

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public
Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable:	C Name of organization SAN FRANCISCO BALLET ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 455 FRANKLIN STREET City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102	D Employer identification number 94-1415298
Address change Name change Initial return Final return/terminated Amended return Application pending	F Name and address of principal officer: DANIELLE ST. GERMAIN SAME AS C ABOVE	E Telephone number (415) 861-5600 G Gross receipts \$ 68,441,838. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ WWW.SFBALLET.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1933
M State of legal domicile: CA		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SF BALLET'S MISSION IS TO SHARE OUR JOY OF DANCE WITH THE WIDEST POSSIBLE AUDIENCE. (SEE SCH. O)	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	55
4	Number of independent voting members of the governing body (Part VI, line 1b)	54
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	677
6	Total number of volunteers (estimate if necessary)	423
7a	Total unrelated business revenue from Part VIII, column (C), line 12	174,182.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	131,101.
8	Contributions and grants (Part VIII, line 1h)	22,551,597.
9	Program service revenue (Part VIII, line 2g)	4,909,025.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,170.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,296,206.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,776,998.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,058,181.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,390,763.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,176,747.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,851,457.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,300,401.
19	Revenue less expenses. Subtract line 18 from line 12	-6,523,403.
20	Total assets (Part X, line 16)	40,889,067.
21	Total liabilities (Part X, line 26)	70,772,929.
22	Net assets or fund balances. Subtract line 21 from line 20	-29,883,862.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT H FORE III, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature Date 5/2/23
	Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Check if self-employed <input type="checkbox"/> PTIN P00504182 Firm's EIN ▶ 36-6055558 Phone no. (212) 599-0100

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 38,508,110. including grants of \$ 0.) (Revenue \$ 18,287,039.)

UNDER THE DIRECTION OF HELGI TOMASSON FOR THREE DECADES, THE ASSOCIATION HAS ACHIEVED AN INTERNATIONAL REPUTATION AS ONE OF THE PREEMINENT BALLET COMPANIES IN THE WORLD. DURING THE FISCAL YEAR, THE COMPANY PERFORMED AT A LOCAL FESTIVAL, PRESENTED 29 PERFORMANCES OF THE NUTCRACKER, 20 PERFORMANCES OF DON QUIXOTE AND SWAN LAKE, AND 44 PERFORMANCES SPREAD OUT OVER FIVE OTHER PROGRAMS REPRESENTING CLASSICAL, NEOCLASSICAL AND CONTEMPORARY BALLET WORKS.

4b (Code:) (Expenses \$ 5,412,349. including grants of \$ 1,078,497.) (Revenue \$ 5,168,478.)

THE ASSOCIATION OPERATES THE SAN FRANCISCO BALLET SCHOOL AND A STUDENT RESIDENCE. OVER 500 STUDENTS ARE ENROLLED IN THE SCHOOL AND 52 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 BALLET. GIRLS AND BOYS AGED 8 TO 18 FOLLOW A STRUCTURED SEQUENCE OF TRAINING STAGES DESIGNED TO INCREASE THEIR TECHNICAL SKILLS, STAMINA, AND DISCIPLINE IN ACCORDANCE WITH THEIR AGE AND PHYSICAL DEVELOPMENT. THE PROGRAM INCLUDES CLASSES IN TECHNIQUE, POINTE WORK, PAS DE DEUX, MEN'S TECHNIQUE, CONDITIONING, CONTEMPORARY DANCE, DANCE HISTORY, AND MUSIC. (SEE SCH. O)

4c (Code:) (Expenses \$ 668,587. including grants of \$ 309,485.) (Revenue \$ 47,131.)

THE ASSOCIATION PROVIDES DANCE EDUCATION PROGRAMS IN K-12 SCHOOLS AND THE COMMUNITY AT LARGE, SOMETIMES IN COORDINATION WITH OTHER COMMUNITY-BASED ORGANIZATIONS, AND THEY ARE GEARED TO CHILDREN, YOUTH, FAMILIES, AND ADULTS. THE DANCE IN SCHOOLS AND COMMUNITIES (DISC) PROGRAM IS THE LARGEST OFFERING TARGETING YOUTH, AND IT PROVIDES FREE INTERACTIVE DANCE EDUCATION TO APPROXIMATELY 2,500 STUDENTS IN 38 SAN FRANCISCO UNIFIED SCHOOL DISTRICT EARLY EDUCATION AND ELEMENTARY SCHOOLS THROUGH A RESIDENCY EACH YEAR. (SEE SCH. O)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 57,365. including grants of \$ 57,365.) (Revenue \$ 40,175.)

