follow FASB ASC					
Εū		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	ls			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-15,500,184.	32	-9,684,97
Z	33				38,436,381.	33	45,581,262

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,	408,	508.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,	170,	654.	
3	Revenue less expenses. Subtract line 2 from line 1	3	6,	237,	854.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-15,	184.		
5	Net unrealized gains (losses) on investments	5		-3,	870.	
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 on Schedule O)	9		418,	777.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-9,	684,	977.	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	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	Х		
	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 X Consolidated basis Both consolidated and separate basis					
С	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	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х		
			Form	990	(2023)	

332012 12-21-23

SCHEDULE A

(Form 990)

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.

Open to Public

94-1415298

OMB No. 1545-0047

Inspection Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number SAN FRANCISCO BALLET ASSOCIATION

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 12, check only one box.) 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization listed (vi) Amount of other (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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.)

Sed	ction A. Public Support	·	<u>`</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24,632,543.	22,551,597.	38,232,184.	32,844,330.	38,640,446.	156,901,100.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	24,632,543.	22,551,597.	38,232,184.	32,844,330.	38,640,446.	156,901,100.
5	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)						11,664,265.
6	Public support. Subtract line 5 from line 4.						145,236,835.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	24,632,543.	22,551,597.	38,232,184.	32,844,330.	38,640,446.	156,901,100.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	249,953.	112,514.	139,535.	324,440.	345,421.	1,171,863.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			131,101.	133,704.	131,683.	396,488.
10	Other income. Do not include gain			·	·		·
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,426,727.	1,296,303.	2,537,415.	1,327,684.	1,729,149.	8,317,278.
11	Total support. Add lines 7 through 10						166,786,729.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	104,760,715.
	First 5 years. If the Form 990 is for th			ourth. or fifth tax v	ear as a section 50		
	organization, check this box and stor	o .					
Sed	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	87.08 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	92.01 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-	-	-	
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 1</u> 7b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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 year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 Total. 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 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6		, ,	, ,		1	
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 on 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 VI.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second. third.	fourth, or fifth tax	year as a section !	501(c)(3) organizatio	on,
	o .		•	•		
Section C. Computation of Publi						
15 Public support percentage for 2023 (li		-	column (f))		15	%
16 Public support percentage from 2022		-			16	%
Section D. Computation of Inves					•	
17 Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2023. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che	•			•	•	
20 Private foundation. If the organization						
		,				

332023 12-21-23

Schedule A (Form 990) 2023

Vas No

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			<u> </u>
	1		
	2		
	20		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	F		
	5a		
	5b		
	5c		
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	7		
	8		
	9a		
	9b		
	- 55		
	9c		
	90		
	10a		
	10b		
مارر	Δ (Forn	n 000)	2023

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1 110		
	<i>y</i>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	IVO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	·			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	a		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> 3</u>		<u> </u>
		\		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		г
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<u> 2a</u>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		· · · · · · · · · · · · · · · · · · ·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 SAN FRANCISCO BALLET	T ASSOCIATION			94-1415298	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)		
Secti	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
<u>—</u> а	From 2018					
b	From 2019					
	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
q	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7:					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
_	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
·	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
SCHEDULE A, PART II, LINE 10:				
OTHER INCOME INCLUDES RECOGNIZED GROSS INCOME FROM FUNDRAISING OF				
\$1,106,453, SALES OF INVENTORY OF \$518,501, AND OTHER EXCLUDED REVENUES				
OF \$104,195.				

SAN FRANCISCO BALLET ASSOCIATION

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

94-1415298

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

SAN FRANCISCO BALLET ASSOCIATION 94-1415298

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$11,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,280,468. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,346,238. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,120,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,075,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,008,500.	Person X Payroll

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

SAN FRANCISCO BALLET ASSOCIATION

94-1415298

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES	-	
		\$\$6,001,820.	02/02/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - -	
323453 12-26-	-23	_ \$	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of o	rganization		Employer identification number
SAN FRAN	CISCO BALLET ASSOCIATION		94-1415298
Part III	Exclusively religious, charitable, etc., contribution any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number 94-1415298

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 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? 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? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space 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 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or	Other	Simila	Assets	(conti	nued)	
3										
	collection items (check all that apply).									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang	gements Comple	te if the organization	answered "Y	es" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1 a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other ass	sets not ir	ncluded				_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	stodial accou	ınt liabilit	y?		Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds Complete if	the organization and	wered "Yes" on For	m 990, Part I						
		(a) Current year	(b) Prior year	(c) Two year	- + `		ears back	(e) Fou		
1 a	Beginning of year balance	107,764,068.	112,784,878.	137,456	,934.	113,9	23,812.	124	,452,	193.
b	Contributions	6,148,239.	532,343.	5,064	,092.	2,7	40,493.		499,	569.
С	Net investment earnings, gains, and losses	9,667,116.	10,973,098.	-21,036	,485.	29,0	74,149.		457,	454.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	7,363,671.	16,487,855.	8,699	,663.	8,2	81,520.	9	,340,	468.
f	Administrative expenses		38,396.					2	,144,	936.
g	End of year balance	116,215,752.	107,764,068.	112,784	,878.	137,4	56,934.	113	,923,	812.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	27.4500	_%							
b	Permanent endowment 72.5500	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3 a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administere	ed for the)				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		Х
								3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza							3b	Х	
4_	Describe in Part XIII the intended uses of the		wment funds.							
Pai	<mark>t Ⅵ</mark> Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, li	ine 10.				
	Description of property	(a) Cost or o basis (investn	1	or other (other)		cumulate reciation	ed	(d) Boo	k valu	e
1a	Land		4	,519,388.				4	,519,	388.
b	Buildings		35	,400,957.	2	24,754,	149.	10	,646,	808.
C	Leasehold improvements			438,519.		151,	143.			376.
d	Equipment		7	,408,423.		7,408,	423.		•	0.
	Other		16	,770,434.	1	L6,059,			710,	863.
	I. Add lines 1a through 1e. (Column (d) must e	•	<u> </u>					16	,164,	435.
	5 (Solutini (d) mast c						Schedule			

94-1415298

Schedule D	(Form 990)	2023 (

Part VII Investments - Other Securities

Complete if the organization answered	"Yes"	on Form 990	, Part I V,	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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

| Part VIII | Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 990 Part X line 13 col (R))		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE ASSETS	6,320,054.
(2) BOND ISSUANCE COSTS	260,078.
(3) DEFINED CONTRIBUTION PLAN ASSET	246,868.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,827,000.

Other Liabilities Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITIES	6,534,808.
(3)	DUE TO SAN FRANCISCO BALLET ENDOWMENT FOUNDATION	2,753,720.
(4)	POSTRETIREMENT BENEFIT OBLIGATION	1,076,335.
(5)	INTEREST RATE SWAP LIABILITY	966,281.
(6)	DEFINED CONTRIBUTION PLAN LIABILITY	246,868.
(7)	PPP LOAN	144,692.
(8)	CAPITAL LEASE OBLIGATION	15,848.
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25, col. (B))	11,738,552.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Par	Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lii		ie per Return	
1		io izui	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·····	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
	Recoveries of prior year grants			
c d	Other (Describe in Part XIII.)			
			20	
e				
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
4	, , , , , , , , , , , , , , , , , , , ,	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4.	
c	Add lines 4a and 4b			
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. † XII Reconciliation of Expenses per Audited Financial Sta	.) atements With Fynen	5 Isas ner Return	
r ai	Complete if the organization answered "Yes" on Form 990, Part IV, lii	=	ses per neturn	
_				
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
2		20		
a	Donated services and use of facilities			
b	Prior year adjustments Other leases			
C	Other losses			
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 **TXIII Supplemental Information	8.)	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, line 2; Part	XI,
PART	X, LINE 2:			
ASC	740 (FIN 48) FOOTNOTE			
THE	ASSOCIATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTIN	NG FOR		
UNCE	RTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN II	N A TAX		
RETU	RN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECO	OGNITION AND		
MEAS	UREMENT, THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM	M AN UNCERTAIN		
TAX	POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMEN	NTS IF THE		
POSI	TION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE PO	SITION WERE TO		
BE C	HALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TA	AX POSITION IS		
BASE	D SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOU	r regard to		
	LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE A			
	PT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) 0			

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	SCO BALLET ASSOCIATION					Employer ide 94-141529	ntification number
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par							
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover aising ding of onal fi	overnment grants rnment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or retain fundrai	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		<u> </u>	<u> </u>				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o		utions	or has been notified	it is	exempt from re	gistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.			Schedule	G (Form 990) 2023

SAN FRANCISCO BALLET ASSOCIATION Schedule G (Form 990) 2023 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through OPENING NIGHT GALASCHOOL FESTIVAL col. (c)) (total number) (event type) (event type) 3,203,200, 672,622. 584,784. 4,460,606. 1 Gross receipts 2 Less: Contributions 2,410,442. 554,698. 389,013, 3,354,153. 792,758. 117,924. 195,771. 1,106,453. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 68,962. 42,652. 6,547. 6 Rent/facility costs 118,161. 402,449. 93,990. 111,110. 607 549. 7 Food and beverages 51,627, 8,494 60,121. 8 Entertainment 852,459. 74,973. 103,505. 1,030,937. 9 Other direct expenses 1,816,768. **10** Direct expense summary. Add lines 4 through 9 in column (d) -710,315. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor Nο 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 SAN FRANCISCO BALLET ASSOCIATION	94-141529	5	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party.	nt		
С	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?	,	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990) SAN FRANCISCO BALLET ASSOCIATION	94-1415298	Page 4
Schedule G (Form 990) SAN FRANCISCO BALLET ASSOCIATION Part IV Supplemental Information (continued)		
Testimote y		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

GOVERTITIENTS, AND INDIVIDUALS IN THE OTHER STATES. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public

Inspection

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

≗ Employer identification number Schedule I (Form 990) 2023 94-1415298 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. SAN FRANCISCO BALLET ASSOCIATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