4e Total program service expenses **44,646,411.**Form **990** (2021)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 140	
b 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 (gambling) winnings to prize winners?	1c X	

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

		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	2a 677		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
a 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:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a 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.)	11b		
12a 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	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 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 excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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 ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	55			
b Enter the number of voting members included on line 1a, above, who are independent		54		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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 taxable entity during the year?		X
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 exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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 financial 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 ►
 ROBERT H FORE III - (415) 861-5600
 455 FRANKLIN STREET, SAN FRANCISCO, CA 94102

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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, 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HELGI TOMASSON (THRU 06/22) ARTISTIC DIR & PRIN. CHOREOGRAPHER	50.00 0.00	X						658,158.	0.	-76,349.
(2) KELLY H TWEEDDALE FORMER EXECUTIVE DIR (THRU 06/21)	50.00 0.00						X	469,889.	0.	15,332.
(3) DANIELLE ST. GERMAIN EXECUTIVE DIRECTOR	28.00 22.00			X				376,448.	0.	16,172.
(4) MARTIN WEST MUSIC DIRECTOR & PRIN. CONDUCTOR	50.00 0.00				X			225,370.	0.	27,530.
(5) ROBERT H FORE III CHIEF FINANCIAL OFFICER	40.00 10.00			X				159,826.	39,957.	25,102.
(6) MURRAY BOGNOVITZ DIRECTOR OF INFORMATION TECHNOLOGY	40.00 0.00					X		211,354.	0.	8,539.
(7) PATRICK ARMAND GONTARD DIR OF SAN FRANCISCO BALLET SCHOOL	40.00 0.00					X		188,972.	0.	13,674.
(8) DEBRA ANN BERNARD GENERAL MANAGER (THRU 10/21)	50.00 0.00				X			185,635.	0.	12,995.
(9) FRANCES FLAHERTY PRINCIPAL DANCER	40.00 0.00					X		162,807.	0.	35,597.
(10) SASHA E DE SOLA PRINCIPAL DANCER	40.00 0.00					X		154,996.	0.	26,126.
(11) ANGELO GRECO PRINCIPAL DANCER	40.00 0.00					X		154,931.	0.	26,042.
(12) SONIA H EVERS CO-CHAIR OF THE BOARD	10.00 0.00	X		X				0.	0.	0.
(13) ROBERT G SHAW CO-CHAIR OF THE BOARD	10.00 0.00	X		X				0.	0.	0.
(14) CARL F PASCARELLA PRESIDENT & IMMEDIATE PAST CHAIR	10.00 0.00	X		X				0.	0.	0.
(15) JAMES H HERBERT II VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(16) LUCY JEWETT VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(17) DIANE B WILSEY VICE CHAIR	5.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER J MCCALL SECRETARY	5.00 0.00	X		X				0.	0.	0.
(19) SUSAN S BRIGGS ASSISTANT SECRETARY	5.00 2.00	X		X				0.	0.	0.
(20) NANCY KUKACKA TREASURER	5.00 5.00	X		X				0.	0.	0.
(21) JOLA ANDERSON TRUSTEE	2.00 0.00	X						0.	0.	0.
(22) KRISTEN A AVANSINO TRUSTEE (THRU 05/22)	2.00 0.00	X						0.	0.	0.
(23) RICHARD C BARKER TRUSTEE	2.00 2.00	X						0.	0.	0.
(24) KAREN S BERGMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) LYDIA BERGMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) GARY BRIDGE TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								2,948,386.	39,957.	130,760.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,948,386.	39,957.	130,760.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **47**