LHA 332101 11-01-23

94-1415298

Page 2

Schedule I (Form 990) 2023 SAN FRANCISCO BALLET ASSOCIATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Part III can be duplicated it additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION SCHOLARSHIPS	198	991,330.	0.		
HOUSING SCHOLARSHIPS	30	549,212.	• 0		
ARTIST RESERVE FUNDS	18	43,530.	0.		
STUDENT STIPENDS	12	54,225.	• 0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column ((b); and any other ad	ditional information.	
PART I, LINE 2:					
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS					
THE BALLET SCHOOL PROVIDES A LIMITED NUMBER OF SCHO	SCHOLARSHIPS TO	INTERMEDIATE			
AND ADVANCED LEVEL STUDENTS BASED ON THEIR FINANCIAL NEED		OR POTENTIAL TO			
ACHIEVE A PROFESSIONAL CAREER IN BALLET. STUDENT STIPENDS	ARE	GIVEN TO			
THOSE SELECTED FOR THE TRAINEE PROGRAM TO HELP COVER	ER VARIOUS EXPENSES	PENSES.			
STUDENTS' PROGRESS AND ENROLLMENT IS MONITORED AS ?	A ROUTINE PART OF	T OF THEIR			
BALLET SCHOOL STUDIO WORK, IN ADDITION, THE ARTIST RESERVE		FUND HAS BEEN			
ESTABLISHED BY COLLECTIVE BARGAINING AGREEMENT FOR	THE PURPOSE	OF ENHANCING			
332102 11-01-23					Schedule I (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number 94-1415298

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	

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

Schedule J (Form 990) 2023

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TAMARA ROJO	(i)	603,783.	.000,03	0	. 691,7	16,010.	677,562.	0
ART DIR & PRIN CHOREO	Ξ	0	0	• 0	0	0	0	0
(2) DANIELLE ST. GERMAIN	(i)	220,314.	0	301,123.	0	711.	522,148.	• 0
FORMER EXECUTIVE DIR (THRU 3/23)	(II)	•0	•0	• 0	• 0	• 0	• 0	• 0
(3) LEONARD EGERT	(i)	293,255.	0	0	8,365.	16,010.	317,630.	•0
MANAGER/LEGAL COUNSEL	(E)	0	0	0	0	0	0	0
(4) MARTIN WEST	(i)	286,658.	0.	0.	9,033.	21,614.	317,305.	• 0
MUSIC DIRECTOR & PRIN, CONDUCTOR	(II)	•0	0	• 0	0	0	•0	0
(5) HELGI TOMASSON	(i)	208,382.	0	98,634.	0.	0.	307,016.	• 0
FORMER ARTISTIC DIR (THRU 6/22)	(ii)	0	0.	0.	0.	0.	• 0	• 0
(6) ARTURO JACOBUS	(i)	291,854.	640.	0.	7,808.	0.	300,302.	• 0
INTERIM EXECUTIVE DIR.	(ii)	•0	0	• 0	0	• 0	• 0	• 0
(7) ROBERT H FORE III	(i)	210,589.	0	• 0	5,851.	747.	211,187.	• 0
CHIEF FINANCIAL OFFICER	(ii)	52,647.	0	• 0	1,463.	187.	. 297,	• 0
(8) CORDULA MERKS	(i)	205,133.	0	0.	0	21,614.	226,747.	• 0
CONCERT MASTER	(ii)	• 0	0	• 0	• 0	• 0	• 0	• 0
(9) YUAN-YUAN TAN	(i)	195,138.	0	0.	23,723.	3,729.	.062,222	• 0
PRINCIPAL DANCER	(ii)	• 0	0	0.	0	0.	• 0	• 0
(10) VAMSHI KRISHNA YAMSANI	(i)	206,574.	0	0.	0	5,825.	.12,399.	• 0
CHIEF INFORMATION OFFICER	(ii)	0	0	0.	0	0.	• 0	• 0
(11) JOSEPH WALSH	(i)	190,749.	0	0.	0	21,614.	212,363.	• 0
PRINCIPAL DANCER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SASHA E DE SOLA	(j)	199,630.	0.	0.	0.	8,005.	207,635.	0.
PRINCIPAL DANCER	(ii)	0	0.	0.	0.	0.	0.	• 0
(13) LISA POPPEN	(i)	177,528.	2,000.	0.	5,222.	11,536.	199,286.	• 0
CHIEF MARKETING OFFICER	(ii)	•0	0.	0.	• 0	0.	• 0	• 0
(14) PATRICK ARMAND GONTARD	(i)	158,153.	0.	0.	3,154.	4,563.	165,870.	• 0
SCHOOL DIRECTOR (THRU 12/23)	(ii)	• 0	0.	0.	0.	0.	• 0	• 0
	(i)							
	<u>(ii)</u>							
	(j)							
	(ii)							
							School	Schodule I (Form 000) 2023

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FIRST CLASS/CHARTER TRAVEL PART I, LINE 1A:

SAN FRANCISCO BALLET ASSOCIATION REQUIRES THE ARTISTIC DIRECTOR TO MAINTAIN

CONTACT WITH AND KNOWLEDGE OF ARTISTIC DEVELOPMENTS IN THE FIELD OF MODERN

DANCE AND BALLET, AS WELL AS OTHER RELATED ART FORMS. IN FULFILLMENT OF

THIS RESPONSIBILITY, IT IS IN THE ASSOCIATION'S INTEREST AND THE

ASSOCIATION PERIODICALLY REQUESTS THAT THE ARTISTIC DIRECTOR MAKE TRIPS TO

NATIONAL DANCE CENTERS SUCH AS NEW YORK OR OTHER PLACES AS DEEMED

APPROPRIATE, AND COULD MAKE AT LEAST ONE TRIP TO EUROPE EACH YEAR.