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

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BEVILACQUA & SONS, INC., 451 VICTORY AVE. SUITE 5, SOUTH SAN FRANCISCO, CA 94080	CONSTRUCTION PROJECT	1,381,135.
J. RICCARDO BENAVIDES EVENT STYLING, INC. 1055 CA ST, STE 2, SAN FRANCISCO, CA 94108	EVENT PLANNING	401,299.
MOGO MARKETING AND MEDIA, INC., 900 LARKSPUR LANDING CIR., LARKSPUR, CA 94939	ADVERTISING AND MARKETING	201,437.
PILLSBURY, WINTHROP, SHAW & PITTMAN 2550 HANOVER STREET, PALO ALTO, CA 94304	LEGAL SERVICES	184,477.
GRANT THORNTON LLP PO BOX 51552, LOS ANGELES, CA 90051	TAX AND AUDIT SERVICES	178,619.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	10	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHRISTINE LEONG CONNORS TRUSTEE	2.00 0.00	X						0.	0.	0.
(28) DAVID C COX TRUSTEE	2.00 0.00	X						0.	0.	0.
(29) LISA DANIELS TRUSTEE	2.00 0.00	X						0.	0.	0.
(30) SUSAN P DIEKMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(31) SHELBY M GANS TRUSTEE	2.00 0.00	X						0.	0.	0.
(32) DR. RICHARD GIBBS TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) BETH GROSSMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(34) MONICA L GROSSMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(35) THOMAS E HORN TRUSTEE	2.00 5.00	X						0.	0.	0.
(36) HIRO IWANAGA TRUSTEE	2.00 0.00	X						0.	0.	0.
(37) DR. THOMAS M JACKSON TRUSTEE	2.00 0.00	X						0.	0.	0.
(38) JAYSON JOHNSON TRUSTEE	2.00 0.00	X						0.	0.	0.
(39) JAMES C KATZMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(40) YASUNOBU KYOGOKU TRUSTEE	2.00 0.00	X						0.	0.	0.
(41) KELSEY LAMOND TRUSTEE	2.00 0.00	X						0.	0.	0.
(42) ROBERT LEE-RUIZ TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) BRENDA LEFF TRUSTEE	2.00 0.00	X						0.	0.	0.
(44) MARIE O'GARA LIPMAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(45) DAVID LYON TRUSTEE (AS OF 11/21)	10.00 0.00	X						0.	0.	0.
(46) ALISON MAUZE TRUSTEE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARISSA MAYER TRUSTEE	2.00 0.00	X						0.	0.	0.
(48) JEFF MINICK TRUSTEE	2.00 0.00	X						0.	0.	0.
(49) JOHN S OSTERWEIS TRUSTEE	10.00 2.00	X						0.	0.	0.
(50) JOHN T PALMER TRUSTEE	2.00 0.00	X						0.	0.	0.
(51) YURIE PASCARELLA TRUSTEE	2.00 0.00	X						0.	0.	0.
(52) FRITZ QUATTLEBAUM TRUSTEE	2.00 0.00	X						0.	0.	0.
(53) CHRISTINE RUSSELL TRUSTEE	2.00 0.00	X						0.	0.	0.
(54) RANDEE SEIGER TRUSTEE	2.00 0.00	X						0.	0.	0.
(55) CHRISTINE E SHERRY TRUSTEE	2.00 0.00	X						0.	0.	0.
(56) CHARLOTTE MAILIARD SHULZ TRUSTEE (THRU 12/21)	2.00 0.00	X						0.	0.	0.
(57) CATHERINE SLAVONIA TRUSTEE	2.00 0.00	X						0.	0.	0.
(58) DAVID HOOKER SPENCER TRUSTEE	2.00 0.00	X						0.	0.	0.
(59) FRAN A STREETS TRUSTEE	2.00 0.00	X						0.	0.	0.
(60) JULIE SUPAN TRUSTEE (AS OF 11/21)	2.00 0.00	X						0.	0.	0.
(61) JUDY C SWANSON TRUSTEE	2.00 0.00	X						0.	0.	0.
(62) RICHARD J THALHEIMER TRUSTEE	2.00 0.00	X						0.	0.	0.
(63) JENNIFER M WALSKE TRUSTEE	2.00 0.00	X						0.	0.	0.
(64) TIMOTHY C WU TRUSTEE	2.00 0.00	X						0.	0.	0.
(65) LAREINA YEE TRUSTEE (AS OF 11/21)	2.00 0.00	X						0.	0.	0.
(66) ZHENYA YODER TRUSTEE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	33,000.					
	b Membership dues	1b	20,673,462.					
	c Fundraising events	1c	5,151,485.					
	d Related organizations	1d	5,370,721.					
	e Government grants (contributions)	1e	7,003,516.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f						
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,811,122.					
	h Total. Add lines 1a-1f				38,232,184.			
Program Service Revenue	2 a <u>PERFORMANCE & TOURING</u>			Business Code				
				711120	18,287,039.	18,287,039.		
	b <u>SCHOOL & STUDENT HOUSING</u>			900099	5,168,478.	5,168,478.		
	c <u>OUTREACH</u>			900099	47,131.	47,131.		
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f				23,502,648.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				30,082.		30,082.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties				13,083.		13,083.	
	6 a Gross rents	6a	(i) Real	(ii) Personal				
			432,538.	40,175.				
			b Less: rental expenses ...	6b				
	c Rental income or (loss)	6c	238,777.	40,175.				
	d Net rental income or (loss)				278,952.	40,175.	142,407.	96,370.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			1,643,323.					
			b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c	-3,472.					
	d Net gain or (loss)				-3,472.		-3,472.	
	8 a Gross income from fundraising events (not including \$ 5,151,485. of contributions reported on line 1c). See Part IV, line 18	8a						
			1,633,237.					
b Less: direct expenses			8b	2,573,143.				
c Net income or (loss) from fundraising events				-939,906.		-939,906.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
		536,302.						
		b Less: cost of goods sold	10b					389,192.
c Net income or (loss) from sales of inventory				147,110.		31,775.	115,335.	
Miscellaneous Revenue	11 a <u>EMPLOYEE RETENTION TAX CREDIT</u>			Business Code				
				900099	1,474,088.		1,474,088.	
	b <u>FACILITY FEE</u>			900099	903,001.		903,001.	
	c _____							
	d All other revenue			900099	1,177.		1,177.	
e Total. Add lines 11a-11d				2,378,266.				
12 Total revenue. See instructions				63,638,947.	23,542,823.	174,182.	1,689,758.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	1,445,347.	1,445,347.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,189,884.	1,567,380.	622,504.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	459,492.	85,231.	374,261.	
7 Other salaries and wages	26,038,394.	23,168,984.	1,629,443.	1,239,967.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,345,149.	2,299,852.	18,286.	27,011.
9 Other employee benefits	3,671,973.	3,333,169.	228,974.	109,830.
10 Payroll taxes	2,389,869.	2,088,940.	194,084.	106,845.
11 Fees for services (nonemployees):				
a Management				
b Legal	544,845.	86,165.	458,680.	
c Accounting	116,385.		116,385.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,711.		3,711.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,312,744.	261,108.	1,019,943.	31,693.
12 Advertising and promotion	1,766,584.	1,763,682.	2,902.	
13 Office expenses	1,305,673.	982,899.	133,413.	189,361.
14 Information technology	562,284.	13,111.	523,738.	25,435.
15 Royalties	629,589.	629,589.		
16 Occupancy	2,282,579.	1,782,063.	475,061.	25,455.
17 Travel	489,401.	447,950.	21,299.	20,152.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	1,427,899.		1,427,899.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,343,629.	1,091,947.	195,063.	56,619.
23 Insurance	417,658.	1,397.	416,261.	
24 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 O.)				
a COSTUME SETS AND PROPS	750,747.	750,747.		
b DANCE MEDICINE	735,868.	718,851.		17,017.
c EQUIPMENT EXPENSE	331,844.	217,807.	113,632.	405.
d UBI TAXES	30,507.		30,507.	
e All other expenses	849,474.	1,910,192.	-1,387,675.	326,957.
25 Total functional expenses. Add lines 1 through 24e	53,441,529.	44,646,411.	6,618,371.	2,176,747.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,089,870.	1	6,850,001.
	2 Savings and temporary cash investments	50,268.	2	289,601.
	3 Pledges and grants receivable, net	1,798,522.	3	2,388,194.
	4 Accounts receivable, net	3,337,504.	4	182,871.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	151,649.	8	53,733.
	9 Prepaid expenses and deferred charges	1,260,460.	9	1,491,283.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,877,387.		
	b Less: accumulated depreciation	10b 47,946,703.		
		19,127,411.	10c	18,930,684.
	11 Investments - publicly traded securities	624,861.	11	626,349.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	8,448,522.	15	6,274,036.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	40,889,067.	16	37,086,752.	
Liabilities	17 Accounts payable and accrued expenses	6,998,125.	17	6,122,215.
	18 Grants payable		18	
	19 Deferred revenue	7,426,060.	19	6,160,198.
	20 Tax-exempt bond liabilities	35,185,254.	20	29,363,001.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,975,000.	23	3,900,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,188,490.	25	8,094,788.
	26 Total liabilities. Add lines 17 through 25	70,772,929.	26	53,640,202.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-30,937,657.	27	-19,488,033.
	28 Net assets with donor restrictions	1,053,795.	28	2,934,583.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-29,883,862.	32	-16,553,450.
	33 Total liabilities and net assets/fund balances	40,889,067.	33	37,086,752.