GENERALLY, FOR ALL BUSINESS TRIPS, SHOULD THE DURATION OF ANY FLIGHT BE

HOURS OR GREATER, SUCH TRAVEL SHALL BE BUSINESS CLASS, EXCEPT IT MAY BE

FIRST CLASS IF NO CARRIER HAS BUSINESS CLASS AVAILABLE, NONE OF THE BENEFIT

WAS TREATED AS TAXABLE COMPENSATION.

THE FOLLOWING FORMER OFFICER RECEIVED A SEPARATION PAYMENT. THE SEPARATION

PART I, LINE 4A:

PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER

REPORTABLE COMPENSATION:

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

SCHEDULE K

(Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

Open to Public Inspection

OMB No. 1545-0047

(i) Pooled financing **Employer identification number** Yes **(g)** Defeased**|(h)** On behalf å of issuer 94-1415298 Yes £ × Yes D REFUNDING OF SERIES 2010 & 2008 BON (f) Description of purpose ບັ explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Д, 2013 A, 510,000. (e) Issue price 44, (d) Date issued 06/06/13 SEE PART VI FOR COLUMN (F) CONTINUATIONS (c) CUSIP# NONEAVAIL SAN FRANCISCO BALLET ASSOCIATION (b) Issuer EIN 63-0304653 ECON (a) Issuer name CA INFRASTRUCTURE AND DEVELOPMENT BANK Name of the organization Bond Issues Department of the Treasury Internal Revenue Service Part ٧ B ပ

No

×

	Α		В	3	၁	,	D	
1 Amount of bonds retired	21,6	21,661,390.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue	44,5	44,510,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	4	464,754.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	44,0	44,045,246.						
12 Other unspent proceeds								
13 Year of substantial completion	2(2009						
	Yes	No	Yes	No	Yes	No	Yes	No

Proceeds

Part II

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

final allocation of proceeds?

Does the organization maintain adequate books and records to support the

46

Schedule K (Form 990) 2023

×

×

Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,

4

5

Were the bonds issued as part of a refunding issue of taxable bonds (or, if

if issued prior to 2018, a current refunding issue)?

issued prior to 2018, an advance refunding issue)?

Has the final allocation of proceeds been made?

9

4

×

×

Schedule K (Form 990) 2023 SAN FRANCISCO BALLET ASSOCIATION			94-14	4-1415298				Page 2
Part III Private Business Use		-						
	A		В		O	4	۵	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		×						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		×						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		% 00.		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		% 00.		%		%		%
6 Total of lines 4 and 5		% 00.		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	×							
Part IV Arbitrage								
	4				O.			
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	N _o	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?	×							
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
3 Is the bond issue a variable rate issue?		×						

Schedule K (Form 990) 2023

94-1415298

	A		-	В	•	c	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	٩	Yes	No	Yes	N
hedge with respect to the bond issue?	×							
b Name of provider	JP MORGAN	CHASE						
- 3	2	25,0000000						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		×						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action								
	V		4	В		C	O	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	×							
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	on Schedule	K. See instru	ctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: CA INFRASTRUCTURE AND ECON DEVELOPMENT BANK								
(F) DESCRIPTION OF PURPOSE:								
2013 A, B, C, D REFUNDING OF SERIES 2010 & 2008 BON								

Schedule K (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number 94-1415298

Pai	rt I T	ypes of Property							
			(a)	(b)	(c)	(d)			
			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	
			applicable		Form 990, Part VIII, line 1g	noncash contrib	ution ar	mount	3
1	Art - Woi	ks of art			, , ,				
2									
3									
		ctional interests							
4		nd publications	-						
5		and household goods							
6		dother vehicles							
7		nd planes							
8	Intellectu	ıal property							
9	Securitie	s - Publicly traded	Х	36	7,057,473.	FAIR MARKET VALU	E		
10	Securitie	s - Closely held stock							
11	Securitie	s - Partnership, LLC, or							
	trust inte	erests							
12	Securitie	s - Miscellaneous							
13		conservation contribution -							
	Historic	structures							
14	Qualified	conservation contribution - Other							
15		ate - Residential							
16		ate - Commercial							
17		ate - Other							
18		les							
19									
		entory							
20		nd medical supplies							
21		1y							
22		ll artifacts							
23		c specimens							
24		ogical artifacts			100.000				
25	Other	(EVENT DONATIONS)	Х	7	182,093.	SELLING PRICE			
26	Other	()							
27	Other	()							
28	Other	(
29	Number	of Forms 8283 received by the organi	zation durino	g the tax year for c	ontributions				
	for which	n the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29				
								Yes	No
30a	During th	ne year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must ho	d for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt	ourposes for the entire holding period	?				30a		х
b	If "Yes,"	describe the arrangement in Part II.							
31		e organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	tions?	31	х	
		e organization hire or use third parties	-						
	contribu	-		_	•		32a		х
h		describe in Part II.							
33		panization didn't report an amount in c	column (c) fo	r a type of property	y for which column (a) is che	cked			
-		in Part II.	, S. G. T. T. (O) TO	. a typo of property	is willon column (a) is one	onou,			
Eor 5		Reduction Act Notice see the Ins	tructions for	Form 990		Schedule I	/ /Eorn	n 000\	2022

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.
SCHEDULE M, PART I, COLUMN (B):
FOR CONTRIBUTIONS OF SECURITIES, SUCH AS PUBLICLY TRADED STOCK, THE
ASSOCIATION TREATS EACH SEPARATE GIFT AS AN ITEM FOR THIS PURPOSE.