Form **990** (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,638,947.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,441,529.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,197,418.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-29,883,862.
5	Net unrealized gains (losses) on investments	5	-71,000.
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	3,203,994.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-16,553,450.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form **990** (2021)

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An 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 university: _____
- 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,972,227.	26,104,832.	24,632,543.	22,551,597.	38,232,184.	139,493,383.
2 Tax revenues levied for the organization'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	27,972,227.	26,104,832.	24,632,543.	22,551,597.	38,232,184.	139,493,383.
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)						2,020,307.
6 Public support. Subtract line 5 from line 4.						137,473,076.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	27,972,227.	26,104,832.	24,632,543.	22,551,597.	38,232,184.	139,493,383.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	221,983.	269,621.	249,953.	112,514.	139,535.	993,606.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,392.	5,477.			131,101.	144,970.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,470,973.	1,621,063.	1,426,727.	1,296,504.	2,537,415.	8,352,682.
11 Total support. Add lines 7 through 10						148,984,641.
12 Gross receipts from related activities, etc. (see instructions)					12	99,792,120.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	92.27	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	91.14	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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		

Section 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		

Section 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 the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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 supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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.		
2a		
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		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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		
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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

\$1,633,237, FACILITIES FEES OF \$903,001 AND OTHER INCOME OF \$1,177.

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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).

Name of organization	Employer identification number
SAN FRANCISCO BALLET ASSOCIATION	94-1415298

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,370,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,025,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 6,703,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

94-1415298

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	

Name of organization	Employer identification number
SAN FRANCISCO BALLET ASSOCIATION	94-1415298

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**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.**

OMB No. 1545-0047

2021**Open to Public Inspection****Name of the organization**

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" 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 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	137,456,934.	113,923,812.	124,452,193.	125,015,507.	119,047,942.
b Contributions	5,064,092.	2,740,493.	499,569.	2,516,119.	7,701,230.
c Net investment earnings, gains, and losses	-21,036,485.	29,074,149.	457,454.	6,070,692.	6,198,570.
d Grants or scholarships	0.	0.	0.	0.	0.
e Other expenditures for facilities and programs	8,699,663.	8,281,520.	9,340,468.	8,334,967.	7,932,235.
f Administrative expenses			2,144,936.	815,158.	
g End of year balance	112,784,878.	137,456,934.	113,923,812.	124,452,193.	125,015,507.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 31.4800 %

b Permanent endowment ☐ 68.5200 %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,519,388.		4,519,388.
b Buildings		37,197,644.	23,726,752.	13,470,892.
c Leasehold improvements		438,519.	56,549.	381,970.
d Equipment		8,235,297.	8,235,297.	0.
e Other		16,486,539.	15,928,105.	558,434.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,930,684.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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) RESTRICTED CASH	2,437,191.
(2) DUE FROM SAN FRANCISCO BALLET ENDOWMENT FOUNDATION	2,988,214.
(3) DEFINED CONTRIBUTION PLAN ASSET	526,068.
(4) BOND ISSUANCE COSTS	297,012.
(5) SCHOOL SUSPENSE	25,551.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,274,036.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP LIABILITY	3,611,085.
(3) PPP LOAN	2,523,985.
(4) POST-RETIREMENT BENEFIT OBLIGATION	1,265,443.
(5) DEFINED CONTRIBUTION PLAN LIABILITY	525,460.
(6) CAPITAL LEASE OBLIGATION	167,660.
(7) REFUNDABLE GRANT ADVANCE	1,155.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,094,788.

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) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	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	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ASC 740 (FIN 48) FOOTNOTE

THE ASSOCIATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN

TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE

POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO

BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS

BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE ASSOCIATION IS

EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) OF THE INTERNAL

Part XIII Supplemental Information (continued)

REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS
EXEMPT PURPOSE UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE
ASSOCIATION IS ALSO EXEMPT FROM CALIFORNIA FRANCHISE TAXES UNDER REVENUE
AND TAXATION CODE SECTION 23701D ON ITS INCOME OTHER THAN UNRELATED
BUSINESS INCOME. THE BALLET HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE
MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED
BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN
JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER
MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ASSOCIATION HAS
DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THERE WERE NO TAX
PENALTIES OR INTEREST CLASSIFIED AS TAX EXPENSE FOR THE YEAR ENDED JUNE
30, 2022.

PART V, LINE 1A:

THE ENDOWMENT FUNDS BALANCE IS COMPRISED OF BOTH THE ASSOCIATION'S
QUASI-ENDOWMENT BALANCE COMBINED WITH THE ENDOWMENT FOUNDATION FUND'S
BALANCE.

SCHEDULE D, PART V, LINE 4:

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS
RESERVE LIQUIDITY FOR PURPOSES INCLUDING, BUT NOT LIMITED TO, MEETING
COLLATERAL POSTING REQUIREMENTS ON THE ASSOCIATION'S INTEREST RATE SWAP
AGREEMENT.

PART X, LINE 1:

PPP LOAN

ON APRIL 15, 2020, THE BALLET RECEIVED A SMALL BUSINESS ADMINISTRATION

Part XIII Supplemental Information *(continued)*

("SBA") LOAN THROUGH THE PAYCHECK PROTECTION PROGRAM IN THE AMOUNT OF

\$7,321,200 WHICH WAS USED PRIMARILY FOR PAYROLL COSTS BUT ALSO COVERED

MORTGAGE INTEREST, RENT, AND UTILITY COSTS INCURRED AND PAID DURING THE

COVERED PERIOD THROUGH AUGUST 13, 2020. THE SBA PARTIALLY FORGAVE THIS

LOAN ON DECEMBER 14, 2021. THE REMAINING BALANCE CARRIES A FIXED INTEREST

RATE OF 1% AND THE BALLET IS MAKING MONTHLY PAYMENTS UNTIL APRIL 15, 2025,

WHEN FINAL PAYMENT IS DUE. ON JUNE 8, 2021, THE BALLET RECEIVED ANOTHER

LOAN THROUGH THE PAYCHECK PROTECTION PROGRAM IN THE AMOUNT OF \$2,000,000

WHICH WAS FORGIVEN BY THE SBA ON JULY 18, 2022.

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

2021

Open to Public Inspection

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number	
--------------------------------	--

94-1415298

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II 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 col. (c))
		EXECUTIVE DIRECTOR OPENING NIGHT GALA (event type)	FAREWELL (event type)	6 (total number)	
Revenue	1 Gross receipts	3,442,171.	1,608,441.	1,734,110.	6,784,722.
	2 Less: Contributions	2,760,110.	1,360,689.	1,030,686.	5,151,485.
	3 Gross income (line 1 minus line 2)	682,061.	247,752.	703,424.	1,633,237.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	58,753.	19,068.	48,685.	126,506.
	7 Food and beverages	346,815.	164,151.	350,099.	861,065.
	8 Entertainment	20,615.	15,226.	11,416.	47,257.
	9 Other direct expenses	680,150.	551,387.	306,778.	1,538,315.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,573,143.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-939,906.