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE 0 (Form 990)

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization SAN FRANCISCO BALLET ASSOCIATION 94-1415298 LINE 1 DESCRIPTION OF ORGANIZATION MISSION: SF BALLET AIMS TO REACH AUDIENCES BOTH LOCALLY AND AROUND THE WORLD AND TO PROVIDE THE HIGHEST CALIBER OF DANCE TRAINING IN OUR SCHOOL. WE SEEK TO ENHANCE OUR POSITION AS ONE OF THE WORLD'S FINEST DANCE COMPANIES THROUGH OUR VITALITY INNOVATION AND DIVERSITY AND THROUGH OUR UNCOMPROMISING COMMITMENT TO ARTISTIC EXCELLENCE BASED IN THE CLASSICAL BALLET TRADITION, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SAN FRANCISCO BALLET, LONG RECOGNIZED FOR PUSHING BOUNDARIES IN DANCE HAS A HISTORY OF MAKING HISTORY. FOUNDED IN 1933, WE STAGED THE FIRST FULL-LENGTH AMERICAN PRODUCTIONS OF COPPLIA (1938) AND SWAN LAKE (1940) AND IN 1944 WE LAUNCHED AN ANNUAL HOLIDAY TRADITION WHEN WE PRODUCED THE FIRST FULL-LENGTH PRODUCTION OF NUTCRACKER IN THE US. SAN FRANCISCO BALLET IS AMERICA'S OLDEST PROFESSIONAL BALLET COMPANY AND ONE OF THE THREE LARGEST BALLET COMPANIES IN THE UNITED STATES. THE MISSION OF THE BALLET IS TO SHARE THE JOY OF DANCE WITH ITS COMMUNITY AND AROUND THE GLOBE AND TO PROVIDE THE HIGHEST CALIBER OF DANCE TRAINING IN ITS SCHOOL. LED BY ARTISTIC DIRECTOR TAMARA ROJO. SF BALLET IS ACCOMPANIED BY ITS OWN ORCHESTRA AND OPERATES ONE OF THE COUNTRY'S MOST PRESTIGIOUS SCHOOLS OF BALLET. TODAY WE BUILD ON OUR HERITAGE OF COMMISSIONING GROUNDBREAKING DANCE FROM TODAY'S TOP CHOREOGRAPHERS BY UNCOVERING NEW CHOREOGRAPHIC TALENT AND BY STAGING MODERN CLASSICS AND THE WORKS THAT MAKE UP THE CANON OF CLASSIC BALLET. OUR APPROACH DEFINES BALLET IN THE 21ST CENTURY AND IT MAKES SAN FRANCISCO BALLET THE ESSENTIAL PLACE TO

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE THE MOST ADVENTUROUS DANCE IN AMERICA. GUIDED IN ITS EARLY YEARS BY

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization **Employer** identification number SAN FRANCISCO BALLET ASSOCIATION 94-1415298 AMERICAN DANCE PIONEERS THE BROTHERS LEW, WILLAM, AND HAROLD CHRISTENSEN, SAN FRANCISCO BALLET HISTORICALLY PRESENTS AROUND 100 PERFORMANCES ANNUALLY BOTH LOCALLY AND INTERNATIONALLY. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: STUDENTS AGES 2 TO 18 FOLLOW A STRUCTURED SEQUENCE OF TRAINING DESIGNED TO INCREASE THEIR TECHNICAL SKILLS, STAMINA, AND DISCIPLINE IN ACCORDANCE WITH THEIR AGE AND PHYSICAL DEVELOPMENT. THE PROGRAM VARIES ACCORDING TO AGE AND ABILITY AND INCLUDES CLASSES IN BALLET TECHNIQUE POINTE WORK, PAS DE DEUX, BATTERIE, CONDITIONING, CONTEMPORARY DANCE AND MUSIC. DROP-IN BALLET CLASSES FOR ADULT DANCERS AND A PROGRAM FOR INDIVIDUALS WITH PARKINSON'S REACH MORE THAN 1500 INDIVIDUALS ANNUALLY. THE SCHOOL ALSO OPERATES A SUMMER SESSION THAT BRINGS AN ADDITIONAL 240 STUDENTS FROM AROUND THE WORLD TO SAN FRANCISCO FOR RIGOROUS BALLET TRAINING. THE BALLET SCHOOL PROVIDES A LIMITED NUMBER OF TUITION AND HOUSING SCHOLARSHIPS TO STUDENTS BASED ON THEIR FINANCIAL NEED OR POTENTIAL TO ACHIEVE A PROFESSIONAL CAREER IN BALLET, AS WELL AS TO TALENTED STUDENTS RECRUITED FROM SF PUBLIC SCHOOLS. THROUGH THE COMMUNITY SCHOLARSHIP PROGRAM, NEARLY 70% OF THE DANCERS IN THE BALLET'S PROFESSIONAL COMPANY TRAINED IN THE SCHOOL. STUDENTS HAVE ALSO GONE ON TO DANCE WITH SUCH COMPANIES AS AMERICAN BALLET THEATRE. ATLANTA BALLET, BOSTON BALLET, ENGLISH NATIONAL BALLET, DUTCH NATIONAL BALLET HAMBURG BALLET, HOUSTON BALLET, MIAMI CITY BALLET, NATIONAL BALLET OF CANADA, NEW YORK CITY BALLET, OREGON BALLET THEATRE, PACIFIC NORTHWEST BALLET, PHILADELPHIA BALLET, PITTSBURGH BALLET THEATRE, ROYAL NEW ZEALAND BALLET, ROYAL WINNIPEG BALLET, VIANNA OPERA BALLET, AND

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** SAN FRANCISCO BALLET ASSOCIATION 94-1415298 WASHINGTON BALLET AMONG OTHERS. SEMINARS ON NUTRITION, PSYCHOLOGY, AND RELATED ISSUES ARE PROVIDED THROUGHOUT THE YEAR. THE BALLET SCHOOL ALSO OPERATES SUMMER SESSIONS IN SAN FRANCISCO FOR INTERMEDIATE AND ADVANCED DANCERS FROM AROUND THE US AND ABROAD. ADDITIONAL PROGRAMMING INCLUDES PRE-BALLET CLASSES FOR CHILDREN AGES 2-7, ADULT OPEN BALLET CLASSES, REPERTORY WORKSHOPS, AND CLASSES FOR INDIVIDUALS WITH PARKINSON'S. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ARTISTS RESERVE FUND IS ESTABLISHED BY A COLLECTIVE BARGAINING AGREEMENT BETWEEN THE BALLET AND THE AMERICAN GUILD OF MUSICAL ARTISTS (AGMA), THE DANCERS' AND STAGE MANAGERS' UNION. EACH YEAR, A COMMITTEE OF BALLET REPRESENTATIVES, ARTISTS, AND A UNION REPRESENTATIVE MEET TO GRANT MONEY FROM THE ARTISTS' RESERVE FUND TO ELIGIBLE ARTISTS TO ASSIST WITH FUNDING FOR THEIR CAREER TRANSITION ACTIVITIES. RENTAL INCOME - THE ASSOCIATION RENTS OUT ITS CONFERENCE ROOM AND STUDIO SPACE. IN ADDITION, THE ASSOCIATION PERIODICALLY RENTS OUT SETS AND COSTUMES TO OTHER BALLET COMPANIES AND DANCERS IN FURTHERANCE OF THE BALLET'S EXEMPT PURPOSE. EXPENSES \$ 43,530. INCLUDING GRANTS OF \$ 43,530. REVENUE \$ 23,711. FORM 990, PART VI, SECTION A, LINE 2: CARL PASCARELLA AND YURIE PASCARELLA - FAMILY RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer** identification number SAN FRANCISCO BALLET ASSOCIATION 94-1415298 ANY NATURAL PERSON SHALL BE ELIGIBLE TO BE A MEMBER OF THE ASSOCIATION (A "MEMBER") BUT NO LEGAL PERSON WHICH IS NOT A NATURAL PERSON, SUCH AS A FOUNDATION, TRUST, CORPORATION OR PARTNERSHIP, SHALL BE ELIGIBLE TO BE A MEMBER. A NATURAL PERSON MAY BECOME A MEMBER BY MAKING A MINIMUM CONTRIBUTION TO THE ASSOCIATION, THE AMOUNT OF SUCH MINIMUM CONTRIBUTION TO BE DETERMINED FROM TIME TO TIME BY RESOLUTION OF THE BOARD. IN THE CASE OF A CONTRIBUTION IN PROPERTY, THE DETERMINATION OF THE BOARD OR A COMMITTEE OF THE BOARD, SUBCOMMITTEE, ADVISORY COMMITTEE OR OTHER PERSON TO WHOM THIS RESPONSIBILITY IS DELEGATED BY THE BOARD. AS TO THE VALUE OF THE PROPERTY FOR MEMBERSHIP PURPOSES SHALL BE CONCLUSIVE. THE BOARD MAY IN ITS DISCRETION WAIVE THE MINIMUM CONTRIBUTION IN THE CASE OF A PERSON WHO HAS MADE INTANGIBLE CONTRIBUTIONS TO THE ASSOCIATION IN THE PAST. THE TERM FOR EACH MEMBER AS A MEMBER SHALL COMMENCE WHEN THE PERSON MAKES THE REQUISITE CONTRIBUTION TO THE ASSOCIATION (OR THE CONTRIBUTION IS WAIVED) AND SHALL CONTINUE FOR A PERIOD OF 12 MONTHS THEREAFTER, AT THE EXPIRATION OF WHICH PERIOD IT SHALL EXPIRE. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS STOCKHOLDERS WHO MAY ELECT TRUSTEES OF THE ASSOCIATION ARE ELECTED BY THE MEMBERS FOR A TERM OF THREE YEARS. FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS RIGHT TO VOTE MEMBERS SHALL HAVE. IN ADDITION TO ANY OTHER RIGHTS WHICH MAY BE GRANTED TO THEM UNDER THESE BY LAWS OR BY LAW, THE RIGHT TO VOTE (1) FOR THE ELECTION OF TRUSTEES, (2) ON A DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSOCIATION'S ASSETS. (3) ON A MERGER OF THE ASSOCIATION WITH ANOTHER