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 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 ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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 ► \$ _____

c 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to 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 ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

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.

(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	281	988,363.	0.		
HOUSING SCHOLARSHIPS	41	342,919.	0.		
ARTISTS RESERVE FUND	27	57,365.	0.		
STUDENT STIPENDS	10	56,700.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE BALLET SCHOOL PROVIDES A LIMITED NUMBER OF 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 VARIOUS EXPENSES.

STUDENTS' PROGRESS AND ENROLLMENT IS MONITORED AS A ROUTINE PART OF THEIR

BALLET SCHOOL STUDIO WORK. IN ADDITION, THE ARTIST RESERVE FUND HAS BEEN

ESTABLISHED BY COLLECTIVE BARGAINING AGREEMENT FOR THE PURPOSE OF ENHANCING

Part IV Supplemental Information

THE EFFORTS OF THE SAN FRANCISCO BALLET TO ASSIST SAN FRANCISCO DANCERS

WITH CAREER TRANSITION ACTIVITIES.

Supplemental information area with multiple horizontal lines for text entry.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8	X	
9	X	

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HELGI TOMASSON (THRU 06/22) ARTISTIC DIR & PRIN. CHOREOGRAPHER	(i)	658,158.	0.	0.	-113,827.	37,478.	581,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KELLY H TWEEDDALE FORMER EXECUTIVE DIR (THRU 06/21)	(i)	265,014.	0.	204,875.	0.	15,332.	485,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIELLE ST. GERMAIN EXECUTIVE DIRECTOR	(i)	376,448.	0.	0.	8,700.	7,472.	392,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARTIN WEST MUSIC DIRECTOR & PRIN. CONDUCTOR	(i)	225,370.	0.	0.	7,101.	20,429.	252,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT H FORE III CHIEF FINANCIAL OFFICER	(i)	159,826.	0.	0.	0.	20,082.	179,908.	0.
	(ii)	39,957.	0.	0.	0.	5,020.	44,977.	0.
(6) MURRAY BOGNOVITZ DIRECTOR OF INFORMATION TECHNOLOGY	(i)	211,354.	0.	0.	0.	8,539.	219,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PATRICK ARMAND GONTARD DIR OF SAN FRANCISCO BALLET SCHOOL	(i)	188,972.	0.	0.	5,669.	8,005.	202,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBRA ANN BERNARD GENERAL MANAGER (THRU 10/21)	(i)	185,635.	0.	0.	5,631.	7,364.	198,630.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) FRANCES FLAHERTY PRINCIPAL DANCER	(i)	162,807.	0.	0.	20,983.	14,614.	198,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SASHA E DE SOLA PRINCIPAL DANCER	(i)	154,996.	0.	0.	18,599.	7,527.	181,122.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANGELO GRECO PRINCIPAL DANCER	(i)	154,931.	0.	0.	18,592.	7,450.	180,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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.

PART I, LINE 1A:

FIRST CLASS/CHARTER TRAVEL & TRAVEL FOR COMPANIONS

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 REQUESTS THAT THE ARTISTIC DIRECTOR MAKE TRIPS TO NATIONAL

DANCE CENTERS SUCH AS NEW YORK OR OTHER PLACES AS DEEMED APPROPRIATE, AND

AT LEAST ONE TRIP TO EUROPE EACH YEAR. FIRST CLASS AIR TRAVEL IS APPROVED

FOR THESE BUSINESS-RELATED TRAVELS BY THE EXECUTIVE DIRECTOR OR THE GENERAL

MANAGER. NONE OF THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION. FIRST

CLASS AIR TRAVEL FOR THE ARTISTIC DIRECTOR'S SPOUSE IS PROVIDED AS THE

ARTISTIC DIRECTOR'S SPOUSE IS AN INTEGRAL PART OF THE ARTISTIC DIRECTOR'S

ARTISTIC KNOWLEDGE GATHERING PROCESS AND HAS SERVED AS HIS CONFIDANTE AND

ADVISOR IN THE DIRECTION AND DEVELOPMENT OF THE SAN FRANCISCO BALLET FOR

THREE DECADES. THE ARTISTIC DIRECTOR'S SPOUSE HAS RECEIVED THE

DISTINGUISHED LEW CHRISTENSEN MEDAL OF HONOR WHICH HONORS THOSE INDIVIDUALS

WHO HAVE LEFT AN INDELIBLE MARK ON THE HISTORY OF THE SAN FRANCISCO BALLET.

NONE OF THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION.

Part III Supplemental Information

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.

PART I, LINE 4A:

THE FOLLOWING FORMER OFFICER RECEIVED A SEVERANCE PAYMENT. THE SEVERANCE

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

REPORTABLE COMPENSATION:

KELLEY TWEEDDALE \$204,875

PART I, LINE 8:

SAN FRANCISCO BALLET ASSOCIATION ENTERED INTO AN INITIAL CONTRACT WITH

KELLY TWEEDDALE IN HER PRIOR ROLE AS EXECUTIVE DIRECTOR. THE CONTRACT WAS

REVIEWED AND APPROVED WITH CONTEMPORANEOUS DOCUMENTATION BY THE BOARD ON

MAY 22, 2019.