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer** identification number SAN FRANCISCO BALLET ASSOCIATION 94-1415298 CORPORATION, (4) ON A DISSOLUTION OF THE ASSOCIATION, (5) ON AN AMENDMENT OF THE ARTICLES OF INCORPORATION AND. (6) ON AN AMENDMENT OF THESE BY LAWS (UNLESS THE BY LAW AMENDMENT IS APPROVED BY THE BOARD ALONE IN ACCORDANCE WITH THE TERMS OF THE BY LAWS). FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS THE FORM 990 WAS PREPARED BASED ON AUDITED FINANCIAL STATEMENTS BY AN INDEPENDENT ACCOUNTING FIRM, WHICH WAS THEN REVIEWED BY FINANCE MANAGEMENT. THE ASSOCIATION PROVIDED A COMPLETE COPY OF THIS FORM TO ALL MEMBERS OF ITS GOVERNING BODY WITH A REDACTION OF DONOR NAMES AND ADDRESSES FROM FORM 990 SCHEDULE B, AT THE REQUEST OF THE DONOR. THE FORM 990 WAS REVIEWED AND APPROVED AT A MEETING OF THE AUDIT COMMITTEE. SUBSEQUENT TO THAT REVIEW THE FORM 990 WAS POSTED TO THE ASSOCIATION'S TRUSTEE INTRANET WEBSITE AND TRUSTEES WERE NOTIFIED IN WRITING OF THE AVAILABILITY OF THE FORM 990 FOR THEIR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: WRITTEN CONFLICT OF INTEREST POLICY QUESTIONNAIRES ARE ISSUED ANNUALLY TO ALL EMPLOYEES, TRUSTEES AND OTHERS WHO HAVE AN ANNUAL REPORTING REQUIREMENT UNDER THE POLICY. RESPONSES ARE MONITORED AND OUTSTANDING FORMS ARE FOLLOWED UP ON UNTIL RECEIVED. UPON RECEIPT THE FORM IS REVIEWED BY THE HR MANAGER (FOR EMPLOYEES) AND THE BOARD RELATIONS MANAGER (FOR TRUSTEES) FOR ANY KNOWN ISSUES OR RELATIONSHIPS THAT NEED TO BE HIGHLIGHTED. FORMS ARE FURTHER REVIEWED BY THE CFO. MATTERS REQUIRING ATTENTION ARE REPORTED TO THE EXECUTIVE DIRECTOR WHO MAY FURTHER REPORT THE MATTER TO THE BOARD CHAIR. PERSONS WITH A CONFLICT ARE RECUSED FROM DISCUSSIONS AND DO NOT VOTE ON RESOLUTIONS THAT

Schedule O (Form 990) 2023 Page **2**

Name of the organization **Employer identification number** SAN FRANCISCO BALLET ASSOCIATION 94-1415298 PERTAIN DIRECTLY TO THEIR CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR DETERMINING COMPENSATION COMPENSATION AND BENEFITS FOR THE ASSOCIATION'S EXECUTIVE DIRECTOR AND CFO ARE NEGOTIATED WITH THE ASSOCIATION'S ASSESSMENT COMMITTEE ON AN ANNUAL BASIS. PERFORMANCE IS REVIEWED ON AN ANNUAL BASIS BY THE ASSESSMENT COMMITTEE AND DOCUMENTED VIA MEETING MINUTES BY THE BOARD ASSISTANT SECRETARY WITH RECOMMENDATIONS GIVEN TO THE BOARD. REVIEWS OCCUR (1) INITIALLY UPON THE HIRING, (2) WHENEVER THE TERM OF EMPLOYMENT, IF ANY, OF SUCH OFFICER IS RENEWED OR EXTENDED, AND (3) WHENEVER SUCH OFFICER'S COMPENSATION IS MODIFIED; PROVIDED, HOWEVER, THAT SEPARATE REVIEW AND APPROVAL PURSUANT TO CLAUSE (3) SHALL NOT BE REQUIRED IF A MODIFICATION OF COMPENSATION EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES OF THE ASSOCIATION. WHEN REVIEWING COMPENSATION, THE ASSESSMENT COMMITTEE ALSO USES EXTERNAL COMPARISONS FOR SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS OF SIMILAR SIZE THAT ARE AVAILABLE ONLINE. COMPENSATION AND BENEFITS FOR KEY EMPLOYEES ARE DETERMINED LARGELY ON WHETHER THEY ARE UNION OR NON-UNION EMPLOYEES. FOR UNION EMPLOYEES, COMPENSATION AND BENEFITS ARE BASED ON THE COLLECTIVE BARGAINING AGREEMENTS WHICH ARE REGULARLY RENEGOTIATED EVERY THREE TO FIVE YEARS (DEPENDING ON THE UNION). FOR NON-UNION EMPLOYEES, COMPENSATION AND BENEFITS ARE NEGOTIATED ON AN INDIVIDUAL BASIS UPON INITIAL HIRE WITH ANNUAL PERFORMANCE REVIEWS THEREAFTER DOCUMENTED WITH THE EMPLOYEE'S DIRECT SUPERVISOR USING THE ORGANIZATION'S STANDARD FORMS ON AN ANNUAL/REGULAR BASIS. COMPENSATION FOR NON-UNION EMPLOYEES ARE REVIEWED USING EXTERNAL COMPARISONS FOR SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS OF SIMILAR SIZE THAT ARE AVAILABLE ONLINE.

Schedule O (Form 990) 2023 Page **2**

Schedule O (Form 990) 2023		Page 2
Name of the organization SAN FRANCISCO BALLET ASSOCIATION		Employer identification number 94-1415298
FORM 990, PART VI, SECTION C, LINE 19:		
ORGANIZATION MADE ITS GOVERNING DOCUMENTS AVAILABLE TO T	HE PUBLIC	
DUE TO THE AGE OF THE ORGANIZATION, FORM 1023 IS CURRENT	LY UNAVAILABLE FOR	
THE GENERAL PUBLIC AND THE ORGANIZATION IS EXEMPT FROM T	HE REQUIREMENT TO	
PROVIDE FORM 1023, AS IT WAS FILED PRIOR TO THE JULY 15,	1987 REQUIREMENT	
DATE. THE ORGANIZATION CURRENTLY MAKES ITS AUDITED FINANCE	CIAL STATEMENTS FOR	
THE MOST RECENT TEN YEARS AND THE FORMS 990 FOR THE MOST	RECENT THREE YEARS	
AVAILABLE TO THE PUBLIC VIA ITS WEBSITE. THE GOVERNING DO	OCUMENTS AND	
CONFLICT OF INTEREST POLICY ARE ALSO AVAILABLE UPON REQU	EST.	
FORM 990, PART VII:		
THE ARTISTIC DIRECTOR, TAMARA ROJO, SERVES AS A MEMBER O	F THE BOARD OF	
TRUSTEES OF THE ORGANIZATION. IN ADDITION TO THE ROLE AS	TRUSTEE, THE	
ARTISTIC DIRECTOR IS ALSO A KEY EMPLOYEE, AND COMPENSATION	ON INCLUDED ON	
PART VII RELATES SOLELY TO EMPLOYMENT WITH THE ORGANIZAT	ION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
UNREALIZED GAIN ON INTEREST RATE SWAP	359,146.	
CHANGE IN POST-RETIREMENT BENEFIT OBLIGATION	20,989.	
ACCOUNTS RECEIVABLE WRITE OFF	-3,900.	
CHANGE IN DISCOUNT	-795,012.	_
TOTAL TO FORM 990, PART XI, LINE 9	-418,777.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2023
Open to Public Inspection

OMB No. 1545-0047

Employer identification number 94-1415298

Go to www.irs.gov/Form990 for instructions and the latest information. SAN FRANCISCO BALLET ASSOCIATION Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part I

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income <u>ত</u> Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

organizations during the lax year.							
(a)	(9)	(၁)	(p)	(e)	(4)	(6)	70,740)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 (2(b)(13)	(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity?	٤
				501(c)(3))		Yes	N _o
SAN FRANCISCO BALLET ENDOWMENT FOUNDATION -							
94-2747262, 455 FRANKLIN STREET, SAN	INVESTMENT OF ENDOWMENT			<u> </u>	SAN FRANCISCO		
FRANCISCO, CA 94102	FUNDS	CALIFORNIA	501(C)(3)	LINE 12A, I	BALLET	×	

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

Schedule R (Form 990) 2023

28

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(j) (k) General or Percentage managing ownership
		:								

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

ı					ı		ı		l		l	
	ction (b)(13) rolled tity?	No										
	Section 512(b)(13) controlled entity?	Yes										
3	Percentage ownership											
(a)	Share of end-of-year	dssets										
	S											
(e)	Type of entity (C corp, S corp,	or trust)										
(b)	Direct controlling entity											
(0)	Legal domicile (state or foreign	country)										
(q)	Primary activity											
(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2023

94-1415298

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				F	T,	:
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	or exom to edo drive a	le. transactions with one or more related organizations listed in Darts II.N/3	Dotte II.N/2		Yes	2
				70		×
	·			2 4		>
b Gill, grant, or capital continuon to related organization(s)				₽	1	4
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				7		×
				+		
e Loans or loan guarantees by related organization(s)				9	√	
f Dividends from related organization(s)				+		×
g sale of assets to related organization(s)				- B	T	4
h Purchase of assets from related organization(s)				1		×
i Exchange of assets with related organization(s)				=		×
i Lease of facilities equipment or other assets to related organization(s)				ï		×
Leaded of taginated, equipment, or early access to related organization(c)				+		
k I pace of facilities pruninment or other accets from related organization(s)				÷		×
				+	†;	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			ا		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			ا	×	
					×	
				+		
					>	
p Heimbursement paid to related organization(s) for expenses				+		
q Reimbursement paid by related organization(s) for expenses				무	1	×
r Other transfer of cash or property to related organization(s)				1		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete th	is line, including covered r	nation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ved		
(1) SAN FRANCISCO ENDOWMENT FOUNDATION	В	22,881,877.	ACTUAL LOAN GUARANTEE			
(2) SAN FRANCISCO ENDOWMENT FOUNDATION	υ	5,280,468.	ACTUAL OPERATING TRANSFERS			
(3) SAN FRANCISCO ENDOWMENT FOUNDATION	0	277 248	ACTUAL SALARY BENEFITS & TAXES			
(4) SAN FRANCISCO ENDOWMENT FOUNDATION	Д	406,226.	ACTUAL EXPENSE REIMBURSEMENT			
(5)						
3						
(9)						
332163 09-28-23			Schedule R (Form 990) 2023	(Form	(066	2023

Schedule R (Form 990) 2023 SAN FRANCISCO BALLET ASSOCIATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) ercentage wnership					90) 2023
<u>5</u> 20 0					Ē
(j) General or managing partner?					. (Fo
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schedule R (Form 990) 2023
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) er orgs.?					
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

61