PART II:

POST-RETIREMENT ARRANGEMENT

ONE OF THE INDIVIDUALS HAS A POST-RETIREMENT ARRANGEMENT AS PART OF

THEIR EMPLOYMENT AGREEMENT WHICH PROVIDES FOR SALARY CONTINUANCE FOR A

FIXED PERIOD OF TIME DEPENDENT ON THE NUMBER OF YEARS SERVED UNDER THE

AGREEMENT AND IN THE ABSENCE OF CERTAIN TYPES OF POST-RETIREMENT

Part III Supplemental Information

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.

EMPLOYMENT AND BENEFITS AVAILABLE TO THE EMPLOYEE AND FOR EMPLOYEE AND

SPOUSAL HEALTH BENEFITS.

PART II, COLUMN (C):

THE AMOUNT FOR HELGI TOMASSON IN COLUMN (C) FOR RETIREMENT AND OTHER

DEFERRED COMPENSATION INCLUDES A LOSS IN VALUE OF DEFERRED COMPENSATION

THAT OCCURED DURING THE YEAR.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

Part I Bond Issues		SEE PART VI FOR COLUMN (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
CA INFRASTRUCTURE AND ECON A DEVELOPMENT BANK	63-0304653	NONE	06/06/13	44,510,000.	2013 A, B, C, D REFUNDING OF SERIES 2010 & 2008 BON		X		X		X
B											
C											
D											

Part II Proceeds									
		A	B		C		D		
1	Amount of bonds retired	15,181,075.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	44,510,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	464,754.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	44,045,246.							
12	Other unspent proceeds								
13	Year of substantial completion	2009							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2021

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
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?		X						
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		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
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?		X						
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?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	JP MORGAN CHASE							
c Term of hedge	25.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
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?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

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 BONDS & COVER ISSUANCE COST

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ERIK TOMASSON	SEE PART V	85,231.	SEE PART V		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ERIK TOMASSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER IS TRUSTEE/ARTISTIC DIRECTOR

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR CONTRACT SERVICES

SCHEDULE L, PART IV:

ERIK TOMASSON'S RELATIONSHIP TO HIS FATHER HAS NO BEARING ON HIS

CONTRACT WITH THE ASSOCIATION, AND HIS COMPENSATION IS REVIEWED AND

DETERMINED TO BE FAIR AND REASONABLE FOR THE SERVICES HE PERFORMS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ **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.**

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	51	1,646,795.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVNT DONATION)	X	6	164,327.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public
Inspection

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

FORM 990, PART I, 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.

FORM 990, 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 AND PRINCIPAL CHOREOGRAPHER, HELGI
TOMASSON, 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 SEE THE MOST ADVENTUROUS DANCE

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

Schedule O (Form 990) 2021

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IN AMERICA. GUIDED IN ITS EARLY YEARS BY 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:

SEMINARS ON NUTRITION AND RELATED ISSUES ARE OFFERED THROUGHOUT THE SCHOOL YEAR. THE BALLET SCHOOL PROVIDES A LIMITED NUMBER OF TUITION AND HOUSING SCHOLARSHIPS TO INTERMEDIATE AND ADVANCED LEVEL STUDENTS BASED ON THEIR FINANCIAL NEED OR POTENTIAL TO ACHIEVE A PROFESSIONAL CAREER IN BALLET. MORE THAN SIXTY PERCENT OF THE DANCERS IN THE BALLET'S PROFESSIONAL COMPANY TRAINED IN THE SCHOOL. STUDENTS HAVE ALSO GONE ON TO DANCE WITH SUCH COMPANIES AS ENGLISH NATIONAL BALLET, DUTCH NATIONAL BALLET; ROYAL NEW ZEALAND BALLET, ROYAL WINNIPEG BALLET, VIENNA OPERA BALLET, HAMBURG BALLET, NEW YORK CITY BALLET, AMERICAN BALLET THEATRE, JOFFREY BALLET, HOUSTON BALLET, PACIFIC NORTHWEST BALLET, BOSTON BALLET, OREGON BALLET THEATRE, WASHINGTON BALLET, MIAMI CITY BALLET, PITTSBURGH BALLET THEATER, PENNSYLVANIA BALLET, AND ATLANTA BALLET, AMONG OTHERS. THE BALLET SCHOOL ALSO OPERATES SUMMER SESSIONS IN SAN FRANCISCO FOR PROFESSIONAL BALLET CAREER-BOUND STUDENTS FROM THE U.S. AND ABROAD. SF BALLET SCHOOL OFFERS SCHOLARSHIPS TO TALENTED YOUNGSTERS RECRUITED FROM SF PUBLIC SCHOOLS THROUGH THE COMMUNITY SCHOLARSHIP PROGRAM. ADDITIONAL PROGRAMMING INCLUDES PRE-BALLET CLASSES FOR CHILDREN AGES 4-7, ADULT OPEN BALLET CLASSES, MASTER CLASSES, SPECIALLY-DESIGNED DANCE CLASSES FOR SENIORS AND ADULTS WITH PARKINSON'S DISEASE, AND A WEEK-LONG BALLET CAMP FOR ADULTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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ADDITIONAL PROGRAMS INCLUDE PROFESSIONAL DEVELOPMENT FOR CLASSROOM

TEACHERS, WORKSHOPS FOR THE SPECIAL NEEDS COMMUNITY AND FAMILIES,

AFTER-SCHOOL DANCE CLASSES, A SUMMER DANCE CAMP, ADULT EDUCATION

PROGRAMS FOR LEARNERS AT ALL LEVELS, AND STUDENT MATINEES GEARED TO

SCHOOL GROUPS WHO WISH TO SEE A LIVE PERFORMANCE OF SAN FRANCISCO

BALLET. AN ESTIMATED 20,000 COMMUNITY MEMBERS ARE ENGAGED IN THE

ASSOCIATION'S EDUCATION PROGRAMS ANNUALLY.

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. ALL RENTALS ARE IN

FURTHERANCE OF THE BALLET'S EXEMPT PURPOSE.

EXPENSES \$ 57,365. INCLUDING GRANTS OF \$ 57,365. REVENUE \$ 40,175.

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

ANY NATURAL PERSON SHALL BE ELIGIBLE TO BE A MEMBER OF THE ASSOCIATION (A

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"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

CORPORATION, (4) ON A DISSOLUTION OF THE ASSOCIATION, (5) ON AN AMENDMENT

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--	--

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

PERTAIN DIRECTLY TO THEIR CONFLICT.

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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.

FORM 990, PART VI, SECTION C, LINE 19:

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ORGANIZATION MADE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

DUE TO THE AGE OF THE ORGANIZATION, FORM 1023 IS CURRENTLY UNAVAILABLE FOR

THE GENERAL PUBLIC AND THE ORGANIZATION IS EXEMPT FROM THE REQUIREMENT TO

PROVIDE FORM 1023, AS IT WAS FILED PRIOR TO THE JULY 15, 1987 REQUIREMENT

DATE. THE ORGANIZATION CURRENTLY MAKES ITS AUDITED FINANCIAL 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 DOCUMENTS AND

CONFLICT OF INTEREST POLICY ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART VII:

THE ARTISTIC DIRECTOR, HELGI TOMASSON, SERVES AS A MEMBER OF THE BOARD

OF TRUSTEES OF THE ORGANIZATION. IN ADDITION TO THE ROLE AS TRUSTEE,

THE ARTISTIC DIRECTOR IS ALSO A KEY EMPLOYEE, AND COMPENSATION INCLUDED

ON PART VII RELATES SOLELY TO EMPLOYMENT WITH THE ORGANIZATION.

COMPENSATION TO FORMER EXECUTIVE DIRECTOR, KELLY TWEEDDALE, REPRESENTS

AMOUNTS PAID FOR HER ROLE AS AN EMPLOYEE IN CALENDAR YEAR 2021. THIS

INDIVIDUAL DID NOT RECEIVE PAYMENTS IN THE FISCAL YEAR ENDED JUNE 30,

2022.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REVERSALS OF PRIOR YEAR GRANTS -22,470.

UNREALIZED GAIN ON INTEREST RATE SWAP 3,122,459.

CHANGE IN POST-RETIREMENT BENEFIT OBLIGATION 138,439.

CHANGE IN DISCOUNT -34,434.

TOTAL TO FORM 990, PART XI, LINE 9 3,203,994.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

SAN FRANCISCO BALLET ASSOCIATION

Employer identification number

94-1415298

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SAN FRANCISCO BALLET ENDOWMENT FOUNDATION - 94-2747262, 455 FRANKLIN STREET, SAN FRANCISCO, CA 94102	INVESTMENT OF ENDOWMENT FUNDS	CALIFORNIA	501(C)(3)	LINE 12A, I	SAN FRANCISCO BALLET	X	

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

Schedule R (Form 990) 2021

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information 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
(1) SAN FRANCISCO ENDOWMENT FOUNDATION	E	29,363,001.	ACTUAL LOAN GUARANTEE BALANCE
(2) SAN FRANCISCO ENDOWMENT FOUNDATION	C	5,370,721.	ACTUAL OPERATING TRANSFER
(3) SAN FRANCISCO ENDOWMENT FOUNDATION	O	363,066.	ACTUAL SALARY, BENEFITS & TAXES
(4) SAN FRANCISCO ENDOWMENT FOUNDATION	Q	241,850.	ACTUAL EXPENSE REIMBURSEMENT
(5)			
(6)			

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.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.